Inshore Support Limited

Inshore Support Limited - 10 Melbourne Road

Inspection report

10 Melbourne Road
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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

About the service
Inshore Support Limited – 10 Melbourne Road is a residential care home providing accommodation for persons who require nursing or personal care and have a diagnosis of a learning disabilities. The home can accommodate three people and at the time of the inspection, three people were receiving support.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

People's experience of using this service and what we found
The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support and focused on them having as many opportunities as possible for them to gain new skills and become more independent.

As part of thematic review, we carried out a survey with the management team at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

Staff had a good understanding of safeguarding. There were enough staff to support people safely. Care plans and risk assessments were up to date and reviewed regularly. People received their medicines as prescribed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who knew them well. People's privacy and dignity was maintained. Staff promoted people's independence.

People were encouraged and supported to take part in activities. Peoples personal preferences were identified in their care plans. People were supported to build and maintain relationships.

The manager was not yet registered with The Care Quality Commission (CQC) but was in the process of doing this. Systems were effective for monitoring the quality and safety of the services provided. There was good involvement with community professionals. Staff knew how to raise concerns.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was good (published 8 February 2017)

Why we inspected
This was a planned inspection based on the previous rating.

Follow up
We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-Led findings below.

Inshore Support Limited - 10 Melbourne Road

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
The inspection was carried out by one inspector.

Service and service type
Inshore Support Limited – 10 Melbourne Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the Care Quality Commission. This means that the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
This inspection was unannounced.

What we did before the inspection
We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

During the inspection-
We spoke with one person who used the service about their experience of the care provided. We spoke with five members of staff including support workers, senior support workers and agency staff. The manager was not at work on the day of inspection, so we spoke with the director of care and the care services manager.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with three relatives who have regular involvement with the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse
• Relatives felt their loved ones were safe. One relative said, "[Relative] is safe, if I felt [relative] was not safe I'd act on that."
• Staff knew about safeguarding and could tell us the process for raising concerns. One staff member told us "safeguarding is about protecting the rights of the people and keeping them safe from abuse ... I would report any concerns to my manager or someone higher. There are numbers [to call about safeguarding] that are displayed in the hall".

Assessing risk, safety monitoring and management
• Staff understood where people required support to reduce risks for example, when people felt anxious. Care plans contained explanations of the control measures for staff to follow to keep people safe. A staff member said "we always try to verbally deescalate the situation and use redirection … staff always follow the plans, I've never had any concerns".
• Care plans and risk assessments were up to date and contained information about people's current support needs and what was in place to keep them safe. Staff had a good understanding of people's needs and associated risks.
• Emergency plans were in place for people and accessible to staff. They outlined the support people would need to evacuate the building in an emergency.
• Incidents and accidents were analysed each month and patterns and trends were identified to ensure people were safe and any future risk was reduced. The director of care showed us where a pattern had been identified for one person and showed us what action had been taken to support the person and keep them safe.

Staffing and recruitment
• Staff told us there were enough of them on shift to meet people's needs and there was a good skill mix between the team. Comments included "staffing levels are good" and, "there's always more than enough staff here". We observed enough staff on the day of inspection. Relatives expressed concern over staff turnover but said they did not think it had an impact on their loved ones. They told us their loved ones had positive relationships with the regular staff.
• The provider told us, in the information they shared before the inspection, staff had been recruited safely. We confirmed this and saw all pre-employment checks had been carried out to ensure staff were suitable for the role.

Using medicines safely
• Medicines were managed safely to ensure people received them in accordance with their health needs and

the prescriber's instructions.
• Regular medicine audits took place to ensure any errors would be identified. Staff were trained in medicines management and regular competency checks were carried out to ensure safe practice.
• We observed good practice when staff gave people their medicines. For example, staff washed their hands before dispensing medicines and asked people if they were ready for their tablets.

Preventing and controlling infection
• Staff told us they had received infection control training and we observed the home to be clean and tidy.
• Staff used colour coded equipment such as colour coded mops, buckets and chopping boards. This reduced the risk of infection spreading.

Learning lessons when things go wrong
• The director of care discussed how lessons had been learned in relation to previous incidents that had occurred in the service. For example, there had been a noted increase in medicines errors, so a new system had been implemented and a reduction had been seen since this happened.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance
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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA , and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

• Relatives told us their loved ones were able to make choices about their day to day care. A relative told us, "[Relative] knows what they like and what they don't like. They make their feelings known."
• The manager had recently implemented a new mental capacity assessment. This was being completed, with the relevant people involved, for all people who lacked capacity to make specific decisions. This showed the manager was working in line with the MCA.
• DoLS applications had been made for people who required them. There was information in people's care plans around likes, dislikes and choices.
• Staff had a good knowledge of individual people's capacity. Staff told us they received training in MCA. One staff member told us, "It's about people making decisions and their knowledge and understanding of that decision."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Peoples needs were assessed prior to moving into the home. Care records showed people's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.

