

Inshore Support Limited

Inshore Support Limited - 10 Melbourne Road

Inspection report

10 Melbourne Road
Halesowen
West Midlands
B63 3NB
Tel: 0121 501 3389
Website: www.inshoresupportltd.co.uk

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Ratings

Overall rating for this service

Requires improvement 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Requires improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires improvement 

Overall summary

The inspection took place on the 26 November 2015 and was unannounced. At our last inspection on the 5 June 2013 the provider was compliant with the regulations inspected.

Inshore Support Limited, 10 Melbourne Road is registered to provide accommodation and support for three people,

who may have a learning disability. On the day of our inspection there were two people living at the home with a further person using the service as part of a carers break (respite).

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Relatives told us that people were safe.

Medicines were being administered safely.

We found that there was sufficient staff to keep people safe.

Staff were able to get the support they needed to ensure they had the skills and knowledge to support people appropriately.

People's consent was sought before staff supported them.

We found that the provider had the appropriate systems in place to ensure the requirements of the Mental Capacity Act 2005 were being met and people's human rights were not being restricted.

People had access to health care professionals to ensure their health care needs were met.

Staff were caring and kind.

People's privacy and dignity were not always respected.

Relatives told us they were able to ensure people's choices were captured as part of the assessment and care planning process.

A complaints process was in place so people and their relatives were able to raise any complaints as needed.

We found that documentation within people's care records were being duplicated and the information was not always current.

The quality assurance checking process carried out by the registered manager and provider was not effective in identifying the concerns with the quality care records.

The provider had a questionnaire in place so they were able to gather views on the service so where improvements were identified these could be made.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Relatives told us that people were safe within the service.

Medicines were administered to people in a safe manner.

Staff told us that they were required to complete a number of checks as part of the recruitment process to ensure people would be kept safe from harm.

Good



Is the service effective?

The service was effective.

Staff were able to get the support and knowledge they needed and had the correct skills to ensure they could support people appropriately.

People's consent was given before staff supported them. The provider ensured people were supported following the requirements of the Mental Capacity Act.

People were able to see health care professionals when needed.

Good



Is the service caring?

The service was not always caring.

Staff were caring and kind toward people.

People's choices were considered as part of how they were supported.

People's privacy and dignity was not always respected.

Requires improvement



Is the service responsive?

The service was responsive.

People's relatives were able to share their views on the support their family members received at reviews and were given a copy of their care plan.

Relatives told us they knew how to complain but had never had to. The complaints process was available in other formats to support people to make a complaint if they needed to.

Good



Is the service well-led?

The service was not always well led.

We found that the care records kept on people's support needs were not consistent in quality and content and documentation was being duplicated.

The quality assurance checks carried out by the provider were not effective in identifying concerns within the quality of care records.

Requires improvement



Summary of findings

The provider had a annual questionnaire available so people and relatives could share their views on the service.

Inshore Support Limited - 10 Melbourne 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.

Our inspection took place on the 26 November 2015 and was unannounced. The inspection was conducted by one inspector.

Before the inspection we asked the provider to complete a Provider Information Return (PIR) which they did. 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 information

we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We spoke to the local authority who commissioned this service. They told us they had no concerns and were happy with the service being provided.

On the day of our inspection there were two people living at the home. A further person arrived later on the morning who was visiting the home as part of a carers break (respite) for a number of hours. We were unable to speak with people to understand how they felt but we were able to observe how they were supported. We spoke with two members of staff, the registered manager and three relatives by telephone. We looked at the care records for two people, the recruitment and training records for two members of staff and records used for the management of the service; for example, staff duty rosters, accident records and records used for auditing the quality of the service.

Is the service safe?

Our findings

Relatives we spoke with told us that they felt people were safe within the service. One relative said, "I do feel [person's name] is safe". Staff we spoke with understood how people were to be kept safe and what action they would take if people were at risk. They also gave us examples of different forms of abuse, which showed a level of understanding. One staff member said, "I have had training in safeguarding". We found that where people were at risk of harm the appropriate authorities were being informed. We saw from our observations that people were relaxed and comfortable around staff and staff ensured where people's behaviour may cause risk to others, this was managed appropriately to reduce any potential risk of abuse.

We found that where there were potential risks to how people were supported that the provider carried out risk assessments so staff knew how to reduce or manage any potential risk. For example, where equipment was required to reduce any risk we saw that this was in place. Staff we spoke with knew about the risks to people and how they were to be managed or reduced. One member of staff said, "We always ensure there are two members of staff when we take [person's name] out of the home".

Relatives told us there were no concerns about the levels of staffing. One relative said, "[person's name] does have enough staff, when he goes out he has two". We found that people were assessed to have one to one support when they were being supported in the home and our observations confirmed this. Staff we spoke with told us there was enough staff. One member of staff said, "We need more senior staff and they are recruiting for more". We found from the staff rota that the assessed level of night staff were recorded to work during the night.

Relatives told us that they had no concerns about how medicines were being administered. The staff we spoke with told us they could not administer medicines unless

they had received training. We saw from the training records that all staff were trained to administer medicines apart from the two staff who had recently been appointed. One member of staff told us, "I can't give medicines until I have done my training".

