

Inshore Support Limited

Inshore Support Limited - 88 Broad Street

Inspection report

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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

Inshore Support – 88 Broad Street provides accommodation for up to four people living with a learning disability or autistic spectrum disorder. At the time of our inspection there were two people living in the home. There were two people living at the home on the day of the inspection and because of this and the fact we want to protect people's rights to a private life, the report will provide an overview rather than specific examples.

At the last inspection, in July 2014, the service was rated Good. At this inspection we found the service remained Good.

People continued to receive care in ways which helped them to remain as safe as possible. Staff understood risks to people's safety and supported people receive their prescribed medicines safely. There was enough staff to provide support to people to meet their needs.

Staff received training which matched the needs of people who lived at the home, so they would develop the skills and knowledge to care for them. People made day to day decisions about their care and staff used their skills to make sure people were agreeing to the care offered to them. People were supported by staff if they needed help making key decisions about their life. People were cared for so they had enough to eat and drink and their food preferences were met. Staff supported people to see health professionals so they would remain well.

People enjoyed spending time with the staff who cared for them and were treated with dignity and respect. Staff spoke warmly about the people they cared for and encouraged them to make their own day to day decisions and maintain their independence.

People's care was planned in ways which reflected their preferences and wishes. Relatives' and health and social care professionals' views and suggestions were taken into account when people's care was planned. No complaints had been made since our previous inspection, however, people, relatives and staff were confident if any complaints were made these would be addressed. Systems were in place to manage complaints.

People, their relatives and staff were encouraged to make suggestions to develop the care they received further through open communication with the senior team. The registered manager and provider regularly checked the quality of the care people received. Where actions were identified these were undertaken to improve people's care further.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

Inshore Support Limited - 88 Broad Street

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 checked 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. At the last inspection on 16 July 2014 the service was rated as good.

This was a comprehensive inspection which took place on 23 May 2017 and was completed by one inspector. We gave the service 12 hours' notice of the inspection because it is small service and staff are often out of the home with people. We needed to be sure that they would be in.

As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

We requested information about the home from the local authority. The local authority has responsibility for funding people who used the service and monitoring its quality.

During our inspection we spent time with people in the home and talked with one person. We saw how staff supported the people they cared for. We spoke with one relative, the registered manager, one senior staff member and two care staff.

We looked at a range of documents and written records including two people's care records, minutes of meetings with people living at the home, records about the administration of medicines and plans of interesting things for people to enjoy. In addition, we looked at systems for managing complaints, staff rotas and staff meetings. We also looked at information about how the provider and registered manager monitored the quality of the service provided. These included incident records and questionnaires

completed by people and staff.

Is the service safe?

Our findings

People showed us they felt comfortable and safe with the staff who supported them. The relative we spoke with confirmed staff understood their family member's safety and care needs and supported them so risks to their well-being were reduced. We found staff supported people in ways which took their safety and care needs into account. For example, staff gave people time so they were not rushed when they moved around the house. We also saw staff reassured people when they needed it, so people did not become anxious.

Staff knew how to recognise if people may be subject to harm or abuse. All the staff we spoke with were confident senior staff and the registered manager help people to stay as safe as possible if there were any concerns for their safety. One staff member gave us an example of the work which was done with external organisations so people's safety would be promoted .

Risks to people's physical health and well-being were understood by staff. One staff member explained how some people's underlying health conditions meant they needed support to stay safe when they ate. Another staff member explained how they supported people, so the risk of them falling was reduced.

Staff had been given information on the best way to care for people so their safety and well-being needs would be met. There were systems in place to review people's safety needs and learning was communicated with staff. By doing this, the registered manager and senior staff helped to ensure people would stay as safe as possible. We saw the registered manager had also undertaken checks to satisfy themselves new staff were suitable to work with people.

People told us there was enough staff to care for them and to chat to them when they wanted reassurance. People told us they did not have to wait long if they wanted assistance from staff. The relative we spoke with told us their family member was now supported by staff who understood their safety and care needs well.

