

Inshore Support Limited

Inshore Support Limited - 110 Wellington Road

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 ●

Summary of findings

Overall summary

This inspection took place on 18 December 2018 and was unannounced. At the last inspection completed on 21 June 2016 we rated the service Good. At this inspection we found the service remains rated as Good.

Inshore Support Limited - 110 Wellington Road is a Residential 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.

Inshore Support Limited - 110 Wellington Road accommodates up to three people in one adapted building, where people had access to communal areas along with their own individual flats. At the time of the inspection there was one person using the service.

Registering the Right Support has values which include choice, promotion of independence and inclusion. This is to ensure people with learning disabilities and autism using the service can live as ordinary a life as any citizen. The home was meeting the principles of this policy.

There was a registered manager in post at the time of our inspection. 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 person was safeguarded from abuse and risks were assessed and planned for to keep them safe. The person was supported by sufficient staff and had their medicines administered as prescribed. The person was protected from the risk of cross infection. The provider learned when things went wrong.

The person's needs had been assessed and they had plans in place to meet those needs. Staff had access to training and ongoing development and were supported in their role. The person's environment had been adapted to meet their needs.

The person received consistent support from staff and could choose their meals and were supported to eat and drink safely. The person was supported to maintain their health and well-being.

The person had choice and control of their lives and staff were aware of how to support them in the least restrictive way possible; the policies and systems in the service were supportive of this practice.

The person was supported by staff that were caring and they were supported to make choices and maintain their independence. The person was supported with their communication and had their privacy and dignity protected by staff.

The person's preferences were understood by staff and they received person centred care and support to do

things they enjoyed and to meet their needs. There was a policy in place to respond to complaints about the service. Nobody was receiving end of life care so this was not considered.

Notifications were submitted as required and the registered manager understood their responsibilities. Quality audits were in place which were used to drive improvement.

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 continued to be good.

Is the service effective?

Good ●

The service continued to be good.

Is the service caring?

Good ●

The service continued to be good.

Is the service responsive?

Good ●

The service continued to be good.

Is the service well-led?

Good ●

The service continued to be good.

Inshore Support Limited - 110 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 unannounced inspection visit took place on 18 December 2018. The inspection team consisted of one inspector.

As part of the inspection, we reviewed the information we held about the service, including notifications. A notification is information about events that by law the registered persons should tell us about. We asked for feedback from the commissioners of people's care to find out their views on the quality of the service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with one person who used the service, the person had communication difficulties so we carried out observations to understand their experience. We also spoke with the registered manager and one member of staff.

We observed the delivery of care and support provided to the person living at the service and their interactions with staff. We reviewed the care records of one person. We looked at other records relating to the management of the service including, accident reports, monthly audits, and medicine administration records.

Is the service safe?

Our findings

At our last inspection on 21 June 2016 we rated Safe as Good. At this inspection we found Safe continues to be rated as Good.

People were safeguarded from abuse. Staff understood how to recognise abuse and could describe the procedures for reporting any safeguarding incidents. The registered manager had a system in place to review incidents and records showed where concerns had been raised, these had been investigated and reported to the local safeguarding authority as required.

People were protected from risks to their safety. Risks had been assessed and plans were in place to guide staff on how to mitigate risks. For example, where people were at risk of harm when they displayed behaviour that challenged there were plans in place which guided staff on how to support people and ensure their safety. Staff were knowledgeable about risks and how to minimise them and could describe how they used the plans to keep people safe. Records we saw supported what we were told.

People were supported by sufficient staff. Staff told us the person using the service required one to one support for 24 hours a day. The registered manager told us additional staff were also available on call if needed. We saw from the records of staff rotas this was always in place. The registered manager had bank staff available that were trained and familiar to the person to cover any short term absences. At the last inspection we found the provider recruited staff safely, at this inspection the registered manager confirmed the systems in place to ensure staff were recruited safely had not changed which meant people were still supported by safely recruited staff.

