

Inshore Support Limited

# Inshore Support Limited - 112 Wellington Road

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

The inspection took place on 21 June 2016 and was unannounced. Our last inspection of the service took place on 8 August 2013 and the provider was compliant in all areas inspected.

Inshore Support Limited – 112 Wellington Road is registered to provide accommodation and personal care to a maximum of three people who may have learning disabilities. At the time of the inspection three people lived at the home.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were supported by sufficient numbers of staff who were aware of how to report concerns of abuse and knew how to manage risks to keep people safe. Staff employed by the provider had undertaken recruitment checks to ensure they were safe to work.

People were given their medication in a safe way by staff that had been trained in how to do this.

Staff had access to ongoing training and supervision to ensure they were able to support people effectively.

People had their rights upheld in line with the Mental Capacity Act 2005. However, not all staff were aware of the Deprivation of Liberty Safeguards in place for some people who lived at the home.

People had not been provided with choices at mealtimes and were not consulted on what meals they would like. Staff did have an awareness of people's likes and dislikes and had attempted to plan meals around these preferences.

People were supported by staff who were kind and caring. Staff treated people with dignity and supported them to maintain their independence where possible.

People had their care needs assessed prior to moving into the home and were part of regular reviews to ensure the support they received continued to meet their needs. People had access to daily activities outside of the home.

There was a complaints procedure displayed in a way that was accessible for people in order to support people to make complaints if they wished.

Staff felt supported by the registered manager and told us they were confident that any concerns would be acted upon.

Quality assurance audits were completed by the registered manager to monitor the quality of the service. This included seeking people's feedback on the service via questionnaires.

## 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.

Staff understood how to report concerns about people who may be at risk of harm and supported people to manage risks.

Staff underwent recruitment checks to ensure they were safe to work and there were sufficient numbers of staff available for people.

People were supported with their medication in a safe way.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff were not aware of people who had Deprivation of Liberty Safeguards in place.

People were not always given choices at mealtimes.

Staff had access to training and supervision to ensure they were able to support people effectively.

### Is the service caring?

Good ●

The service was caring.

Staff were kind and caring in their interactions with people.

Staff treated people with dignity and supported them to maintain their independence.

People had access to advocacy services where required.

### Is the service responsive?

Good ●

The service was responsive.

People had their care needs assessed and reviewed to ensure their changing needs were met.

People had access to daily activities outside of the home.

There was a complaints procedure in place for people to make a complaint if they chose.

**Is the service well-led?**

**Good** ●

The service was well led.

Staff told us they were supported by the registered manager,

Audits were completed and questionnaires sent out to people to monitor the quality of the service.

The registered manager had notified us of events that occur at the service appropriately.

# Inshore Support Limited - 112 Wellington 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.

This inspection took place on 21 June 2016 and was unannounced. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). 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 the information we held about by home including notifications sent to us by the provider. Notifications are forms that the provider is required by law to send us about incidents that occur at the home. We also spoke with the local authority for this service to obtain their views.

We spoke with one relative, three members of staff and the registered manager. We looked at three people's care records, staff recruitment and training files, medication records for three people and quality assurance audits completed.

# Is the service safe?

## Our findings

The relative we spoke with told us they were confident their family member was safe at the home. The relative said, "[Person's name] is absolutely safe".

The provider told us in their Provider information return (PIR) that all staff received training in how to safeguard people from abuse. Staff we spoke with confirmed this and could tell us the actions they would take if they suspected someone was at risk of harm. One staff member told us, "I would raise any concerns with my manager".

Staff we spoke with understood the risks posed to people and how to manage these. We saw that some people who lived at the home could display behaviour that challenged. The staff we spoke with were able to explain the procedures to follow in these instances to keep the person safe. The actions included; talking to the person in a calm way, giving them space and directing the person's attention away from the issue. We saw that some people at the home at times had to be restrained by staff to ensure they were safe. Staff had received training in how to do this safely and were aware that this was only to be used as a last resort. We saw that records were kept when restraint was used to ensure that all other options had been considered prior to using restraint. We saw that risk assessments had been completed to provide staff with guidance on how to manage risks. The risk assessments looked at areas such as managing finances, medication and fire risk. Where accidents and incidents occurred, a record was kept of these and action taken to reduce the risk of the incident re-occurring.

Staff told us that prior to starting work, they were required to complete checks to ensure they were safe to work. This included providing references and completing a check with the Disclosure and Barring Service (DBS). The DBS would show if someone had a criminal record or had been barred from working with adults. Records we looked at confirmed these recruitment checks were completed.

