Inshore Support Limited

# Inshore Support Limited - 1 Whitehall Road

**Inspection report**

1 Whitehall Road
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Date of inspection visit: 18 December 2014
Date of publication: 20/03/2015

## Ratings

| | |
|---|---|
| Overall rating for this service | Good |
| Is the service safe? | Good |
| Is the service effective? | Good |
| Is the service caring? | Good |
| Is the service responsive? | Good |
| Is the service well-led? | Good |

## Overall summary

This was an unannounced inspection that took place on 18 December 2014.

The last inspection of this service took place on 12 September 2013. There were no breaches of legal requirements at that inspection.

1 Whitehall Road is a care home registered for three people. The home provides accommodation and care for people who have a learning disability and at the time of the inspection, three people were living there.

There was 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.

We observed that people were being treated kindly and with dignity and respect and had positive relationships with the staff group.

# Summary of findings

Staff had access to a variety of training and demonstrated the knowledge to meet the needs of and support the people in the home. There were policies and procedures in place in relation to safeguarding and staff were aware of their roles and responsibilities in respect of keeping people safe.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including then balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguarding (DoLS) requires providers to submit applications to a 'Supervisory Body' for authority to deprive someone of their liberty. We found that people's rights were protected in line with the legislation.

People were appropriately supported and had sufficient food and drink to maintain a healthy diet. People were encouraged to do what they could for themselves and were supported to access the community on a regular basis and maintain friendship groups with people from other homes.

We saw that systems were in place to ensure people were supported to maintain good health. The manager and staff had proactively sought additional advice from health care professionals in order to meet the needs of people living at the home and to develop their own learning.

Medicines were managed safely and people received their medicines when they should. Medication audits took place on a daily basis. Where particular medicines needed to be administered in the event of an emergency, there was clear guidance available and staff had received training in support of this.

We noted that detailed care plans and risk assessments were in place and were regularly reviewed and updated. Staff were able to demonstrate a detailed knowledge of each person living at the home, their likes and dislikes and how to meet their needs.

We observed the staff group worked well as a team and supported each other. Everyone spoken with felt confident in the ability of the manager of the home and felt fully supported by him. There were systems in place to monitor the quality of the home. People told us that they found the manager and staff group were approachable and supportive and they would raise any concerns should they need to.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**
The service was safe.

Where there had been identified risks with people's care needs we saw that these were assessed and planned for.

People were supported by staff who had the knowledge and experience to keep people safe and reduce the risk from harm.

People received their medicines as prescribed and medicines were managed safely.

Good

**Is the service effective?**
The service was effective.

People had access to healthcare professionals to meet their health care needs.

People were supported by staff who had received appropriate training and support to carry out their role.

Systems were in place to ensure people had enough food and drink and staff were aware of people's nutritional needs.

Good

**Is the service caring?**
The service was caring.

Relative told us and we saw that staff had good relationships with the people they cared for.

People were treated with dignity and respect and staff understood how to provide care in a way that met each individual's care needs.

Good

**Is the service responsive?**
The service was responsive.

People's care needs were assessed, planned and regularly reviewed and staff responded to any changes in health or care needs in a timely manner.

Staff ensured that people had access to the community in line with their care needs.

Relatives told us they were confident that if they had any concerns they would be listened to and acted upon.

Good

**Is the service well-led?**
The service was well-led.

People spoken with were all complimentary of the manager and told us that the home was well managed.

The manager and the staff group worked well together as a team in order to meet people's needs.

Good

# Summary of findings

There were procedures in place to monitor the quality of the service and where issues were identified actions had been taken.

# Inshore Support Limited - 1 Whitehall 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.

The inspection took place on 18 December 2014 and was unannounced. The inspection was undertaken by one inspector.

As part of our inspection process we ask providers 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. This was completed and returned to us as requested. We also looked at any notifications that had been received from the provider about deaths, accidents and incidents and any safeguarding alerts which they are required to send us by law.

During the inspection we met with all of the people who lived at the home and observed the care and support offered to three people. People were unable to verbally tell us of their experience due to their communication needs. During the inspection we spoke with the registered manager, the acting manager, and two members of staff. Following the inspection we also spoke with a relative and a social worker to obtain their views of the home.