Medicines were administered safely. Staff had been trained to administer medicines and had their competency checked. Medicines were stored safely and staff described how they followed the medicines administration policy when giving people their prescribed medicines. Stock checks were carried out which ensured people had an adequate supply of their medicines available. Guidance was in place which staff followed when administering people's medicines. For example, where people had medicines which needed to be taken on an 'as required' basis for pain management or to help them reduce anxieties, there were detailed guides in place for staff on how and when these should be taken. Medicine administration record (MAR) charts were in place and were completed accurately by staff.

People were protected from the risk of cross infection. Staff used protective clothing when supporting people and confirmed they had received training in how to minimise the risk of cross infection. We found the home was clean and checks were in place to ensure the home remained clean and well maintained and free from the risk of infection.

There was a system in place to learn when things went wrong. The registered manager told us they had a process in place for learning when things went wrong. For example, when incidents had occurred they were reviewed by the registered manager to ensure any changes needed were made and any learning from the incident was shared with staff.

Is the service effective?

Our findings

At our last inspection on 21 June 2016 we rated Effective as Good. At this inspection we found Effective continues to be rated as Good.

People had their needs assessed and plans put in place to meet them. We found other professionals were involved in the assessments and care plans to ensure guidance was included on managing specific health concerns for people. We saw people and their relatives were also involved in the process and the care plans were reviewed on a regular basis. The provider told us in the PIR they used a person-centred approach to assessment and care planning. The evidence we saw supported this.

The provider told us in the PIR staff were provided with training. They gave examples of Equality and Diversity, MCA and DOLs. Staff confirmed they received training and could demonstrate they were knowledgeable on these areas. The registered manager confirmed they checked staff competency and new staff had an induction with shadowing in place. There was a process in place used by the registered manager to ensure the skill mix was considered, as some people responded better to some staff members when having their needs met.

People had a choice of meals and drinks and had their nutrition and hydration needs met by staff. Staff explained how they supported the person to make choices about food. We saw choice was offered to the person using the service by giving two options, staff explained this was because if more than two were offered the person may refuse to eat. There were risk assessments in place to manage risks for the person and their intake was monitored in line with their care plan.

People received consistent care. The registered manager told us consistency was important and they made sure known staff were available to support the person. Staff were familiar with the person they were supporting and could describe how the systems in place ensured information was shared with staff such as through handover documents and team meetings.

People had access to support with their health and wellbeing. The registered manager told us referrals were carried out for health professionals to be involved when needed. Staff confirmed they understood the person's health needs and supported them to attend appointments. Records we saw supported what we were told.

People were supported in an environment that had been designed to meet their needs. The registered manager told us changes to the environment were made to meet people's needs. Staff confirmed this. The person using the service required changes to the environment to minimise the risks from their behaviours that challenged which were sometimes displayed. We saw the environment changes were in place which had been described to us.

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.

We found individual capacity assessments had been carried out when people lacked capacity to make a decision and discussions were held about how to make the decision in the person's best interest. For example, the person had a best interest discussion about dental treatment.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We the service was working within the principles of the MCA, and found they were. The registered manager ensured there were plans in place to meet the requirements of the DoLS.

Is the service caring?

Our findings

At our last inspection on 21 June 2016 we rated Caring as Good. At this inspection Caring remains rated as Good.

People were supported by caring staff. We saw the person living at the home was comfortable with staff. They were smiling and engaging with the member of staff, who was able to demonstrate they could communicate effectively with the person. The person asked staff to communicate with the inspectors and tell them their name. We saw the person was smiling throughout the inspection and sought staff out to communicate with them about their day. The person made plans for the morning with staff and smiled when staff confirmed what they had planned. Staff told us they had a good relationship with the person and understood their needs having supported them for an extended period of time.

