

Inshore Support Limited

# Inshore Support Limited - 108 Barnfield Avenue

## Inspection report

Allesley  
Coventry  
West Midlands  
CV5 9FX

Tel: 02476403067  
Website: [www.inshoresupportltd.co.uk](http://www.inshoresupportltd.co.uk)

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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 – 108 Barnfield Avenue provides accommodation, care and support for up to four people with autism and learning disabilities. There were three people using the service at the time of the inspection.

### People's experience of using this service:

People continued to receive safe care. Staff had a good understanding of abuse and the safeguarding procedures that should be followed to report abuse and incidents of concern. Risk assessments were in place to manage potential risks within people's lives, whilst also promoting their independence.

Staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. Good staffing levels were in place. Staffing support matched the level of assessed needs within the service during our inspection.

Staff induction training and on-going training was provided to ensure they had the skills, knowledge and support they needed to perform their roles. Specialist training was provided to make sure that people's needs were met and they were supported effectively.

Staff were well supported by the manager and senior team, and had one to one supervisions. The staff we spoke with were positive about the senior staff and management in place, and were happy with the support they received.

People's consent was gained before any care was provided where possible. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice

Staff continued to treat people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Care plans reflected people's likes and dislikes, and staff spoke with people in a friendly manner. Our observations during inspection, were of positive and friendly interactions between staff and people.

People and their family were involved in reviewing their care and making any necessary changes.

A process was in place which ensured complaints could be raised. Concerns were acted upon promptly and lessons were learned through positive communication.

The service continued to be well managed. The provider had systems in place to monitor the quality of the service. Actions were taken and improvements were made when required.

Rating at last inspection:  
Good (report published March 2016)

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received 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?

The service was safe.  
Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well led.  
Details are in our well led findings below.

Good ●

# Inshore Support Limited - 108 Barnfield Avenue

## **Detailed findings**

### Background to this inspection

#### The 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 checked 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.

#### Inspection team:

This inspection was carried out by two inspectors. This service was selected to be part of our national review, looking at the quality of oral health care support for people living in care homes. The inspection team included a dental inspector who looked in detail at how well the service supported people with their oral health. This includes support with oral hygiene and access to dentists. We will publish our national report of our findings and recommendations in 2019.

#### Service and service type:

Inshore Support Limited – 108 Barnfield Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as 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, but were recruiting for someone to become the registered manager. This means they and 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.

Inspection site visit activity started on 07 January 2019 and ended on 07 January 2019.

#### What we did:

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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered the last inspection report and information that had been sent to us by other agencies. We also contacted commissioners who had a contract with the service.

People using this service were not able to verbally communicate with us. We met two people that used the service, and observed staff interact with them. We also spoke with two staff members, and the manager.

We looked at the care records of two people who used the service, we undertook a tour of the premises and observed staff interaction with people, and activities that were taking place. We also examined records in relation to the management of the service such as staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

# Is the service safe?

## Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

### Systems and processes

- Staff were trained in safeguarding and knew what to do if they were concerned about the well-being of people using the service. Records showed that safeguarding concerns were promptly reported to the local authority and other key agencies and action taken ensured people's safety.
- Processes and equipment were in place to keep people safe. This included regular safety checks of the environment and fire safety, to help people move around safely.
- Staff we spoke with felt they had the training and guidance to provide safe support.

### Assessing risk, safety monitoring and management

- Detailed risk assessments were in place to support any risks that were present. This included behaviour management plans that staff followed to understand the best way to support people who may display behaviours that challenge.
- Staff felt confident in supporting people safely, and knew the risks that were relevant to each person's support.

### Staffing levels

- There were enough staff on shift to safely support people. People were mostly supported on a one to one basis by staff, and sometimes had the support of two staff within the community. The staff understood which times required more support, and followed the assessed plan of care.
- The manager told us that staffing levels were always safe, and they had enquired for funding for more staff support to enable more flexibility in the support offered.
- The provider had safe staff recruitment checks in place. This meant that checks were carried out before employment to make sure staff had the right character and experience for the role.