The relative we spoke with felt there were enough staff on duty to meet people's needs. The relative told us, "There is always plenty of staff". Staff we spoke with confirmed that enough staff were available and that they did not feel rushed to complete tasks. One member of staff told us, "I do feel there is enough staff, I am never rushed. We have a good team and all help each other". We saw that there were enough staff to meet people's needs and that people were responded to in a timely way.

All people who lived at the home required support with their medication. Staff we spoke with told us they had received training in how to give medication and were able to explain how they ensure medication was given safely. We looked at medication records and saw that these had been maintained accurately. The amount of tablets available matched what the records stated should be in stock. We saw that where people required medication on an 'as and when required' basis or required support with the application of creams, there was guidance available for staff informing them on when these should be given.

## Is the service effective?

### Our findings

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. Staff told us how they sought people's permission before supporting them. One staff member said, "I get people's permission by asking. If people do not want to do something, then they won't". Staff knew what the MCA was and that people should be supported to make their own decisions. We saw that people were supported to decide things such as; where they would like to go and where they would like to sit.

All of the people who lived at the home had Deprivation of Liberty authorisations in place. We saw that these applications had been made appropriately. However, staff we spoke with did not know that people had DoLS or what the agreed conditions were. Without the knowledge of people's DoLS, staff would not be able to ensure that they were meeting the agreed conditions so that their rights were promoted. Although staff were not aware of the conditions of people's DoLS, we did not see staff support people in a way that would not support the conditions of the authorisations. We spoke with the registered manager about this who informed us they would address this with staff and ensure they understand how people with DoLS authorisations in place should be supported.

We saw that people did not receive choices at mealtimes. We spoke with staff who were preparing a lunchtime meal and the staff informed us that only one meal was prepared each day and that if people did not want this meal once it was presented to them, they would be offered an alternative. Staff we spoke with were aware of people's preferences with regards to meals and told us they planned meals in line with people's likes and dislikes but people had not been consulted on the meal options for the day. We spoke with the registered manager about ensuring people had choices and the registered manager assured us that this would be addressed. Staff we spoke with understood people's specific dietary needs and ensured meals provided met these requirements. Mealtimes were a relaxed experience for people and they enjoyed the food they were given.

The relative we spoke with felt that the staff had the skills and knowledge to support people effectively. The relative said, "I am absolutely happy with the staff" and "Staff are definitely well trained".

Staff told us that prior to starting work they received an induction to introduce them to their role. The induction included completing training and shadowing a more experienced member of staff. One member of staff told us, "For induction, I was shown everything at the home and had two to three days training at the office". Records we looked at showed that new staff had been enrolled onto The Care Certificate. The Care



Certificate is an identified set of standards that health and social care workers should adhere to in their daily work.

Staff told us that they received on going training and supervision to support them in their role and identify any further training needs. One member of staff said, "My training is all up to date but if anything is ever overdue, you get called in for a refresher course". Another member of staff said, "We have supervision every two months". Records we looked at confirmed that people had training and supervision to ensure they could support people effectively.

People were supported to access healthcare support to maintain their health. Staff told us the action they would take if a person became unwell and this demonstrated that staff knew the procedures to follow to ensure people had appropriate health input. One member of staff told us, "If someone was unwell, I would observe and consider if pain relief was needed. I would also contact the GP". Records we looked at confirmed that people who lived at the home attended annual health checks with their GP. We also saw that the registered manager had taken steps to support people with their dental needs and eye health.

## Is the service caring?

### Our findings

The relative we spoke with told us that staff were kind and caring. They also told us, "When I go to see [person's name] I can see that she is cared for which is great". The relative also spoke positively about the atmosphere staff created at the home and said, "I love it, it is homely and like walking into your own home". Staff spoke about people in a caring way and we saw that they had developed friendly relationships with people who lived at the home. One member of staff told us, "People get very good care, there is nothing missed".

The provider told us in their provider information return (PIR) that staff ensured that people are able to make choices in every day decisions. We saw that people were supported to be involved in their care. Staff ensured that people were given choices that included where in the home they would like to sit and what they would like to do. Staff we spoke with told us how they promote choice. A staff member said, "We promote choice by holding up the options and letting people pick. [Person's name] change their clothes a lot as they change their mind a lot". The relative we spoke with told they were felt involved in their family members care and were always kept up to date with any issues. The relative said, "They [staff] do call and let us know of any appointments or things that need to be done, I am informed".