Staff told us there was enough staff to meet people's care and safety needs. One staff member explained they were asked if they wished to work additional hours when needed. The staff member explained this was the preferred method of caring for people, as they would always be cared for by staff who knew them well. Staff rotas showed us staffing was planned to take into account the possible effects of staff working for extended periods. The registered manager told us they were currently in the process of recruiting a part time staff member.

People received their medicines when they needed them. One person told us staff also helped them to have the medicines they needed when they spent time away from the home. Staff were not allowed to issue medicines until they had received training and their competency was checked. People's medicines were regularly checked by senior staff and the provider so they could be assured people were receiving the medicines they needed. We saw staff kept clear records of the medicines administered to people and medicines were securely stored.

Is the service effective?

Our findings

People showed us they were confident they would receive the help they needed from staff and told us staff knew how to look after them. The relative we spoke with highlighted their family member was supported by staff who understood what actions to take to care for their family member.

Staff had received training which matched the needs of the people they cared for, so they could develop the skills and knowledge required to meet people's needs. One staff member said, "Training helps you to think about how they [people] are feeling, and it helps you to get it right for them." The staff member gave us an example of how this had helped them to support one person so they were less anxious when they spent time doing things they enjoyed.

Staff we spoke with understood how The Mental Capacity Act 2005 required them to promote people's rights. People told us staff always asked for their views and decisions, and told us staff respected these. One staff member said, "We'd have a best interest meeting and make a decision if [person's name] needed help to make a decision." We saw staff checked people's body language, so they could be sure people were making their own choices and decisions. We found staff understood who should be involved in making decisions in people's best interests, when people needed support.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

The relative said staff respected their need to be consulted about key decisions for their family member. This had included when staff had assessed they needed to apply for a DoL for their family member. We found where staff needed to deprive anyone of their liberty the necessary action had been taken so the people's rights had been protected.

People were comfortable to ask for drinks and snacks when they wanted them. One person told us how they liked to help staff to prepare their own drinks. People gave us examples of the actions staff had taken so they were able to eat healthy balanced meals and snacks based on their preferences. Where people needed specific help to reduce risks when they ate this was provided by staff. We saw people's meals were not rushed, so people were able to enjoy relaxed meal time experiences.

People were complementary about the support provided to ensure they had the best health possible. The relative said staff had worked with their family member's consultants, so plans could be developed to care for their family member. Staff gave us examples of the work they did with health professionals, so people would remain well. This included following the advice from speech and language and occupational health specialists and people's GPs. One staff member told us because of this approach one person's health needs had reduced, and they were able to eat more independently.

Is the service caring?

Our findings

People told us staff were kind and listened to them. The person told us this was very important to them, particularly if they were anxious. The relative we spoke with told us their family member got on well with staff because they chatted to them and always included them in conversations. We saw people living at the home wanted to include staff in discussions about their day and people smiled when staff supported them.

Staff spoke warmly about the people they cared for and gave us examples of how they made people feel valued. For example, by celebrating special events such as people's birthdays.

The relative said their family member had been cared for by some staff for a long time, and this helped their family member to feel settled and happy, because staff knew them well. One staff member said, "We are good at communicating with each other [staff], so we know what's going on for people, but the main way you develop bonds with people is by working with them."

People made some of their own day to day decisions such as what fun and interesting wanted to do and what they wanted to eat and drink. One person told us they had made decisions about how their room was decorated. The person told us they loved their room. Staff used different ways to communicate with people so they would be included in day to day life at the home. We also saw staff used their knowledge of people's individual preferences when offering them choices. Staff took time to encourage people to make their own decisions and provided reassurance to people when they needed it.

We saw staff used individual meetings with people living at the home to check they were happy with the day to day care planned. These included people's views on interesting things for them to do, food choices and how they could be further supported to gain more independence.

Staff we spoke with recognised people's rights to dignity, privacy and independence. Staff gave us examples of the actions they took so people's privacy and dignity needs would be met. This included ensuring people were suitably covered during personal care, and people's permission was gained before staff entered their rooms. One staff member told us how care for one person had been provided which had helped a person living at the home to become more independent with their continence care. We saw people were discreetly supported when they wanted personal care. We also saw staff had been given guidance on ways to ensure people's right to confidentiality was protected.