### Using medicines safely

- People continued to receive their medicines safely. Medicines were administered by staff that were trained to do so. Medicines were stored securely, and medication administration records in use were accurate, and regularly checked for any mistakes.
- Where people were prescribed medicines to take 'as and when required' there was sufficient detail to guide staff on when to administer them safely and consistently.

### Preventing and controlling infection

- People were protected against the spread of infection. Regular cleaning took place, and the staff understood about how to prevent the spread of infection, by using the appropriate personal protective equipment such as gloves and aprons when required. Staff confirmed they had the equipment they required

to manage the spread of infection.

- We found the landing area at the top of the stairs to have a strong smell of urine where the carpet had been soiled. The manager told us the carpet was regularly cleaned, but this was not effective in removing the smell, due to a person's ongoing behaviour. After our inspection, the manager confirmed that action was being taken to remove and replace this area of flooring with a more suitable material.

Learning lessons when things go wrong

- Incidents and accidents were reviewed to identify any learning which may help to prevent a reoccurrence. The management regularly reviewed and analysed information around incidents, to identify any trends and put actions in to place when required.



# Is the service effective?

## Our findings

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Management assessed people's needs prior to moving into the service to ensure the service was appropriate for them, and that staff could support them appropriately.
- People's cultural and social needs were identified so staff could be aware and meet these. Where necessary assessments gave a brief overview of a person's background and culture so staff understood what it meant to them.

Staff skills, knowledge and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. All staff had undergone specific training in supporting people who may present behaviour which challenges, as well as autism awareness. All other mandatory training was kept up to date.
- The staff we spoke with were confident in their roles, and felt the training equipped them for the job.
- Staff received ongoing supervision from senior staff, and felt well supported. The staff felt they could gain support from management at any time.

Supporting people to eat and drink enough with choice in a balanced diet

- People were supported to maintain a healthy diet. We saw that fresh food was purchased and prepared to provide a range of choices for people's meals.
- Staff understood what people's preferences were and worked with them to identify what they wanted to eat and when.
- Care plans clearly documented any dietary requirements, as well as the best environment to support people with eating and drinking, to ensure they were comfortable.

Staff providing consistent, effective, timely care

- Throughout the inspection we observed staff responding to people's needs in a timely way and shared relevant information and kept up to date with people's current needs.
- Staff told us they had a flexible approach to people's support, and enabled people to attend activities, or access the community as they required. This included support to manage relationships with family members when required.

Adapting service, design, decoration to meet people's needs.

- The service was small, and personalised to meet people's needs. People had their own rooms that were personalised to them, and took in to consideration any support needs they had.
- The service, including communal areas and garden, was accessible for people to use.

Supporting people to live healthier lives, access healthcare services and support

- Staff continued to support people in a timely manner with their healthcare needs. Care plans documented what healthcare requirements people had, and logged visits and appointments to various health professionals.
- Staff told us that one person had recently had input from the physiotherapist, to support them with walking. This resulted in a frame being provided to the person to help their confidence with walking outside of the home.

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 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
- We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.
- The service had systems in place to ensure people's legal rights were respected and the principles of the MCA were followed. Where required, capacity assessments and best interest decisions had been completed with involvement of family members and relevant professionals. Where people had no living family, advocacy services were provided for them. DoLS applications had been submitted to the local authority where restrictions were in place.

# Is the service caring?

## Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

- People were cared for by staff who were kind and caring. We saw one written compliment from a family member which stated '[Name] is well looked after in all their needs, health and welfare. I have no complaints.'
- Our observations on the inspection, were that staff and the manager spoke to people in a friendly and calm manner, and gave them the time and space they required to respond.
- Staff we spoke with had respect for the people using the service, and understood their needs well. One staff member said, "I love working with the people that live here."