We looked at the care files of all three people living at the home, observed handover, looked at two staff files, training records, surveys, minutes of staff meetings, medication records, complaints log, recording of accidents and incidents and quality audits.

Good

# Is the service safe?

## Our findings

We spoke with one family member who told us they had no concerns regarding the care their relative was receiving or the way they were being treated. This person told us, "The staff are really fantastic; a really nice team, [Person's name] is very safe there". We also spoke with a social worker who regularly worked with the staff at the home, they told us, "I am confident that [person's name] is safe and kept safe; he has been there a very long time and they have the experience and knowledge to meet his needs safely, particularly bearing in mind his continually changing health care needs."

Staff spoken with were aware of the home's policies and procedures in relation to safeguarding, and knew what to do if they had witnessed abuse. All had received training in this area. The manager conducted weekly health and safety checks and accidents and incidents were recorded and audited on a monthly basis.

Staff told us how important it was to keep to people's routines. All staff spoken with were able to describe the different triggers that could lead to behaviour that challenges and how they recognised and managed these situations. We observed and staff told us how before they took people out, they carried out a number of checks to assess the risk. For example, on the day of the inspection, we observed that two people were being taken to a Safari Park by two members of staff. Prior to going out, staff checked that the people wanted to do this and were in the right mood to ensure that it would be a positive and safe experience for both them and staff. Staff discussed the plan for the outing, shared this with the people living at the home and were clear of each other's roles and responsibilities, agreeing on the time to leave and time to return to the home. Risk assessments were in place for car travel and staff also ensured they had checked out the medicines both people would need whilst out of the home, including medicines that may be required in an emergency.

Staff referred to and records showed, there were detailed risk assessments in place for each individual at the home which staff had signed to say they had read and understood. Daily activity plans were in place and we noted that each activity was risk assessed before it took place. This meant that staff were aware of the risks associated with each individual and their daily living arrangements.

On the day of the inspection, there were three people living at the home and four members of staff on duty. Both staff and the manager told us and we observed from the recent rotas, that there was always a senior member of staff on duty. The manager advised that he preferred to have four members of staff on duty where possible, to enable one of the people who lived at the home to have the additional support they needed to access the community. Staff spoken with told us they preferred to have four members of staff on each shift as this enabled the people living at the home to benefit from accessing the community as often as possible. The social worker spoken with confirmed that he was working with the manager to secure additional resources to enable a fourth member of staff to be on duty more often.

We spoke with a new member of staff and they told us of their induction and confirmed that all appropriate checks had been put in place and completed prior to them commencing their new role. We noted that staff files looked at held the correct information regarding both individuals including obtaining references and confirming identification and checking people with the Disclosure and Barring Service prior to commencing in post. This meant that checks had been completed to help reduce the risk of unsuitable staff being employed by the service.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines. Procedures were in place to ensure all medicines received into the home and administered were recorded and all staff spoken with were aware of the procedures. Staff told us and records showed that medicines were audited on a daily basis to ensure the amounts were correct. We saw that medicines were stored safely at all times. We observed a member of staff who prepared and administered medicines for one person. This was done safely and the process was explained to the person. We looked at the medication records for two of the people living at the home. We found that each person had a specific plan which detailed how their medicines had been prescribed. Each plan also gave detail regarding the reason for the medication, the dose, side effects, route and strength. There were protocols in place for particular medicines which were to be given as and when required (known as prn). These protocols provided detailed information on the instances as to when to administer medicines. This meant

Good

# Is the service safe?

that there were systems in place to ensure these medicines were only administered when absolutely necessary and when all other means of care and support had been followed.

Good

# Is the service effective?

## Our findings

One person told us their relative had very complex needs and explained how well the staff group knew their relative and supported them. They added, "[Person's name] doesn't take to changes very well, but they keep to his routines and are very consistent". Staff explained to us how they supported this person on a daily basis and were able to provide us with detailed and consistent descriptions of people's behaviour and how best to care for them. They told us how they had had training to enable them to communicate with a particular person at the home and were able to display detailed knowledge regarding all the people living at the home and their health and care needs. We observed people who lived at the home responded well to staff encouragement and support.

