

Inshore Support Limited

Inshore Support Limited - 110 Wellington Road

Inspection report

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Date of inspection visit:
21 June 2016

Date of publication:
12 August 2016

Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection took place on 21 June 2016 and was unannounced. Our last inspection of the service took place in August 2013 and the provider was compliant in all areas inspected.

Inshore Support Limited – 110 Wellington Road is registered to provide accommodation and personal care to a maximum of two people who may have learning disabilities. At the time of the inspection, there was one person living at the home.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff knew how to recognise and report any concerns about people who may be at risk of harm. Staff understood the risks posed to people and supported them to manage these in a safe way. People received their medications in a safe way.

People were supported by sufficient numbers of staff. Staff working with people had undergone recruitment checks prior to starting work to ensure they were safe to work. Staff had access to regular training and supervision to ensure they were competent in their role.

People had their rights upheld in line with the Mental Capacity Act 2005. Staff ensured people received choices at mealtimes and had access to appropriate healthcare support when needed.

People were supported by staff who were kind and ensured that people were treated with dignity. Where possible, staff encouraged people to maintain their independence.

Staff knew people's likes, dislikes and preferences with regards to care, and people were involved in planning their care.

There was a complaints procedure in place that people understood in order to support them to make complaints if they wished.

Staff felt supported by the registered manager and were confident that any concerns raised would be addressed. Staff had access to regular team meetings to discuss the service.

Quality assurance audits were completed by the registered manager to monitor the quality of the service. People were asked for their feedback on the service through questionnaires.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were supported by staff who knew how to report concerns about abuse and knew how to manage risks.

There were sufficient numbers of staff available who had undergone recruitment checks to ensure they were safe to work.

People were supported with their medication in a safe way.

Is the service effective?

Good ●

The service was effective.

Staff received appropriate training and supervision to ensure they were competent to support people.

People had their rights upheld in line with the Mental Capacity Act 2005.

People were supported to have choices at mealtimes.

Staff supported people to access healthcare support where required.

Is the service caring?

Good ●

The service was caring.

Staff had developed friendly relationships with people and spoke about people in a caring way.

People were treated with dignity and supported to maintain their independence where possible.

Is the service responsive?

Good ●

The service was responsive.

People had an assessment and reviews of their care to ensure their needs were met.

People had access to activities of their choice.

There was a complaints procedure in place if people wished to complain.

Is the service well-led? **Good** ●

The service was well-led.

Staff felt supported by the registered manager.

The registered manager completed audits to monitor the quality of the service.

People's opinions were sought via questionnaires.

Inshore Support Limited - 110 Wellington Road

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 June 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information we held about by home including notifications sent to us by the provider. Notifications are forms that the provider is required by law to send us about incidents that occur at the home. We also spoke with the local authority for this service to obtain their views.

We spoke with one person living at the home, two members of staff and the registered manager. We looked at one person's care records, staff recruitment and training files, medication records for one person and quality assurance audits completed.

Is the service safe?

Our findings

We asked the person living at the home if they felt safe with staff. The person nodded their head to show they did feel safe.

Staff we spoke with had received training and understood how to recognise signs of abuse. Staff knew the procedure to follow if they had concerns that someone was at risk of harm. One staff member told us, "I would report a concern. I would tell my manager and then the office and the safeguarding team". Records we looked at showed that staff had received training in safeguarding people from abuse.

Staff we spoke with knew the risks posed to the person living at the home and how to manage these. We asked two members of staff how they would manage risk when people displayed behaviours that challenge. Both staff gave detailed explanations of the procedure to follow to ensure that the person remained safe. We saw that staff supported the person to manage risk. We saw that where the person was preparing their own drinks, staff informed the person of steps to take to ensure this task was done safely. Staff advised the person on how to fill the kettle safely, and supported with this where necessary to keep the person safe. We saw that records gave staff information on risks posed to people and how to manage these. Risk assessments had been completed for the person living at the home and looked at fire risk, behaviours that challenge, and the safe handling of money. We saw that where accidents and incidents occurred, actions were taken to minimise the risk of these reoccurring.

Staff told us that before they commenced work at the home, they completed checks to ensure they were safe to work with people. Staff told us that references were gained and a check with the Disclosure and Barring Service (DBS) had been completed. The DBS would show if a person had a criminal record or had been barred from working with adults. Records we looked at confirmed these checks took place.