Supporting people to express their views and be involved in making decisions about their care.

- The people using the service could not communicate verbally, however staff presented people with options and choice wherever possible. A staff member told they understood people's body language, and people made it clear to them if they did not want to do something.
- Staff used information gathered from family members and other professionals to understand people's preferences and support people with decision making.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected, their right to confidentiality was upheld and they were not discriminated against in anyway.
- Staff respected people's choices. For example, during our inspection, two people had chosen to go to sleep instead of other activities. Staff respected these decisions and worked flexibly with people.
- Staff told us they were mindful of people's privacy and dignity when carrying out personal care tasks, or discussing any personal information.

# Is the service responsive?

## Our findings

Responsive – this means that services met people's needs

Good: People's needs were met through good organisation and delivery.

How people's needs are met

Personalised care

- People received good quality care and support. Care plans contained personalised information, and set out how staff should meet people's needs.
- Both short and long terms goals had been identified for people within care planning, for people to work towards. One staff member said, "We have achieved a trip to a pet show, and a boat trip. I am looking in to the possibility of a trip to watch car racing as I know [name] would enjoy it."
- Staff worked positively with people to achieve independence goals. For example, one staff member said, "[Name] has really improved with their shopping skills. They now help take things off the shelf, and put them in the trolley, and then up to the till. This has been a good achievement for them."
- People were supported to maintain relationships important to them. Staff told us that one person regularly had their elderly parent come and visit them, and this recently included them coming to the house for Christmas dinner.
- We saw that consideration was given to match staff with people, to ensure that people were supported by staff whose personality and skill set was suitable to support them.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which they followed. All complaints were recorded along with the outcome of the investigation and action taken. We saw that staff had acted to investigate previous complaints and had resolved the concern. No recent complaints had been made.
- The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016. It makes it a legal requirement for all providers of NHS and publicly funded care to ensure people with a disability or sensory loss can access and understand information they are given.

End of life care and support

- The service supported younger adults, who did not have any end of life support requirements. The manager understood that training and care planning would be required should this type of support be required in the future.

# Is the service well-led?

## Our findings

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

Good: The service was consistently managed and well-led. Leaders and the culture they created, promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong.

- From our observations, the service was well managed and had an open and honest culture. The manager was present within the home, and knew the needs of the people, and the skills of the staff team well.
- Staff told us they enjoyed working at the service and the morale was good. One member of staff said, "I am very well supported. The manager is very good and copes very well with the overall management of the service."
- The provider was aware of and had systems in place to ensure compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).

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

- There was not a registered manager in post. There was a manager in post, and the provider was in the process of recruiting a 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 manager understood their responsibilities and sent us the information they were required to such as notifications of changes or incidents that affected people who used the service.
- There were effective systems in place to monitor the quality of the service. Comprehensive audits were undertaken by the provider, and the systems in place to monitor the standards and quality of the service were being managed effectively.
- We saw that all aspects of the service were looked at, including health and safety, staffing, and medication. We saw that when errors were discovered, improvements were actioned.

Engaging and involving people using the service, the public and staff

- Feedback was sought from relatives of people using the service, and this feedback was reviewed and analysed to make any required improvements.
- A staff member told us, "The management are good, they listen to our ideas." Staff felt that communication within the service was good, and enabled positive changes to be made.

Continuous learning and improving care

- Team meetings were utilised to ensure that continuous learning and improvements took place. Staff

confirmed that team meetings provided an open forum for staff to discuss ideas or concerns, and that the manager was receptive to feedback from them.

- Information from audits and checks on quality, complaints, feedback, care plan reviews and accidents and incidents, was used to inform changes and improvements to the quality of care people received.

Working in partnership with others

- The service worked in partnership with outside agencies. We contacted the local authority for feedback who confirmed they worked in partnership with the service to drive improvements when required.

- The staff had good links with a range of professionals including physiotherapists and doctors, to ensure that the right care was delivered to people promptly.