Staff support: induction, training, skills and experience
• People's needs, and preferences were met by staff who knew them well. A relative told us the staff knew their loved one well they said, "They [staff] know verbal triggers [relative] uses when they are anxious. There are songs to indicate [relative] is unhappy [staff know this]. [Relative] has a high pain threshold so staff know to ask if they are in pain."

• Staff understood their responsibilities and what was expected of them. They told us they received supervision which enabled them to receive feedback and the opportunity for development.
• Staff had completed an induction process and the care certificate where needed. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

Supporting people to eat and drink enough to maintain a balanced diet
• Staff encouraged people to have healthy balanced diets. People decided what they ate, and staff supported people to eat meals out in the community. A person told us, "I'm going to [restaurant] today, the one with the man [who stands outside to take orders]. I'm going to have chips."
• People were supported to have choice in what they ate, a relative said "if [person] is given something they don't like they will refuse, and staff will offer them something else. It's good to try new things … but if [person] doesn't like it, staff will support [person] to have something else".

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
• The provider told us, in the information shared with us before the inspection, they worked with outside agencies to ensure people had access to a variety of services. We saw referrals were made to local community teams such as behaviour support and speech and language. Follow up actions were recorded in people's care plans. This showed staff were aware of people's changing needs.
• Staff monitored people's health care needs and would inform relatives, healthcare professionals and management if there were any changes. One relative told us their loved one regularly injured themselves due to their health need, they told us, "Since [relative] has been here they haven't had that [injury] so the management and observation systems must be good, that's a credit to them."

Adapting service, design, decoration to meet people's needs
• The service had been adapted to meet the needs of the people who lived there. A relative told us, "They had an extra rail put up on the stairs [to support person]. They also put a different colour caret down so [relative] doesn't get confused. They painted bricks outside so [relative] knows there is a path. It's little things like that."
• Peoples bedrooms were personalised with their own items to reflect their own personal choices. The communal areas contained photos and people's art work, a person said, "I made a Dr Who picture, by myself." They pointed at a canvas that was displayed in the communal lounge.

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity
• People were treated with kindness and compassion by staff who knew them well. We observed positive interaction between staff and people. A person said, "I saw [staff name] last week, he works here and I like him." They also told us that the staff who worked in the home were 'nice'.
• Relatives told us their loved ones were well supported and that staff listened to what they wanted. A relative said, "They take [person] out for rides in the car, [person] has their own enjoyment and they will tell staff what they want. They go for evening meals which they enjoy. [Person] goes to the safari park which they love. They really love that."
• People's records included details of life histories, religious beliefs and wishes and preferences. This enabled staff to use this information to provide personalised care.

Supporting people to express their views and be involved in making decisions about their care
• People and relatives were provided with questionnaires, so they could express their views about the service. These were analysed by the provider and people received an outcome.
• People were encouraged to make day to day decisions, for example, what they ate, what they wore and what they did. This demonstrated staff delivered individualised care.
• The provider had devised an easy read service user guide which covered areas such as rights to advocacy services and making decisions. This supported people to make decisions and signposted them to external agencies for independent support and guidance.

Respecting and promoting people's privacy, dignity and independence
• Staff treated people with dignity and respect. We observed staff knocking on people's bedroom doors and asking if it was ok to enter.
• People were supported to maintain and develop relationships with those close to them. Relatives visit their loved ones on a regular basis and staff facilitate trips for people to see their loved ones.
• Peoples records were stored in a locked cabinet and staff ensured information relating to people was communicated in a private setting, this ensured confidentiality was maintained.
• Staff encouraged people to be independent, one staff member said, "We always encourage independence. We prompt people to do things for themselves like getting their own towels or doing their own personal care tasks. We taught someone how to use their CD player and change the batteries, so they can now do that themselves."

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control
• Relatives told us they were involved in the review process. One relative said, "Every 12 months we have a review with the manager of the house and a social worker. We discuss [person], their activities and everything. They always invite us."
• Peoples care plans held information regarding their personal preferences, life history, likes and dislikes and people who were important to them. This enabled staff to have up to date information about people's personal preference.
• Staff encouraged people to take part in activities that were relevant to their interests and offered people choices. A staff member said, "We give a choice of activities, usually two options. We go out, we paint, listen to music and go to the cinema, things like that. If people don't want to go out, that's also ok but we check to make sure they are ok. Not everyone always wants to be busy."