We saw that there were enough staff to meet the person's needs. The person had access to one member of staff over a 24 hour period. This was confirmed by staff. One member of staff told us, "There is enough staff and we have new staff starting. I'm not rushed to do jobs". We saw that where the person required support, this was provided in a timely way.

We asked the person if staff supported them with their medication. The person nodded to confirm that they did receive support and were happy with this. Staff we spoke with told us the procedure they follow to support the person to take their medication. We saw that where the person required medication on an 'as and when required' basis there were guidelines in place informing staff of when these should be given to ensure medication was given consistently. We looked at medication records held and saw that medication had been given as prescribed and accurate records of this had been kept.

Is the service effective?

Our findings

Our observations showed that the support provided to the person was effective in meeting their needs. Staff had the communication skills needed to enable them to communicate effectively with the person and understood the importance of promoting choice, encouraging independence and supporting the person to manage risks. We saw that as a result of the staff's approach, the person responded positively to the support they were provided with.

Staff told us that prior to starting work, they completed an induction that included completing training and shadowing a more experienced member of staff. One member of staff told us, "I had an induction at the office and they talked us through everything". We saw that new staff were required to complete the Care Certificate. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily life. Staff told us that they had access to on going training to support them in their role. One member of staff said, "The training is good and it is regular. It equips you for the role". Records we looked at confirmed that staff had received training that was specific to the needs of the people they supported.

The provider told us in their PIR that if staff required further training, this would be identified through staff supervisions. Staff confirmed this and told us they had regular supervisions with their manager to discuss their role and any training needs. One member of staff told us, "Supervisions are every three months and appraisals are every year. We talk about any issues and goals I want to work towards". Records we looked at confirmed these discussions took place.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. Staff we spoke with could explain how they gain consent before supporting the person living at the home. One member of staff told us, "I just ask [person's name], if he doesn't want to do it, he makes it clear". We saw that the person living at the home was supported to make their own decisions and was given choices. Staff have received training in the MCA. We saw that the one person living at the home had a Deprivation of Liberty Safeguard in place. Staff we spoke with were aware of what DoLS are and that the person living at the home had a current authorisation in place. Staff knew what the DoLS was for and how they should apply this to support the person effectively. Records we looked at demonstrated that the registered manager had followed the appropriate procedures to gain this authorisation.

We asked the person if they were happy with the meals they were provided with. The person nodded to indicate they were happy. We saw that the person was encouraged to choose their own meals. Staff we

spoke with told us they supported the person to go shopping each week and choose what meals they would like. One member of staff told us, "We give a choice of meals. We will hold the options up and [person's name] will point to staff hands. We will also take them to the cupboards and ask them to pick something to eat". We saw that where possible, staff encouraged and supported the person to be involved in the preparation of their meals. We saw that the person had free access to the kitchen and accessed food and drink freely throughout the day.

We asked the person whether staff help them to access the doctor when they are ill. The person nodded to say that staff did provide this support. Staff we spoke with knew the action to take if someone became unwell. Records we looked at showed that staff had worked alongside various health professionals to ensure the health and well-being of the person living at the home. This included continuing physiotherapy support within the home by following exercise instructions from the physiotherapist.

Is the service caring?

Our findings

The one person living at the home nodded when asked if they felt that the staff were kind and caring. We saw that staff had developed a friendly relationship with the person and that they were relaxed in staff company. Staff we spoke with spoke about people in a caring way. One member of staff told us, "I feel that I have a good bond with [person's name]".

We saw that the person was supported to be involved in their care. The person was given choices that included; what they would like to do that day and what they would like to wear. Staff told us they encouraged the person to make their own choices. One member of staff told us, "I ensure [person's name] has choices by showing them the choices and letting them pick". The person living at the home confirmed they were given choices and nodded in agreement when asked if they chose what time they got up and go to bed.

Staff we spoke with gave examples of how they ensure they treat people with dignity. One member of staff told us, "I cover [person's name] at bath time and close the door to give him privacy. I also knock doors before going into the room". We saw that staff treated the person with dignity and gave them privacy. We saw that when the person wished to watch television in the lounge, staff gave them privacy to do this.