A social worker we spoke with told us how impressed they were with how proactive the manager and staff had been with respect to forward planning and meeting the continually changing health care needs of one of the people living at the home. They told us, "In recent months they have got on board and worked well with clinical psychology services, and have been proactive in meeting complex needs". This meant that staff had worked to develop their skills and knowledge to obtain a better understanding of this person's changing health care needs.

Staff told us how they managed risks to people and records reflected what they told us. For example, staff were able to describe the changes in a particular person's behaviour that would alert them to the fact that they were about to have a seizure. Staff were confident on how to recognise these situations and how to manage them safely in order to protect the person and themselves.

All staff spoken with told us about the training and support they received to enable them to carry out their roles and documents were in place to support this. A new member of staff spoke highly of their induction, the manager and their colleagues adding, "Staff know people here very well, like a second family". They told us, "I enjoy my job, I get plenty of training and the staff are really supportive".

We observed that when staff came onto shift, they attended handover and all contributed to the sharing of information regarding the people living at the home, for example, any changes in behaviour, current health needs and any appointments or activities taking place. We noted that detailed daily records were in place and had been completed in a timely manner. This meant that communication systems were in place to ensure all staff had the information they required to effectively meet the needs of the people living at the home.

We observed staff obtain consent from people before assisting or enabling them. Staff told us how they communicated with people living at the home in order to obtain their consent.

The manager and staff spoken with had all received training in the Mental Capacity Act (MCA) and Deprivation of Liberties Safeguarding (DoLS) and were able to demonstrate a knowledge of these subjects. The manager and staff spoken with told us of a previous DoLS application that had been put in place for one particular person living at the home who had been deprived of their liberty for a short period of time and we saw the records regarding this application. Following the inspection we spoke with the manager who advised that additional applications to the supervisory authority were being put in place for the relevant people in the home. This would ensure that people's rights were fully protected.

We observed that people at the home were supported to have sufficient to eat and drink. During the day we noted people were constantly asked if they wanted a drink, offered a choice and one individual was encouraged to help in the drink making process in the kitchen. On the day of the inspection, two people were out at lunchtime; however another person was asked what they would like for lunch and was shown a number of alternatives. This showed that people were able to choose what they ate and drank with the support from staff.

Staff were able to tell us in detail, people's preferences and choices. We noted on care files that people's likes and dislikes were recorded. We saw that people received support from other professionals such as dieticians, where necessary, in order to assess their nutritional needs. Staff told us and records showed that people were weighed monthly; however we noted that the weight recordings for one individual fluctuated greatly over a two month period. This was raised with the manager who initially thought there may have been a problem with the scales, but agreed that the issue should have been highlighted previously. This meant that although weight records were recorded, they were not always reviewed and acted upon and this could impact on a person's health and wellbeing.

Good

# Is the service effective?

A relative told us, “They always keep me informed if anything happens, they are straight on to me, they are very good with him and very supportive to me”. From care records seen we noted that each person had a health action plan in place. Through this, people were supported to maintain good health, have access to healthcare services and receive on-going healthcare support. Care files showed referrals had been made to various health care professionals where appropriate, including psychologist, chiropodist, GP, dentist, optician and social workers. This meant staff supported people to have access to health care services when needed.

Good

# Is the service caring?

## Our findings

A relative spoke positively about the home and the staff group in general, adding, “They are like a family to him and I don’t look at it as a care home I look at it as [person’s name] home. They have always been there for him and for me and always kept me involved – if they need me to sign anything they will bring it to my house”. This person also described to us an event where their relative had an accident whilst on holiday and was in hospital for two weeks. They told us, “Staff went out of their way and took it in turns to drive down and stay with him in the hospital to support him as the hospital staff didn’t understand him”.

We observed that people who lived at the home and staff working there had good, positive relationships and were comfortable in each other’s company. We saw staff responding immediately to people in a calm and caring manner. We saw that staff understood people’s communication needs and gave them the time and space to express themselves. One particular person constantly required reassurance and all staff provided the same consistent messages to this individual and it was clear that this person was reassured by their responses.

One member of staff told us, “The more support and praise [person’s name] gets, the happier he is; I know what is important to him”. Staff were able to describe people in detail and how they supported the people living at the home to ensure they had a good experience of care. Staff spoke warmly of people living at the home and also respectfully.