People were supported to make choices about how and when they were supported and to maintain their independence. The person's care plan set out the areas they needed help with to make choices and the things they could do for themselves. The plan showed the person was able to take part in some daily living activities for example, with laundry. We saw the person could independently take their clean washing to put it away. Staff could describe the support people needed and were observed ensuring people had a choice and were encouraged to do things for themselves where they were able.

People had their communication needs assessed. The person used a series of signs to communicate their needs. This was clearly documented in the person's care records and staff could give us a detailed description of how they were able to communicate with the person using this information. Our observations showed the person received support in line with their care plan to meet their needs.

People had their privacy and dignity maintained. We saw staff spoke with and about people with respect. The staff ensured the person's privacy was maintained when supporting them with personal care. Doors were knocked on before entering and staff made sure the person was comfortable with inspectors being in their home.

Is the service responsive?

Our findings

At our last inspection on 21 June 2016, we rated Responsive as Good. At this inspection Responsive remains rated as Good.

People received personalised care and support which was responsive to their individual needs and preferences. The registered manager told us they spent time with people and those that knew them well to enable them to assess what they liked and disliked. Staff confirmed they understood people's preferences and could give us examples. The staff member told us the person living at the service liked to go out and have a plan for the day. We saw they ensured the plans for the persons day were discussed with them in the morning. Care plans showed detailed information about how people like to be spoken to, where staff should position themselves when supporting people and the way people preferred to have their needs met, such as teeth brushing. The staff told us it was important to ensure they had a good knowledge of peoples' routines and could be responsive to their needs. Our observations supported what we were told. Assessments and care plans included information about people's protected characteristics and how staff needed to support people to meet these needs.

People were supported to follow their individual interests and hobbies and spent time doing things they enjoyed. The person showed us they had their own CD player and had been drawing a picture. Staff explained the person loved music and listened to it daily. Staff told us the person loved to go out, they caught the bus, and had meals out. We saw this information was available in the person's care plan and we observed staff supporting the person to follow their interests during the inspection.

There was a system in place to investigate and respond to complaints. The registered manger told us there had not been any complaints since the last inspection. However, they could demonstrate there was a system in place to manage complaints should they be received.

There was no one receiving end of life care at the time of the inspection. The registered manager told us they had spoken with the local authority about this and were considering ways in which they could begin to plan for people's future wishes.

Is the service well-led?

Our findings

At our last inspection on 21 June 2016, we rated Well Led as Good. At this inspection Well Led remains rated as Good.

The registered manager told us the ethos of the home was to keep people happy and provide them with a good quality of life. They said this was done by using small group living, which allowed better relationships to be built and for the staff to become a substitute for the person's family. Staff confirmed the vision for the home was to be person centred and focus on the person's quality of life. Our observations showed the service worked to ensure people had a happy home which was tailored to meet their needs and staff had developed a caring relationship with people, as set out in the vision.

The provider had systems in place to check the quality of the service. For example, there were checks on people's care plans, incidents were monitored and there was an external audit completed by the provider to check on which included safeguarding, complaints, health and safety and the environment. We saw the audits were identifying where things needed to improve and action was taken by the registered manager to make any changes needed.

The provider and registered manager understood their responsibilities. We saw that the rating of the last inspection was on display and notifications were received as required by law, of incidents that occurred at the home. These may include incidents such as alleged abuse and serious injuries. The registered manager was supported in their role by operational managers and the provider. A PIR was submitted to CQC which outlined the changes the provider had made since the last inspection. We found the PIR was accurate.

The registered manager sought ways to continuously improve the service and gain feedback about the service which was used to drive improvements. People were unable to give verbal feedback, however the registered manager told us they analysed information about the person's care records, any incidents or behaviours and from spending time observing the person to get information about how the service may be improved. For example, incidents were monitored to see if there was any connection with what was happening in the home before people displayed behaviours that challenged. The registered manager confirmed where other professionals gave feedback this was used to refine the service.

The provider worked in partnership with other agencies. The registered manager told us they worked closely with individual consultants and health professionals involved in people's care. Records we saw supported this.