

Inshore Support Limited

# Inshore Support Limited - 10 West 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	

### Overall summary

The provider is registered to accommodate and deliver personal care to a one person. People who live there may have a learning disability or associated need.

Our inspection was announced and took place on 11 February 2015.

At our last inspection in April 2013 the provider was meeting all of the regulations that we assessed.

A manager was registered with us as is required by law. 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.

Relatives we spoke with said that people received a safe service. We found that there were clear procedures in

# Summary of findings

place to ensure that people received a service that was safe; staff followed the procedures to ensure the risk of harm to people was reduced this ensured that people received care and support in a safe way. We found that where people received support from staff with taking prescribed medicines, this was done in a way that ensured the risk to people was minimised.

Relatives told us that they felt that there were enough staff employed to meet their family member's needs and offer them a reliable and flexible service. Relatives felt the staff that supported people were trained and competent. We saw that staff received the training development and support needed to ensure they did their job well and provided an effective service.

Staff understood the requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). We found that the registered manager was meeting the requirements set out in the MCA and DoLS to ensure that people received care in line with their best interests and were not unlawfully restricted.

We found that the person participated in a range of recreational activities in the community that they enjoyed and benefitted from.

The person was encouraged to maintain their daily living skills and be as independent as possible.

Relatives told us that staff supported their family member with their nutrition and health care needs. They also told us they had a good relationship with the staff. We found that people were able to make decisions about their care and they and their families were actively involved in how their care was planned and delivered. A process was in place for people and their relatives to raise any concerns or dissatisfaction.

Relatives spoken with said the quality of service was good. The management of the service was stable and processes were in place to monitor the quality of the service.

# 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 confirmed that their family member received a safe service, procedures were in place to keep people safe and staff knew how to keep people safe from abuse and harm.

There were sufficient staff that were safely recruited to provide care and support to people.

Medicines were managed safely and ensured that people were given the medicine that had been prescribed.

Good



### Is the service effective?

The service was effective.

Relatives said that people received effective care and support. Staff were trained and supported to ensure they had the skills and knowledge to support people appropriately and safely.

Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards which ensured that people were not unlawfully restricted and received care in line with their best interests.

People were offered and encouraged to take sufficient quantities of food and drink to promote good health.

Good



### Is the service caring?

The service was caring.

Relatives told us that the staff were kind and considerate and we saw that they were.

People's dignity and privacy were promoted and maintained and their independence regarding daily life skills and activities was encouraged.

Staff encouraged people to make their own choices regarding their daily routines.

Good



### Is the service responsive?

The service was responsive.

People's needs were assessed regularly and their care plans were produced and updated with family involvement.

Staff were responsive to people's preferences regarding their daily wishes and needs.

People were encouraged to engage in or participate in recreational pastimes that they enjoyed.

Good



### Is the service well-led?

The service was well-led.

A registered manager was in place and all conditions of registration were met. The registered manager knew their legal responsibilities towards staff and to ensure that the service provided was safe and met people's needs.

Good



# Summary of findings

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

The service was monitored to ensure it was managed well. The management of the service was stable, open and inclusive.

# 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 11 February 2015 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 usually ask the provider to send us a Provider Information Return (PIR), before the inspection. 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. On this occasion we did not make the request, so the provider was unable to complete this information.

Before our inspection we reviewed the 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 asked the local authority their views on the service provided. They did not provide us with any information. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

On the day of our inspection we met and spoke with the person who lived there. We spoke with a member of staff and the registered manager. Following our inspection we spoke with two relatives by telephone to get their views on the service provided. We spent time in communal areas observing routines and the interactions between staff and the person who lived there. We looked at care and medicine records, accident records and the systems the provider/registered manager had in place to monitor the quality and safety of the service provided. We looked at four staff training and recruitment records.

# Is the service safe?

## Our findings

A person smiled and nodded to confirm that they felt safe living there. A relative we spoke with told us, "I have no concerns. When we take them home they are always happy and excited to go back. I think that shows that they feel content and happy". Our observations showed that the person was comfortable and at ease with the staff. We saw that they interacted happily with staff. Staff we spoke with told us that they had received training in how to safeguard people from abuse and knew how to recognise signs of abuse and how to report their concerns. A staff member said, "All staff would report any concerns if there were any. There are no concerns of abuse". This showed that staff received training and were aware of the reporting systems they should follow, in order to protect people who lived there from abuse.

We saw records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to the people who lived there. Staff we spoke with were aware of people's risks and records that we looked at showed that there had been no recent falls, incidents or concerns.

We asked staff what they would do in certain emergency situations. They told us that they would assess each situation as it arose. They told us that they would reassure the person, get appropriate medical input and then make records of the event. This meant that staff had the knowledge to deal with emergency situations that may arise so that people should receive safe and appropriate care.