Is the service responsive?

Our findings

People told us staff talked to them about the care they wanted and listened to their views so their care was planned in the way they preferred. We saw people were comfortable to let staff know what support they wanted and people let staff know how they preferred to be cared for.

The relative told us they were involved in deciding the best way for their family member to be cared for and were consulted about key decisions. The relative highlighted how well plans had been developed so their family member would have the support they needed with their health. The relative told us staff listened to their suggestions about the best way to support their family member so their preferences would be met and they would enjoy living at the home.

People told us staff took practical action to care for them in ways which reflected their needs. Staff gave us examples of how they used their knowledge of people needs and preferences when planning their care. These included how people liked to be reassured when they were anxious, and plans so people's sensory needs would be met, in the way they preferred. The person we spoke with told us staff always followed their plan, and this helped them to know where their favourite items were, and to reduce risks to their safety.

Staff told us there were regular opportunities for them to communicate information so people would receive the care they needed as their needs changed. One staff member explained how they had worked with other health and social care professionals so people's needs would be met. The staff member told us as a result of this, one person at the home was now able to eat more independently and enjoy their meal time experiences more, with their safety needs met.

People said they had opportunities to do things they enjoyed, such as attending college and spending time with their friends. The relative we spoke with highlighted how well staff had encouraged their family member to try new things, in ways which reduced their anxieties. As a result of this, their family member was now enjoying doing gentle exercise with the health benefits this brought. The relative we spoke with told us there were no restrictions on when they could visit their family member. The relative told us staff often supported their family member to enjoy visits to their family home. One member of staff said, "It's so nice when you take them [people] out and see them happy."

Staff took into account advice provided by people's relatives, health and social care professionals when planning people's care. By doing this staff were helping to ensure people would enjoy the best well-being possible and enjoy life at the home. People's care plans and risk assessments provided staff with the information they needed to care for people so risks to their well-being reduced and their individual needs were met and. People's care plans reflected their preferences and unique histories.

People told us they would be comfortable to raise any concerns or complaints they had with senior staff. People and the relative we spoke with told us they had not needed to make any complaints about the service as their comments and suggestions were listened to. Staff knew what action to take in the event of someone making a complaint and were confident senior staff and the registered manager would address

these.

Is the service well-led?

Our findings

A registered manager was in post at the time of our inspection. 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.

People showed us they felt included in life at the home by communicating their views with staff on their planned and day to day care. The relative told us the way the home was managed resulted in good communication with staff and led to a, "Family atmosphere".

Staff told us they found the senior staff and the registered manager to be approachable and clear expectations for the way they were to care for people were given at staff and supervision meetings. One member of staff said, "[Registered manager and senior staff names] will take action if people need help. It's good the way they pick up on this." Another staff member told us, "They [senior team] want the best for them [people]. Staff want this too, they [people] are the centre of our concerns." The registered manager said, "We want people to have a happy and fulfilled life and develop their independence and chance to keep in touch with friends who are important to them." We found senior staff knew people well.

Staff told us they were encouraged to make suggestions for developing the home and care people received further. The registered manager told us, "If staff make suggestions we listen, we research what's right for people and we see if their suggestions are possible." The registered manager told us the range of interesting things for people to do had been increased as a result of suggestions made by staff. This included more opportunities for people to attend local clubs with their friends.

The registered manager told us they kept up to date with best practice through training, guidance from the provider and by attending conferences. The registered manager said this helped them to be sure people were receiving the care they needed in the safest ways possible, for example, in relation to infection control and management of medicines.

The registered manager checked the quality of the care offered through meetings with people, relatives and questionnaires. The registered manager and senior staff also undertook regular checks so they could be assured people were receiving the care they needed. These included checks on incidents, the environment at the home, to check people's medicines were administered safely and the care planned for them met their needs. Where actions had been identified these were being progressed, so people would continue to benefit from living in a home which developed further to meet their needs

We saw checks on the quality of care people received were also made by the provider, so they could be sure people were receiving the care they needed.