We observed people were treated with dignity and respect. Prior to going out on a trip, one member of staff discreetly adjusted one person’s clothing to maintain their dignity but mentioned to them they were doing it to “Keep you warm, we are going outside”. Staff told us and records showed, how they were encouraging one person to regain some of their independence following an illness. We observed this person being encouraged to be as independent as possible with regard to their personal care and being complimented on their appearance.

All staff spoken with told us they loved their job and how rewarding it was. One member of staff told us, “I like [person’s name] for who he is, I accept him as he is” another member of staff said, “I care for them as a person, I like to make sure they have they things they need and want” and “I see people as a person and treat them as individuals”. Staff told us how protective they felt of the people living at the home, particularly when taking people out into the community as, one person commented, “Some people just don’t understand people’s behaviour and I try to protect them from unkind comments”.

Good

# Is the service responsive?

## Our findings

We noted that staff communicated with people and responded to their needs in a timely manner. For example, one person required constant reassurance regarding the time they would receive their medication. We observed all staff responding in the same calm manner throughout the day and this person became reassured with each response. A social worker we spoke with told us, "Even when dealing with behaviour that challenges, they [the staff] have a calm approach and do not fall into reactionary mode – they are very calm and collected".

The manager told us, "We try to keep to a set of routines regards to mealtimes as this is what people are used to – we know people well, if someone gives them something out of routine it can lead to behaviour that challenges". Staff told us and records showed the home had worked with other professionals when responding to the changing needs of a particular individual. A social worker we spoke with told us, "They [the manager and staff group] have sought and taken on board advice and guidance and are proactive in terms of long term stability for [person's name]".

On arrival at the home, staff told us how particular words and phrases would indicate to one person that they were going out and that they would become distressed if they did not go out after hearing these phrases. We saw that care plans were in place which identified behaviours that people may display that challenged, what triggers and signs to look out for that showed agitation and any additional signs that showed behaviour becoming more forceful. Care plans asked the question, 'What is likely to make me agitated?' and provided proactive and reactive strategies and re-diversion techniques for staff to follow, for example 'What to distract me with'. Where incidents had taken place, this information was recorded, reviewed and learnt from. We saw people's care plans were person centred, detailed and informative with meetings taking place every month with staff to review each individual's care plan. This indicated that staff were aware of the individual needs of each person living at the home and how best to care for them, learning from their interactions with people and keeping them safe.

We saw how staff engaged and responded to people living at the home, using their preferred methods of communication and how effective this was. We noted in one particular communication care plan, "Staff are to use appropriate symbols, pictures and signs where possible to maintain effective communication". Staff were able to demonstrate different forms of communication that had been tried with different people living at the home. Staff told us, and records showed that advice had been taken from the Speech and Language Therapy (SALT) team and new practices had been put in place, some more effective than others, but all guidance had been followed, reviewed and reported on. This meant that staff were aware of the different forms of effective communication that could be used with the people living at the home and were open to new ways of working where appropriate.

We observed the manager and the staff group discussing different ways of ensuring people living at the home enjoyed as many activities as possible. On the day of the inspection, arrangements had been made for one person to visit people living at another home where he had formed some friendships, in order to take part in their Christmas lunch. Staff spoken with and care plans indicated, the likes and dislikes of each individual's hobbies and interests. For example, two people enjoyed car journeys and staff arranged for this to take place on a regular basis. The manager was currently working with the social worker of another person to identify additional funding to enable them to access the community more often and where possible, additional staff were bought into the home to enable this person to go out more often. All staff spoken with told us how important it was for people to have access to the community and how they tried to encourage this. This meant that staff recognised the impact of social isolation on individuals and the benefits that could be obtained from having access to the community on a regular basis.

We saw that every quarter, staff complete a 'Life Experience' questionnaire for each person living at the home. This information covered a number of areas including the environment, leisure experiences, relationships and opportunities outside the home. This information is then used in conjunction with other information obtained from the monthly reviews of individuals to determine the quality of life for people and identify any potential changes in care needs.

Good

# Is the service responsive?

We noted that people's care plans contained information about how they would communicate if they were unhappy about something. Staff told us they would observe people's body language or behaviour to know they were unhappy.