The person confirmed that they were happy to take their medicine from staff. A staff member told us, "No staff can administer medicine until they have received training and have been assessed as competent to do so". They told us that they had completed medicine training and we saw completed medicine competency assessments on staff files. We looked at the Medicine Administration Records (MAR). We saw that the MAR were maintained correctly. We carried out an audit of the medicine, we looked at records to see how much medicine should have been available against what was actually available and found that the balances were correct. We saw that care plans were in

place to instruct staff in what circumstance medicine prescribed as 'when needed' should be given. This prevented people being given medicine when it was not needed or not being given medicine when it was needed. This confirmed that processes were in place to ensure that people received their medicine as they had been prescribed by their doctor to promote their good health.

We saw that although medicines were being stored in a locked cupboard. Our visual assessment of the cupboard (a standard kitchen cupboard) determined that it may not meet current pharmaceutical guidelines. The registered manager told us that they would raise this with their community pharmacy provider and ask their view. The key to the medicine cupboard was held by the person in charge so that there was no risk that unauthorised people could access the medicines.

A relative told us that in their views there were enough staff. They said, "They [Their family member] have a good active life and are able to go out when they want to". Staff told us that there were sufficient to meet people's needs and to keep people safe. There were systems in place to cover staff leave. Staff told us that the registered manager studied the rota in advance to determine any days when cover was needed due to staff leave and arranged the cover. A staff member said, "The cover system works well we never have problems with it". This meant that staffing levels ensured that the person who lived there was supported appropriately and safely by staff.

We found that safe recruitment systems were in place. We checked three staff recruitment records and saw that the required pre-employment checks had been carried out. This included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concern. Staff we asked confirmed that checks were carried out before new staff were allowed to start work. One staff member said, "New staff are not allowed to start work before all checks are completed". These systems minimised the risk of unsuitable staff being employed.

# Is the service effective?

## Our findings

Relatives told us that in their view the service provided was effective. One relative said, “It is splendid there. I am very pleased with the care”. A staff member said, “We look after them well. I am not just saying this but if my relative needed this type of care I would be happy for them to come here”.

Staff told us and records confirmed induction processes were followed. A staff member said, “Every staff has an induction which involves looking at policies and practices and familiarising them with the building and the people who live here”. All staff we spoke with told us that they received regular supervision and support. A relative told us, “The staff all seem to do what they should”. This showed that staff were supported to have the knowledge and support when they first started to work there to carry out their job roles effectively and were given guidance through one to one supervision.

A member of staff told us, “The training helps us to do our jobs well”. Staff spoken with said they had the training needed to enable them to perform their role. They told us that they had received training in a range of subjects including, health and safety, first aid and moving and handling. We looked at the training matrix which we saw the registered manager maintained to highlight training that had been received and when it was next due.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a ‘Supervisory Body’ for authority to deprive someone of their liberty. CQC is required by law to monitor the operation on the DoLS and to report on what we find.

Staff and records we looked at confirmed that where it was determined that a person lacked capacity they involved appropriate family members, advocates or health/social care professionals to ensure that decisions that needed to be made were in the persons best interest. A relative told us and records we looked at confirmed that a recent review had been undertaken by the local authority who were satisfied with the systems in place. This demonstrated that staff had the knowledge they needed to ensure that people did not have their right to freedom and movement unlawfully restricted.

Staff we spoke with and records we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included GP’s and specialist health care teams. We saw that the person received regular dental and optical checks. We saw that screening had been accessed to detect illness at an early stage. This ensured that the person received the health care support and checks that they required.

A person we spoke with told us that they liked the food and drinks offered. At breakfast time we heard staff ask people what they would like to eat and assist them to choose what they wanted to eat and drink. We observed that the person ate all of their breakfast and nodded to confirm that they had enjoyed it. We did not observe a lunchtime meal as people were out of the home at that time. There was no set menu. People were asked each day what they would like to eat. We saw that food stocks were satisfactory. Records we looked at confirmed that people enjoyed a varied diet which contained meat, fish, fruit and vegetables. We saw that records were maintained each day to confirm what food each person had eaten. Records also confirmed that people’s weight was monitored to ensure that they were not losing or putting on too much weight which could place their health at risk.

# Is the service caring?

## Our findings

The person smiled and nodded to confirm that they liked the staff. A relative told us, "They [Their family member] like all of the staff". We observed staff interactions with the people who lived there. We observed that staff greeted people when they got up and asked them how they were. We saw that staff took time to listen to what people said. We saw that people responded to this by chatting with staff and smiling. One person was waiting for their family to arrive and was restless. We heard staff explaining to the person that their family would be there soon and giving them reassurance. This worked as we saw that the person settled down and watched the television until their family arrived.

Staff knew that it was very important for people to maintain contact with their family and for them to maintain good relationships with people's families. A person smiled and nodded when we spoke with them about visiting their family. Relatives we spoke with confirmed that staff enabled them to have as much contact with people as possible. Records we looked at and staff we spoke with highlighted that there was no visiting restrictions and families could visit when they wanted to. A relative told us, "There are no visiting restrictions and I am always made to feel welcome".

