

Inshore Support Limited

# Inshore Support Limited - 88 Broad 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?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

Inshore Support – 88 Broad Street provides accommodation for up to four people living with a learning disability or autistic spectrum disorder. At the time of our inspection there were two people living in the home. One person was at the home on the day of our inspection visit, one person was in hospital. To protect people's rights to a private life, the report will provide an overview of people's experiences of living at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The Secretary of State has asked the Care Quality Commission (CQC) to conduct a thematic review and to make recommendations about the use of restrictive interventions in settings that provide care for people with or who might have mental health problems, learning disabilities and/or autism. Thematic reviews look in-depth at specific issues concerning quality of care across the health and social care sectors. They expand our understanding of both good and poor practice and of the potential drivers of improvement.

As part of thematic review, we carried out a survey with the managers at this inspection. This considered whether the service used any restrictive intervention practices (restraint, seclusion and segregation) when supporting people.

The service used positive behaviour support principles to support people in the least restrictive way. The service used some restrictive intervention practices as a last resort, in a person-centred way, in line with positive behaviour support principles.

### People's experience of using this service and what we found

The service did not have a registered manager. Since the last inspection the registered manager had left the service. The provider had employed a new manager who was in the process of applying to register with us.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

There were enough staff to keep people safe and to meet their needs. Staff understood their responsibility to safeguard people from harm and how to manage identified risks to people's care. People received their medicines as prescribed and recruitment checks made sure staff were of suitable character to work with

vulnerable people.

Staff received training and support to carry out their roles effectively. Staff knew people well, but recent staff changes had meant less consistency of staff for people living in the home. Regular agency staff were being used which provided continuity while recruitment of permanent staff was taking place.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests: the policies and systems in the service supported this practice.

Staff encouraged people to maintain a balanced diet and respected their individual choices. The manager and staff worked with healthcare professionals to ensure people's health and wellbeing was maintained.

Staff and managers were caring and spoke positively about the people living in the home. People were comfortable within the home, they enjoyed spending time with the managers and staff and were able to follow their hobbies and interests.

People's plans were personalised. Staff had time to read plans and were kept up to date about people's care and support. People were involved in the running of the home and were provided with opportunities and information about making complaints.

Quality checks were carried out by the provider and manager to monitor the service, which identified where improvements could be made. The manager told us the lack of senior staff had restricted their availability to carry out quality assurance effectively.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

The service was rated as Good (published 24 June 2017).

Why we inspected

This was a planned inspection based on the date and previous rating of the last inspection.

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Details are in our well-Led findings below.

# Inshore Support Limited - 88 Broad Street

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Inshore Support - 88 Broad Street 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. A registered manager 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

We gave the provider a short period of notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be available to support the inspection and there would be people at home to speak with us.

#### What we did before the inspection

Prior to the inspection, we reviewed the information we had received about the service since the last inspection and sought feedback from local authority commissioners for the service. The provider was not

asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used this information to plan our inspection.

During the inspection.

We saw how staff supported the people they cared for and talked with one person who lived at the home. We spoke with a relative, the manager, a director of care and one agency care staff.

We looked at a range of documents and records including one person's care records, two communication passports, medication records, menus, and activities people enjoyed. We also reviewed systems for managing complaints and how the provider and manager monitored the quality of the service provided.

After the inspection

We continued to seek clarification from the provider to validate evidence found, such as training data and recruitment checks.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff had completed safeguarding training and knew what signs to look for to keep people safe from harm or abuse.
- They knew how to report any concerns and were confident these would be properly dealt with by the managers.
- The managers knew the procedure for reporting concerns to the local authority and to us (CQC).

Assessing risk, safety monitoring and management

- Processes were in place to protect people from avoidable harm. Risks associated with people's health and wellbeing had been identified, assessed and documented. For example, risks around going into the community, medication and supporting people's specific behaviours.
- Risk assessments were regularly reviewed and updated if risks to people's care changed.
- Staff knew about risks associated with people's care and had completed training to manage people's risks safely. Staff told us they felt confident working with people in the home.
- A relative confirmed staff understood how to manage risks associated to their family member's care.

Staffing and recruitment

- People told us there were enough staff to support them throughout the day and during the night if needed.
- Staff provided 'one to one' support to people, so they were always available.
- There were sufficient staff to provide the care and support people required. However, at the time of this inspection the provider was reliant on regular agency staff to cover vacant care staff posts.
- The provider had recently recruited to vacant posts and was waiting for background checks to be completed before new staff could start their induction to the service.
- The provider's recruitment process included checks to ensure staff were of a suitable character to work with vulnerable people. Records confirmed checks and references had been obtained before staff started to work with people.