The relative we spoke with told us that their family member was always treated with dignity and given privacy when requested. The relative said, "They [Person's name] get privacy when we want it and we get on well with all of the staff". Staff we spoke with were able to explain how they ensure people are treated with dignity. Staff gave examples that included speaking to people with respect, closing doors to ensure privacy and covering people up during personal care. We saw that people were treated with dignity. We saw that one person had begun to take their clothes off in a communal area. Staff responded promptly to this and supported the person to their room to change. This meant that staff had ensured the person's dignity whilst allowing them choice with what they would like to wear. We saw that staff encouraged people to maintain their independence where possible. We saw staff encourage people to complete tasks themselves. For example, we saw a person encouraged to take their used cups through to the kitchen.

The registered manager told us that one person living at the home currently used advocacy services. This was to ensure that the person's views about their care and support were represented. The registered manager had a good understanding of when advocates may be required and how they would be able to access this service.

## Is the service responsive?

### Our findings

The relative we spoke with confirmed that prior to their family member moving into the home, an assessment took place to ensure that staff would be able to meet their needs. Records we looked at confirmed that an assessment took place. The relative also told us that there are reviews of their family members care to ensure they continue to receive support that meets their needs. The relative said, "If there are any meetings about [person's name], they get in touch and we meet up and discuss things". Records we looked at confirmed that people had their care needs reviewed and that any changes to people's needs had been reflected in the records.

Staff we spoke with knew people well. Staff could explain people's likes, dislikes and preferences with regards to their care. This was confirmed by a relative who told us, "Because there is a continuity of staff, they get to know them and look after them well". Records held about people's care had personalised information about the person. This information included the person's preferred name and how they communicate. All of the people who lived at the home were not able to verbally communicate with staff. However, staff had developed a good understanding of people's signs to enable them to communicate effectively with people. Guidance was available for staff on what different sounds and gestures meant to ensure that staff could be responsive to people's preferred method of communication.

Relatives told us and we saw that there were a variety of activities available for people. The relative told us, "They [the staff] take her out". We saw that people were supported by staff to go for walks throughout the day. A staff member told us, "We try and get people out every day, even if it is just for a walk". Other staff informed us that people went out for a meal each week and go to a local disco. However we saw that there was a lack of activities for people within the home. Where people had not gone out, people were sat in the communal lounge with little interaction or activity. We spoke with the registered manager about this who assured us that activities did take place within the home and would ensure that these were readily available for people. We saw that there was no impact for people as people appeared happy with completing daily activities outside of the home.

We saw that there was easy read information displayed around the home informing people of how they could make a complaint if they wished too. A relative we spoke with told us they had been made aware of how they could complain. Records we looked at showed that no complaints had been received by the service. We spoke with the registered manager who explained the procedure they would follow to ensure that any complaints made would be investigated fully.

## Is the service well-led?

### Our findings

The relative we spoke with spoke positively about the registered manager. The relative told us, "[Registered manager's name] is absolutely brilliant". We saw that the registered manager had a visible presence in the home and that people appeared comfortable in her company.

Staff we spoke with felt supported by the registered manager. One member of staff told us, "I do feel supported. [Registered manager's name] is approachable". Another member of staff said, "I am supported. I can raise issues and I know she [the registered manager] would act on them". Staff confirmed that staff meetings and one to one supervisions took place with the registered manager to discuss the service. One staff member explained, "We have staff meetings every two to three months. We bring up any problems; discuss policy updates and any issues with people living at the home". Records kept on staff meetings showed that staff were given opportunity to discuss their work and receive guidance and support from the registered manager. Staff we spoke with told us they had access to management support over a 24 hour period.

We saw that there was an open culture at the home and that staff felt comfortable with raising issues and knew how to whistle blow if required. One member of staff told us, "I have read the whistleblowing policy and know what this is". We saw that the registered manager understood their legal obligation to notify us of incidents that occur at the service and had notified us of events appropriately.

The registered manager completed audits to monitor the quality of the service. These audits covered areas including; medication, care records and staff training. We saw that where areas for improvement had been identified, these had been addressed by the registered manager. Actions taken following these audits included ensuring staff had completed a practice fire drill and ensuring that staff read team meeting minutes. The registered manager told us they were supported to monitor the quality of the service by the provider. The registered manager said, "I speak with the quality assurance team if I have any issues and they will help me".

We saw that the registered manager had sought feedback from people about their experience of the service. This had been done via annual questionnaires. We saw that the responses received were analysed to identify areas for improvement. We saw that no actions had arisen from the feedback received in 2015.

We asked the provider to complete a Provider Information Return (PIR). 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. The provider had completed and returned their PIR to us.