A relative told us that they had never had to complain and if they had any concerns, they would have no hesitation in speaking to the manager, adding, "I have completed surveys and I don't think they have ever had a complaint made against them. They are very relaxed there – which is better for people". This person also told us they were in regular contact with the home by phone, adding, "I can talk to anyone there – if they can't speak to me straight away they always ring me back the same day". We noted that the home had a complaints procedure in place and that the last complaint received had been in 2012 and had been investigated and responded to appropriately. This showed that people were satisfied with the home as they had no concerns and if they did, they would feel confident in talking to the manager about it.

Good

# Is the service well-led?

## Our findings

A relative we talked with spoke highly of the manager and the staff group as a whole, adding, "Staff are really fantastic – really nice team, never had any problems" and "I can talk to anyone there; if they can't speak to me straight away they always ring me back the same day".

The home had a registered manager who oversaw the running of this and another home so was not on site every day. The home was run on a daily basis by another manager who told us he was fully supported by the registered manager and the organisation. There was a structure in place to enable this to happen. We observed he was fully involved in the running of the home and was able to contact the registered manager for mentoring and support. He told us that he was being supported to develop his own learning and skills with the intention of applying for a permanent management position in the organisation. On the day of the inspection we spoke with both the registered manager and the manager. The manager told us, and we noted that he received regular supervision and appraisal meetings with the registered manager. He demonstrated a detailed knowledge of each individual living at the home and his responsibilities as a manager to the staff working there, he told us, "We have a good team here".

Staff spoke positively of the manager and the support that was received from him, comments from staff included, "The manager is brilliant, everyone is supportive; it's a brilliant team", "I am happy that he is my manager" and "I am quite proud of myself, what I have learnt since being here, I have learnt most from the manager and the deputy". A social worker we spoke with described the manager and the staff group to be, "Very knowledgeable, approachable, and forthcoming with information, for example getting information from the archive to assist in assessing a person's health over the last 12 months". Both staff and the social worker told us that the management listened to them and were receptive to any ideas about how to improve a person's care. The social worker also told us that they had made some suggestions regarding the recording in care plans and that these had been taken on board. This meant that people were confident that the management of the service was accessible and open to suggestions for improvement and change.

Staff told us and records showed that monthly meetings took place regarding each individual living at the home, enabling staff to share their knowledge and experiences. This was evident in the proactive care planning that we observed. We observed the staff group working well together and they came across as a calm and organised group. During handover, the manager gave each member of staff the opportunity to contribute to the discussion regarding each individual and share information. Each member of staff spoken with was aware of their role and responsibilities and were able to not only support the people living at the home, but each other. For example, we observed one person becoming increasingly agitated and staff worked calmly together as a team to support and reassure this person. Few words were spoken during this encounter, apart from to offer consistent reassurance to the individual and within minutes the person was calm and the risk dissolved. It was good to see how staff handled a potentially difficult situation, calmly and professionally and it was clear that each trusted and relied upon each other for support. This indicated that staff worked well together as a team, trusted one another and had the knowledge and skills to meet people's needs.

We discussed with the manager how he assessed quality in the home. We saw that an annual survey had been sent out earlier in the year to families, friends, health professionals and social workers. One of the comments received from a relative included; "Clients are treated as people, not clients and are part of a family. The service is excellent". An annual questionnaire was also sent out to staff. One person completing this questionnaire had commented that the "Staff worked well as a team". Staff had also raised an issue regarding the home's 'No mobile phone' policy and had concerns that when out in the community with people, having access to a mobile phone was important, particularly if assistance was required in an emergency. These concerns were taken on board and it was observed on the day of the inspection that a 'house mobile phone' was made available for staff when taking two people out into the community. This showed that comments from staff about improvements were listened to and acted upon.

We saw that there was a business plan in place for the home and targets had been identified with regard to staff training, supervisions and appraisals and that these had been met for the previous 12 months. The manager told us and we saw from records shown that there were monthly internal audits of paperwork and analysis of any incidents and accidents. Prior to the inspection we asked the provider to send us a PIR, this is a report that gives us

Good

# Is the service well-led?

information about the service. This was completed and returned to us as requested. Where necessary the provider has kept us informed about events that they are required to informed us of. This meant that management continually reviewed the information available to them so as to inform the improvement of the service.

There was a culture amongst the management and staff to develop their understanding and learning in order to provide good quality of care for the people living at the home. Staff spoke warmly of the people living at the home and their desire to provide the best care possible.