

Inshore Support Limited

# Inshore Support Limited - 10 West Street

## Inspection report

West Street  
Blackheath  
Rowley Regis  
West Midlands  
B65 0DE

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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

10 West Street is registered to accommodate and deliver personal care to one person. People who live there may have a learning disability or autism. At the time of our inspection there was one person living in the home. At the last inspection in February 2015 the service was rated Good. At this inspection we found that the service remained Good.

Staff continued to deliver care that was safe and took account of risks that might affect people's safety. Staff were recruited in a safe way and there were still enough staff to keep people safe. The arrangements for managing people's medicines remained safe and people had their medicines in the way they were prescribed.

People continue to receive effective support from staff who had the skills and knowledge to meet their specific needs. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

People continued to receive a caring and compassionate approach to their needs which included involving them in decisions and providing them with information in a way they understood. People's privacy, dignity and independence was respected.

The service continued to be responsive to how people's needs were best met which included decisions about their living arrangements. Relatives continued to be happy with their involvement and knew how to raise complaints if they had any concerns about the service.

The service continued to be well-led with appropriate checks and audits in place to check that the quality of the service was maintained. Arrangements both formal and informal were in place to obtain people's views about the service and make any improvements.

## 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 - 10 West 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 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 3 May 2017 and was conducted by one inspector. We gave short notice of our inspection as the service provides support to younger adults who are often out during the day.

We reviewed information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We met and spoke with a person who lived there and a relative who was visiting. Following our inspection we spoke with one relative by telephone to get their views on the service provided. We spoke with two staff members and the registered manager. We looked at the care records for one person which included their medicine administration records, risk assessments and accident and incident reports. We also looked at records which supported the provider to monitor the quality and management of the service. These included health and safety checks, medication, complaints records and systems for obtaining people's feedback. We looked at the recruitment and induction records for two staff, staffing levels, and staff training to see how the provider managed the safety aspect of the service.

## Is the service safe?

### Our findings

A relative told us, "I am happy that [name] feels safe as they are always happy to go back". Staff we spoke with confirmed they had training in safeguarding and confidently described how they would report any concerns. A member of staff said, "I did safeguarding training and I know how to report any abuse". We observed staff knew how to support people with any risks to their safety. For example by minimising access to objects that could cause harm such as a kettle of boiling water. Appropriate risk assessments were in place for a variety of daily tasks outlining how to support the person in each situation that they might find difficult or which could affect their safety. Staff followed guidance and intervened when a person needed support with their behaviour.

A relative told us they had no concerns about the availability of staff and that this had been consistent for many years. They said, "Staff take [name] out every day; the staffing levels make sure [name] can do these things safely and has the support with their behaviour. I have no worries about staff". We saw the provider had continued to ensure staffing levels took account of risk factors so that appropriate staff ratios were provided to keep the person safe both in the home or the community. Staff confirmed these levels were consistently available to ensure people's safety. We saw that safe recruitment systems continued to be followed which included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if prospective staff were considered safe to work with vulnerable people.

A relative told us they had no concerns about the way medicines were managed. Medicine records showed medicines had been administered as prescribed. Guidance for 'as required' medicines was in place and staff were able to describe clearly when this would be administered. Staff we spoke with confirmed they had training in the safe administration of medicines. The storage of medicine was secure and the date of opening short term applications such as creams or drops was recorded to ensure these were used within their shelf-life date. We saw audits which showed that checks on medicines were carried out to ensure safety.

## Is the service effective?

### Our findings

A relative told us that staff had the right skills and knowledge to support people with their complex needs.

Staff told us they had an induction before they commenced working in the home. The provider ensured staff received consistent guidance on the recognised standards expected when working with people. A staff member told us, "I had a great induction; lots of information and felt really prepared". We saw staff had received training in supporting people with their behaviour or health conditions such as epilepsy. Staff were able to provide examples of how they supported people with autism; such as providing time for people to process information and supporting them in a consistent manner. Staff told us they felt supported and had received regular supervision.

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 Mental Capacity Act (MCA). The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We saw staff sought people's consent and people were supported to make their own choices and decisions. Staff had developed effective communication passports so that they were able to understand the decisions and choices people made. The registered manager understood how to obtain an authorised DoLS and staff had received training in the MCA and the DoLS and knew how any restrictions should be applied when delivering people's care. Appropriate arrangements were in place for decisions made in people's best interests.

A person told us that they liked; "Strawberry cornetto", and "Coffee", and we saw these were available to them. We saw and heard that people were involved in choices regarding their meals and drinks, which were prepared around people's choices and promoted healthy eating options. A relative told us that they were happy with the arrangements in place for managing people's health. We saw that people had regular access to healthcare support from a multi-disciplinary team of specialist healthcare professionals who helped to plan and monitor people's health needs. People had a hospital passport which clearly set out their health needs and how these were met. We saw people's health needs were regularly reviewed to ensure people received the health support they needed.