The provider had a medicines procedure in place so staff had the appropriate guidance to support their skills and knowledge when administering medicines. Staff told us that their competency was checked. We saw evidence to confirm this. We found that when people were given their medicines that a record of this was kept on the Medicines Administration Record (MAR). We looked at the MAR and found that it was being maintained correctly and a check was being carried out on a daily basis of the medicines given to ensure the medicines left was the correct amount. This ensured the amount of medicines people were receiving was being monitored.

We saw evidence that 'as required' medicines were administered to people when they asked for it or as illustrated on the MAR. We saw that protocols were being used so staff had clear guidance as to how these medicines were to be administered consistently. A member of staff who administered medicines confirmed they were aware of and understood the circumstances when 'as required' medicines would be administered. We found that when people were out of the home and staying with relatives a risk assessment was in place for how their medicines should be managed, to ensure it was administered safely.

The staff we spoke with all told us they were required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process before being appointed to their job. This check was carried out to ensure that staff were able to work with people and people would not be put at risk of harm. We found from the evidence we looked at that the provider had a recruitment process in place which included references being sought from previous employers.

Is the service effective?

Our findings

One relative said, “Staff do seem to have the support, skills and knowledge they need to support [person’s name] properly. They [staff] have had training in dealing with seizures”. Staff we spoke with told us they had regular supervision and a yearly appraisal. One staff member said, “I am able to attend staff meetings”. We saw evidence to confirm what staff had told us and that staff were able to receive support when needed by way of regular training opportunities as part of them gaining the right skills and knowledge to be able to carry out their duties. Staff were also able to gain further development opportunities through doing training in other areas, for example dementia awareness and behaviour that challenges.

We found that where staff were recently recruited they were able to shadow more experienced staff as part of their induction process. This gave them the opportunity to engage with people and see how they were being supported. A member of staff told us, they had gone through an induction process which also gave them the opportunity to shadow more experienced staff and improve on their knowledge. We saw evidence that the provider was also using the care certificate in their induction process. The care certificate sets out fundamental standards for the induction of staff in the care sector.

People’s consent was sought before staff supported them. We observed staff consistently seeking people’s permission before they supported them and explaining, so people understood. Relatives we spoke with confirmed that consent was sought. One relative said, “[Person’s name] does give consent”. Staff we spoke with confirmed no one would be supported unless they had given their consent. People gave consent by gestures or by other methods staff understood. We saw situations where staff supported people in their best interest and the requirements of the mental capacity act were being followed.

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 and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that a DoLS application had been made to the supervisory body and the provider was awaiting an assessment to be carried out. Staff we spoke with understood the principles of the MCA and DoLS and the impact it would have on how they supported people and were provided with the appropriate training.

Relatives told us that people decided what meals they had to eat and they were able to get drinks when they needed. A staff member told us, “People decide the meals they want”. Our observations of meal times confirmed this. Staff prepared meals based upon what people had requested. People were also seen helping themselves to snacks. On one occasion staff were heard discussing with someone the importance of their diet and eating healthily. We saw evidence that people’s weight and fluid intake was being monitored.

Relatives told us that people’s health care was important and that they were able to see health care professionals like a doctor when needed. Staff told us that people were able to see their doctor, dentist or a chiropodist when needed or as part of a pre-arranged appointment. We saw evidence of these appointments noted in people’s care records along with their health action plans and hospital passports identifying their needs. We saw that health screenings and wellbeing checks were also being carried out. We saw from one person’s health action plan and their hospital passport which was combined that information about their health and other condition were noted so staff and health care professionals would have the relevant information they would need to support the person appropriately in an emergency or to provide appropriate advice when needed.

Is the service caring?

Our findings

People were unable to tell us whether their dignity and privacy was being respected. We observed on arrival to the home that a sound monitor was being used in the lounge. Staff we spoke with told us it was used so they could be alerted in the night if someone in particular became unwell. However the monitor was not turned off once the person was awake and we could hear along with another person sitting in the lounge someone having a shower and all the personal interaction that took place between themselves and the member of staff with them for support. We found that due to how the monitor was used the person's privacy and dignity was not being respected in the way it should. We discussed this with the registered manager about the inappropriateness of the monitor being left on in the lounge, in the way that it was. The registered manager acknowledged our concerns and told us it should have been turned off once the person was up and about and they would take action to put in place a process for all staff to follow in future.

Relatives told us the staff were caring and kind towards people. One relative said, "The staff are caring". Our observations were that the atmosphere within the home was warm and friendly. We saw that staff knew people well and they had built up an understanding and awareness of people to be able to know from people's methods of

communicating whether they were happy or sad. We saw that people were comfortable in their environment and staff were seen to be supportive of each individual based upon how people preferred to be interacted with.

Relatives told us that they were involved in making choices and decisions for their family member. We saw staff taking people's wishes into account by way of allowing them the freedom, space and time to make decisions on how they were supported. Where people were unable to verbalise everyday requirements, relatives were involved in supporting staff in meeting people's needs. One relative said, "I am able to meet regularly to discuss the support [person's name] receives and discuss changes". We saw evidence that indicated that the decisions about people's support was not made by staff but by relatives or staff knowing what people would want from their care records.