Using medicines safely

- Medicines were stored and managed safely.
- People received their medicines as prescribed.
- Daily checks were made by staff to make sure medicines had been given and signed for.
- Senior staff completed monthly audits of medicines to ensure policies and procedures were followed and any concerns were identified and dealt with appropriately.

- Staff were trained to administer medication and competency checks were carried out to ensure they remained safe to do this.
- Protocols were in place for the administration of medicines taken on an 'as required' basis. Staff understood protocols and when to administer 'as required' medicines.

#### Preventing and controlling infection

- Staff received infection control training and followed good hygiene practices to help reduce risks, including using personal protective equipment when required.
- The home was clean and free of odour. Furnishings and equipment were well maintained, reducing the risk of infection.

#### Learning lessons when things go wrong

- The provider had a procedure for recording and reviewing accidents and incidents.
- There had been no accidents or incidents in the past 12 months.



# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant 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

- People's needs were complex and were regularly reviewed to ensure staff continued to meet their needs.

Staff support: induction, training, skills and experience

- Staff received an induction when they first started working at the home. Since our last inspection no new care staff had started working at the home. One staff member had recently been promoted to senior care and was in the process of completing an induction into this role.
- Staff completed a range of training with regular refresher courses to ensure they continued to meet people's needs. This included specialised training to support people with learning disabilities and autism.
- Staff received one to one supervision meetings and attended staff meetings to support them in their role.
- The provider checked agency staff had the skills and experience to work with people living in the home.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff assessed people's nutritional needs and any risks related to their eating and drinking.
- Staff understood people's specific dietary needs and how to support people with these safely.
- People were supported to plan and prepare meals in line with their needs and choices.
- People told us they enjoyed helping prepare meals and that staff were "good cooks".
- Staff monitored people's weight and sought the advice of specialist health professionals when they identified a need.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- Staff communicated with other agencies such as the local authority and health professionals including dietitians, speech and language therapy and consultant physicians when required. Advice given by professionals was documented by staff and followed.
- People were supported to remain healthy, and attend regular healthcare appointments including, dentists and GP's. For example, on the day of our inspection one person attended their GP for a flu vaccination.
- Care plans provided staff with information about supporting people to maintain their health and wellbeing, such as personal care, oral hygiene and weight management.

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

- People lived in a homely environment that met their individual needs.
- People had personalised their bedrooms to their individual tastes.

- There were only two people living at the home. Both people had an individual lounge area where they could spend their time, and which was personalised with their possessions.

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 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 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. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People who used the service lacked capacity to make certain decisions, such as decisions about their safety.
- The managers understood their responsibilities under the Act and knew to contact the local authority if they had concerns about a person's capacity.
- Mental capacity assessments had been completed for specific decisions and where required authorisations (DoLS) had been agreed. This included having a locked door to prevent people leaving the home on their own, to maintain their safety.
- Wherever possible, people were supported to make everyday decisions about how they lived their lives.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy living at the service, and we observed positive, caring interactions between people and staff.
- Relatives were happy with the service and told us their family member was looked after well.
- Staff and managers spoke warmly about the people they cared for. They knew how to make people feel cared for and valued, by spending time with people and listening to them.
- Staff knew people well. They knew what people liked and how to respond to people when they became anxious or distressed to calm them.
- People told us they had good relationships with staff, who they described as 'their friends'.
- Staff celebrated people's birthdays and special events such as Diwali and Christmas.

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

- People were involved in planning and reviewing their care with support from staff and family if requested.
- Staff ensured people's choices and decisions were respected. People told us, "I can get up when I want and go to bed when I want, it's my choice how I spend my day."
- People had meetings where they could share their views about the home and make decisions about their lives, such as meal planning, activities or discuss any concerns they may have.
- One person had an advocate to support them with finances and other decisions.