# Is the service caring?

## Our findings

A relative said, "They are happy there; very settled and always happy to go back, the staff are very caring and thoughtful". We heard conversations between people and staff which were respectful and demonstrated a caring approach, such as giving people time to process information before delivering care to them.

Staff were able to provide examples of how they managed people's distress. We saw they took account of people's tolerance levels and used this well in anticipating situations they might find difficult. We saw staff provided reassurance, explanations and diversions to reduce the possibility of unnecessary distress. We observed this worked well in settling a person who responded with smiles.

Staff continued to ensure people's privacy and dignity by requesting to enter their bathroom to support them, and asking them where they wanted help. A person gave us a 'thumbs up' sign when we asked did they enjoy their bath. People continued to receive support to maintain their appearance. All the interactions we observed showed that people had support from staff that was unhurried and at their pace and demonstrated compassion and respect for people's preferred routines.

Staff knew people well and what was important to them. We heard examples of how they supported people to maintain relationships with their family. A person 'told us' with words and gestures that they were going home to visit their family. We heard from a relative that staff supported on-going contact with families, one relative told us, "It's regular as clock work and we stick to the same routine as this is so important to [name]".

We saw people had autonomy over their routines and activities and to what extent they wished to socialise or not with others. Staff were able to describe the importance of understanding people's diversity in relation to their autism and learning disability. They showed how people's specific needs were taken into account so that they determined what they wished to do and when. We observed that the routines of the day were very much centred on and led by the person

The registered manager was aware of advocacy services so that if people had difficulty making decisions they had the support of an advocate to voice their views and wishes.

## Is the service responsive?

### Our findings

We observed that staff were responsive to the needs of a person for example by supporting them to share their views with us. A person confirmed that they and their family were involved in planning their care. They answered, "Yes" when asked if they had regular meetings to talk about their care. Relatives confirmed that they were involved in care planning and reviews. A relative told us, "We and (name) attend reviews and can ask questions and talk about things to make sure (name) is happy with arrangements".

Staff were able to provide examples of how they involved people in planning and developing their care and used pictures and 'trial and error' experiences to find out what people preferred. This was a person centred approach to people's care; making them the prime focus. The way the home was arranged and staffed was responsive to people's needs. For example people's living arrangements ensured they lived in an environment that was appropriate to their specific need in relation to both the staff ratios and not having to socialise with other people. A relative told us, "(Name) is much happier, has a familiar staff team who understand (name's) needs".

We saw and heard staff support a person to describe how they liked their daily routine to be carried out. This information had been incorporated into their care plan so that it was tailored to meet their individual needs demonstrating a personalised approach to the person's care needs. A relative told us, "Routine is very important to (name) and staff provide that".

Our observations showed that staff understood people's methods of communication. We saw and heard that they were able to translate people's language and respond accordingly. People continued to have support to access local amenities for interesting social and recreational opportunities. A person answered, "Yes" when staff listed the things they liked to do. This ensured people had social opportunities that took into account their diversity.

A relative told us they had never complained as they were very happy with the service provided. We saw the provider had a process for receiving and managing complaints. Staff told us they would recognise if someone was unhappy and would support people if they thought this was needed. Our observations were that people were relaxed and happy around staff.



## Is the service well-led?

### Our findings

A relative told us, "I am very happy and confident that the manager and staff team run a good home; they always communicate with us and they are friendly". Staff told us the home was well-led and they had regular support and training opportunities.

We found that there was a clear staff management structure and staff understood their role. Staff informed us they had regular contact with members of the management team as well as the registered manager. 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.

The provider had continued to carry out regular spot checks and audits and we saw action was taken in response to the findings. This ensured the quality of the service people received was reviewed and any areas for improvement identified. We noted that the checks had not picked up overdue training for one staff member and the registered manager told us they would take this up with their training department who organised training for staff. We saw that records related to people's care were well maintained and up to date.

Relatives told us their views were sought regularly; surveys had been completed and showed findings to be positive. A relative told us, "I can't think of anything they would need to change". Staff described regular opportunities to meet and discuss issues, as the staff team was very small they saw each other regularly and described information sharing and updates as being positive.

All of the staff were aware the whistle blowing policy and confidently described how they would use this to report bad practice. A staff member said, "No one here would tolerate bad practice; they would speak up".

It is a legal requirement that the overall rating from our last inspection is displayed within the home and on the provider's website. We found that the provider had displayed their rating as required.