We saw that people were able to live their lives how they wanted. One person wanted to speak with their relatives every evening on the telephone and they were able to do this, which their relatives confirmed and staff recognised the enjoyment they got from this every evening. People were able to live their lives as independently as they could by staff ensuring people did as much as they could for themselves. Staff told us that where people were able to do their own personal care they did so and staff were around for support if needed. This re-enforced the skills people needed to be independent.

Is the service responsive?

Our findings

The provider told us in the Provider Information Return (PIR) document they sent into us before the inspection that reviews were carried out. Relatives told us that they were involved in the assessment and care planning process. One relative said, "Yes I was involved in the assessment and I have a copy of the care plan. I do attend regular reviews to discuss any changes". Another relative told us that the provider provided transport to enable them to get to reviews and refreshments after. Staff we spoke with confirmed that reviews did take place which involved relatives as people were not able to share their views consistently in the process.

People's preferences, likes and dislikes were noted in their care records. Relatives told us that people were able to take part in activities in the community where they lived and also go out on trips or other activities like pub lunches. Staff we spoke with were able to explain people's preference and likes and how these were catered for in the planned activities people took part in. We saw that people's preferences were being met. We saw that there was a plan in place for the activities people took part in, so where additional staff was needed this could be planned for well in advance. We saw that people's bedrooms were personalised to their own taste. One person had a well

known television subscription box in their bedroom which was not working. We heard them ask staff regularly as to whether the engineer was still coming out to repair the box. We saw the joy and excitement on the person's face and through their behaviour once the engineer had arrived and the box was once again working. The person spent the rest of their time in their bedroom enjoying the television. Another person liked colouring books and they were seen spending most of their time colouring in the lounge.

Relatives told us they knew how to complain and would speak with staff, the registered manager or head office depending on the complaint. One relative said, "I would know who to complain to, but I have never had to complain. Staff we spoke with knew the complaints process and we saw it was displayed in the home in more than one format to make it easier for people to understand. We found that people had lived within the service for a number of years which enabled staff to build up an understanding of people to know when they were happy. The provider told us they had a complaints process, to enable complaints to be made when people were not happy with the service and all complaints were reviewed by a complaints manager. We saw evidence to confirm this and that all complaints received were logged appropriately and trends monitored so where improvements were needed to the service this could be done.

Is the service well-led?

Our findings

We found that records kept on how people's support needs were met were not consistently the same. We found duplication of paperwork which could potentially lead to recently employed staff not knowing what they should be doing in terms of which instruction to follow. We saw documentation that was not current and should have been archived so as not to mis-lead staff. We saw that risk assessments and care plan documentation had not been signed or dated to show whether it was current and that written consent was sought. Whilst the staff we spoke with demonstrated a good understanding of people's support needs, the registered manager acknowledged these areas needed to be improved upon and told us action would be taken to make the improvements.

We saw evidence that quality assurance checks and monitoring of the service was taking place on a monthly basis both by the registered manager and the provider. The provider told us in the information they supplied to us that a quality monitoring team visited the home to carry out checks on a monthly basis and a action plan was produced with timescales for improvement. These checks were carried out on the environment within the home to ensure it was safe for people to live and that staff were carrying out their duties appropriately. One staff member said, "A quality assurance team does carry out audits monthly in the home including checking on medicines from head office". However we found that the checks were not effective as they did not identify the concerns with the standard of people's care records.

Relatives and staff we spoke with told us the service was well-led. Relatives knew who the registered manager was and felt they were made welcome whenever they visited. We found the atmosphere to be friendly, relaxed and welcoming.

We found there was a registered manager in post as is required by law. The service currently had a manager

running the home who reported to the registered manager. One relative told us that clarity was needed as to who the registered manager was as the current temporary arrangement had been going on for some time. Staff we spoke with were able to explain the process they would follow in the event there was an emergency and they needed support out of hours. They were also knowledgeable of the management structure and who to contact when the temporary manager or registered manager was not available.

Staff we spoke with were able to explain the actions they would take to deal with accidents or incidents. We saw evidence that the provider had a procedure in place that staff were familiar with in dealing with accidents, this involved the completion of an accident book, which was then monitored for trends within the service.

Relatives told us they completed a questionnaire/survey on the quality of the service. One relative said, "I do get a questionnaire yearly". The provider told us that an annual questionnaire was sent out to gather people's views. We saw evidence that confirmed a questionnaire was being used to gather views. The information gathered would then be used to analyse the service and actions taken where necessary to make improvements where needed.

Staff told us they knew about the whistleblowing process and how and when it should be used. This gave care staff the opportunity to raise concerns about the service anonymously. Staff we spoke with whilst they had not used the process was confident if they did their concerns would be acted upon.

We found that the provider did complete and return the provider Information Return (PIR) with key information about their service.

The registered manager knew and understood the requirements for notifying us of any deaths, incidents and safeguarding alerts as is required within the law.