Meeting people's communication needs
Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
• Staff told us they used various communication methods to support people. A staff member told us "when I first started I read the care plans … I got to know people and get to know how they communicate".
• We saw information was available to people in different formats, such as easy read versions of documents and pictures that supported written text. This enabled people to access and understand information.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them
• People were supported to follow their interests and take part in activities that were of interest to them. We observed staff encouraging people to access the community. A staff member said, "There are lots of activities, we are always out. We ask people what they want to do, and they choose."
• People were supported to maintain relationships with families. A relative told us "staff asked if we wanted to spend the day with [person] and staff. The staff took us and [person] to Chester zoo, we took a picnic and everything … It was a lovely warm day and it was lovely to be out with [person] knowing if anything happened we had support from staff. [Person] was as good as gold and it was a really nice day".
• People were supported to build and maintain relationships with each other where appropriate. Two people in the home had lived together at a previous placement, a relative told us, "[People] used to live together in [home name] and they know each other. It's almost like a sibling relationship. [Person] feels comfortable with people they knows, it's better, they feel happy."

Improving care quality in response to complaints or concerns
• Staff could tell us the signs to look out for to identify if people were happy or not.
• Relatives knew how to complain on behalf of their loved ones. One relative said, "I'd tell [manager] or go to head office, I could write a letter or ring them. I'd soon make a complaint as [person] comes first. If I wasn't satisfied I'd tell them."
• The provider had a complaints policy and procedure. Formal complaints had been dealt with in line with the company policy and people were given outcomes.

End of life care and support
• No one was receiving end of life care at the time of the inspection. The director of care advised they had the relevant documentation but had not yet implemented it, they said they planned to complete this with people and their loved ones.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

• The manager was not yet registered with The Care Quality Commission (CQC) but was in the process of doing this. The manager had notified CQC of events which had occurred, and the previous inspection ratings were displayed in the service. This showed the manager understood the legal responsibilities of a registered person.

• The director of care told us, and records confirmed, an internal audit had taken place and an action plan had been created that identified areas of improvement. We could see where actions were achieved, and others were being worked on. The director of care told us they were making improvements with this system, they said, "When we identify an action, if something can be done there and then we just do it. We will sit with the managers and support them to go through the process."

• A speak up guardian had been appointed to allow staff the opportunity to raise any concerns with someone who was not involved with the day to day running of the home. We saw posters were displayed with contact details. This showed the provider encouraged staff to speak up if they had any concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

• The staff demonstrated a person-centred approach for the people they supported. We saw people had choice and control and were involved in day to day decisions. We observed staff planning a trip to the shops with a person, they were supported to decide about what they would buy and where they would have lunch.

• Staff felt well supported and staff and relatives expressed confidence in the manager. A staff member told us, "[Manager] is very good and very approachable, you can talk to her." A relative told us "she's been there for ages, we get on well with her … we can talk to her and she's really nice …everything we ask, she does it straight away".

• Staff were able to tell us about training courses they had attended and said they found these helpful for their role. A staff member told us, "The training is very good, I've benefitted from it. It's well explained, and we get feedback and mentoring."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

• The director of care understood their responsibilities in relation to the duty of candour regulation and was able to discuss how they would meet this requirement.

• Relatives told us they felt well communicated with and were updated if there were any concerns. A relative

said, "They [management team] know me so they call me if there are any problems with [person]. I always know what is going on."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
• People and relatives were involved in decisions about their care. We asked relatives if they were involved and updated and they said, "Very much, we have an annual meeting with the local authority [and the service]. We review the care plan. We look at what's happened last year and what [person] wants to do this year."
• Staff told us they encouraged people to be active in the community, a staff member said, "[Person] has been going to the cinema regularly and staff at the cinema know [person]. They talk to [person] and [person] likes that."
• Staff told us they were encouraged to share ideas and to be actively involved in developing the service. A staff member said, "We can suggest ideas. We suggested different activities and giving people more choice. We've also been able to suggest different training session." Staff told us there were more activities happening now.
• Peoples care plans contained information about how they liked to be supported and details about their religious and cultural needs. This enabled staff to know what peoples support preferences were.
• Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.

Working in partnership with others
• The provider told us, in the information they shared before the inspection, staff communicated with the GP, behaviour specialists, social workers and other professionals when required. We saw this reflected in peoples care records. This evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.

Continuous learning and improving care
• The provider was able to demonstrate they were continuously learning and developing. For example, they had identified professional relationships training would be beneficial, we asked staff about this and they said "it was really good … it gives you a good understanding". The provider had also implemented a new quality audit system as they felt the systems they had were not robust enough.