We saw that the person was supported to maintain their independence. They prepared their own snacks and kept the home tidy. Staff we spoke with confirmed that they encouraged the person to remain independent. One member of staff told us, "We encourage [person's name] independence by getting him to do as much for himself as he can". Staff gave examples that included; encouraging the person to run their own bath and prepare their own drinks. Records we looked at gave information on what people were able to do themselves so that staff were aware to encourage the person to do these tasks independently.

The person living at the home did not require the use of advocacy services. We spoke with the registered manager who understood what these services were for and knew the process to follow if an advocate should be required in future.

Is the service responsive?

Our findings

We saw that the person was supported to be involved in the planning and review of their care. The provider informed us in their PIR that assessments were undertaken of people's needs prior to care commencing. Records we looked at confirmed that this took place and that the provider had ensured they could meet the person's needs. The provider had ensured that regular reviews were held to ensure that the information held about the person's needs were accurate.

Staff we spoke with knew the person well. All staff we spoke with had a detailed understanding of the person's likes, dislikes and preferences with regards to their care. Records we looked at held personalised information about the person. This included information on how the person expresses themselves, important people in their lives and how they like their personal appearance. We saw that the person communicated using their own 'signs.' Staff all understood what each of these signs meant and were able to communicate effectively with the person using these. A record of what the person's signs meant was kept to enable new staff to communicate with the person in a way that suited them.

The person living at the home nodded when asked if they were supported to take part in activities. Staff we spoke with informed us that the person liked to go trampolining, for meals and shopping for magazines. We saw that the person was asked what activities they would like to do and then supported by staff to complete these. The person had chosen to draw, go for a drive in the car and then onto a local disco that evening. Records we looked at detailed the activities the person liked to take part in.

We asked the person living at the home who they would tell if they wanted to make a complaint. The person pointed to us and staff indicating that he knew he could approach someone with a complaint. Staff we spoke with told us how they would support people to make complaints if needed. One member of staff told us, "If [person's name] told me something, I would pass it on to my manager". We saw that staff had a good understanding of how the person communicated their feelings and understood when the person was unhappy with something. Records we looked at showed that no complaints had been made. We spoke with the registered manager who had a procedure in place to follow if a complaint was made to ensure that these would be investigated fully.

Is the service well-led?

Our findings

We saw that the registered manager had a visible presence around the home. The person living at the home knew who the registered manager was and appeared relaxed in her company.

There was a clear management structure in place that staff understood. Staff confirmed that they always have access to a manager outside of office hours in case they require support. One staff member said, "There is an emergency out of hours – We have a first and second person on call".

Staff we spoke with told us they felt supported by the registered manager. One member of staff told us, "I do feel supported. If there's anything, it is brought up in supervision and she acts on it". Another member of staff said, "[Registered manager's name] is alright, if I have a problem, I can talk to her". Staff confirmed that they have access to regular supervision and staff meetings with the registered manager to discuss the home. One member of staff told us, "Staff meetings are every three months. We can bring up anything we want to discuss, such as day trips and we work together on it".

We saw there was an open culture within the home and staff were aware of how to whistle blow if needed. One member of staff told us, "I have been through the whistleblowing procedure". We reviewed the notifications sent in to us by the registered manager. There had been no incidents reported but the registered manager had a good understanding of what they are required to notify us of. The provider had completed and returned their PIR to us. We saw that the information provided to us in the PIR accurately reflected our findings.

We saw that the registered manager completed audits to monitor the quality of the service. The audits completed included food safety, medication and care records. We saw that following the audits, an improvement plan was implemented to address areas for improvement. We saw that actions identified were acted upon by the registered manager. We saw that where accidents and incidents occurred, these were analysed to identify any trends. Where the accidents were related to people living at the home, the analysis was shared with healthcare professionals as part of the person's review of care.

The provider informed us in their PIR that annual questionnaires were sent out with a view to actively involving people in the service and seeking insight into people's experience of the service. Records we looked at confirmed these questionnaires were sent. We saw that the feedback provided had been analysed and that there were no actions resulting from the feedback.

The registered manager had clear plans for the future of the service. These plans included a refurbishment plan for the home. The registered manager told us they felt supported by the provider with their plans.