Respecting and promoting people's privacy, dignity and independence

- People were supported to be as independent as possible with daily tasks such as cooking, shopping, cleaning and laundry.
- One person told us, "I like to help with the washing and I help with shopping."
- We observed people participating in these tasks during our visit, which they seemed to enjoy and spoke positively to us about.
- Staff supported people's right to dignity and respect. They spoke respectfully to people and asked for permission before entering people's rooms.
- People's preference of gender of care staff to provide personal care was respected.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences: Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People had complex needs so it was important that they were supported by staff that knew them well and who they trusted.
- There had been changes to the staff team in recent months, some staff who had worked at the home for several years had left. To minimise the impact of inconsistency of staff, the provider used regular agency staff to cover vacancies while they were recruiting new staff.
- The manager had devised an induction checklist for agency staff to make sure they knew their role and responsibilities.
- A relative told us, there was enough staff to support their family member, but they preferred the provider to have their own staff. They went on to say as new staff had been recruited they were "hopeful consistency would improve".
- All staff were given time to read care plans and risk assessments, so they understood the support people required.
- Care records were person centred and contained information which enabled staff to understand people's likes, dislikes and preferences.
- People's care and support plans had been reviewed in September 2019 and updated to reflect any changes to their needs.
- A daily handover of information took place between staff when shifts changed, so staff were up to date with any changes to people's care needs.
- People had opportunities to follow their interests and hobbies. An activities plan was devised to suit individual choices, and people could decide what they wanted to do.
- Staff knew about people's interests and how people liked to spend their time. A staff member told us, "[Name] loves listening to music and dancing, they enjoy going to a disco on a Friday."
- People told us they enjoyed attending a local college and the local community centre, as well as visiting a gym to keep healthy.
- People were supported to maintain contact with family members, if they chose to.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and information was available in formats people could understand. For example, in pictorial format.
- One person's communication was supported by staff using Makaton picture cards. Makaton is a form of sign language devised for people with learning disabilities.

#### Improving care quality in response to complaints or concerns

- Systems were in place to manage and respond to any complaints or concerns raised.
- People knew how to raise complaints and had been provided with complaints information in a format they could understand.
- Relatives knew how to complain and were confident concerns would be listened to and acted on.
- The provider and manager had dealt appropriately with concerns and complaints and put measures in place to reduce the risk of similar issues reoccurring.

#### End of life care and support

- At the time of this inspection no one was receiving support with end of life care.
- The managers told us people would be able to stay at the home and receive end of life care if needed.

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent and did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong:

- The home did not have a registered manager. It is a condition of the providers registration to have a registered manager for 88 Broad Street. Since the last inspection the registered manager had left the service. A new manager had been appointed in July 2019 who was in the process of registering with us.
- The home had been without a registered manager since November 2018. Prior to the manager being appointed in July 2019 the provider had maintained oversight of the home. A registered manager from another of the provider's services, the director of care and the deputy manager had provided management support to the home.
- The manager had responsibility for 88 Broad Street and another of the providers services. Their time was split between both homes. The management team included a deputy manager, who at the time of our inspection was on maternity leave, and a senior care worker who had recently been promoted to this position.
- The manager told us due to lack of senior staff they had provided 'care cover' to the home. They said "Working on the floor restricts my ability to monitor and do quality assurance effectively. I manage two homes so spend three days here one week and two days the next. If I spend a day covering a shift this does impact on my management responsibilities."
- We spoke with the director of care about this who agreed to 'backfill' for the deputy manager while they were on maternity leave. The director and manager were confident this would provide the additional management support to ensure the home was effective and well led.
- The provider understood the legal requirements of their role including submitting certain notifications to us (CQC). Ratings from the last inspection were displayed on the providers website and in the home.
- The provider understood their responsibilities in relation to duty of candour, to be open and honest and accept responsibility when things went wrong.

Continuous learning and improving care

- The provider and manager completed regular audits of the service to check the quality and safety of the care provided and had action plans for improvement.
- The director told us "[Manager] has come in with 'fresh eyes' and has identified where improvements could be made."
- Quality checks had been successful in identifying areas for improvement. However, we found audits of medicines could be further improved to ensure checks on eye drops were more robust.

- The provider's quality monitoring team completed monthly audits in the home. The process for reporting had recently changed to a 'traffic light' system which clearly showed where standards were met and improvement required.
- The director of care received feedback from the quality monitoring team on the outcome of audits, so were kept up to date. They visited the home weekly and discussed 'learning outcomes for the week'. These discussions were not documented. The director confirmed conversations would be recorded and used as part of the quality monitoring processes.
- The manager told us they worked closely with the local authority commissioners to further improve the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The atmosphere of the home was positive and respectful. Staff, people and relatives described 88 Broad Street as "like a family". People were encouraged and supported to be part of the home in ways that suited their needs and choices.
- People and relatives were happy with the care and support provided. They told us, "I think it is well managed," and "I am happy with them (staff). They are all very nice."
- People were given the opportunity to have their say in all aspects of their care. People had 'home meetings' and questionnaires so they could share their views.
- People and relatives confirmed they were able to share their views and felt listened to.
- Due to the small size of the service, staff worked closely together. The manager told us staff practice was observed by senior staff who 'mentored care staff' by working alongside them.
- People were supported by staff to regularly use facilities in the local community, such as shops, cafes, colleges and community centres.

Working in partnership with others

- The management team had developed positive working relationships with people's families, and health and social care professionals, such as commissioners, the learning disability team, social workers and advocates.