A staff member told us, "We always encourage people to do as much as they can for themselves". Care plans we looked at highlighted that where possible staff should encourage people to be as independent as possible regarding daily living tasks. We determined during the day that people attended to their own personal care needs and daily tasks. We observed that one person had dressed in the clothes they wanted to wear which were appropriate for the weather and their activity for the day. We saw that the person prepared their breakfast and did some cleaning

tasks. They looked happy and were smiling whilst undertaking the tasks. This highlighted that staff knew it was important that people's independence was maintained.

During the day we heard staff speaking to people in a respectful way. Relatives told us that the staff was polite and friendly towards them. Staff we spoke with were able to give us a good account of how they promoted dignity and privacy in every day practice. They told us that they ensured that toilet and bathroom doors were closed when those rooms were in use and that they knocked bedroom doors and waited for a response before entering. Records highlighted that staff had determined the preferred form of address for people and we heard that this was the name they used when speaking to them. We heard staff encouraging people to make their own choices regarding their daily routines and what they wanted to eat. Throughout the day we heard staff asking people what they would like to do and what they had planned for the day. Staff confirmed that they encouraged people to select what they wanted to wear each day. This showed that the staff knew that it was important to promote dignity, show people respect and offer them choices.

We saw that the person who lived there liked to spend time alone. We observed them sitting in the lounge watching television. They looked happy and content. Staff told us that the person also liked to spend time alone in their bedroom listening to music. The person confirmed that this was correct.

With their permission we looked at the person's bedroom. The bedroom was personalised to their taste and we saw that they had numerous personal possessions kept in there. This meant that people were allowed time alone for privacy and had private space where they could spend time if they wanted to.

# Is the service responsive?

## Our findings

Relatives told us that staff involved them and their family member in care planning so they could decide how they wanted their care and support to be delivered. A relative told us, “The staff ask them [The person] and us questions and we are involved in care planning and reviews”. Records we looked at and staff we spoke with confirmed that a recent reassessment of people’s needs had been undertaken that involved the local authority and the person’s relatives. These processes enabled the provider to confirm that they could continue to meet people’s needs in the way that they preferred.

Relatives told us that people accessed a range of recreational and healthy lifestyle activities on a daily basis. One relative said, “They [Their family member] are always out doing the things that they like”. Staff we spoke with and records we looked at confirmed what the relative had told us that people went out every day. We indirectly listened to conversations between staff and people. It was clear that

people enjoyed going out into the community and accessing facilities at leisure centres and other venues to partake in activities which included swimming, going for walks and to the shops.

Records that we saw highlighted that people had been asked about their personal religious needs. Staff told us and records confirmed that people had been asked and offered support to attend religious services. This showed that staff knew it was important that people were offered the choice to continue their preferred religious observance if they wanted to.

Although no complaints had been made the provider had ensured that people and their relatives knew that complaints processes were available for them to use. We saw that a complaint procedure was available in the premises for people to read and access. The complaints procedure highlighted what people should do if they were not satisfied with any part of the service they received. It gave contact details for the local authority and other agencies they could approach for support to make a complaint. One relative said, “I would speak to staff if I was not happy but I am. Everything is good”.

# Is the service well-led?

## Our findings

We found that a positive culture was promoted that was transparent and inclusive. A relative said, “They always involve me and keep me posted”. We saw that relatives were invited to reviews and had the opportunity to discuss and raise issues.

The provider had a clear leadership structure that staff understood. There was a registered manager in post with no changes of managers so the management of the service was stable. All conditions of registration were met and the provider kept us informed of events and incidents that they are required to inform us of. One staff member said, “The management are supportive”. Another said, “There is always someone we can go to if we need help”. Staff we spoke with explained the on call process and who they needed to contact in an emergency.

Staff told us and records we saw confirmed that the provider undertook visits and audits to ensure that the service provided was safe and that people were cared for in the way they wanted to be. These included checks on medicine management systems, infection prevention, care files and records relating to accidents and incidents. All of the records we saw were in good order, up to date and demonstrated that people received a service that was well managed. This showed that there were clear procedures in place to support a quality service.

As there was only one person living there the provider asked them and their relatives regularly if they had any concerns or required any changes. A staff member said, “We have a good relationship with relatives and listen to what they say. If any changes are needed we always consider and adapt”. A relative said, “We have on-going contact and communication with staff. If anything needs to be changed they address the issue”.

Staff told us that they had regular meetings with management and their peers. They told us that as the staff group was small many of these were informal. A staff member said, “We have good communication with other staff and management. We feel comfortable to suggest new ideas and say where we think changes are needed. It is good”.

We saw that a written policy was available to staff regarding whistle blowing and what staff should do if an incident arouse. Staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. One staff member said, “If I had any concerns I would report them straight away. I would not be scared to. This showed that staff knew of processes they should follow if they had concerns or witnessed bad practice.