

Inshore Support Limited

Inshore Support Limited - 27 Highfield 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

The inspection of this service took place on 2 February 2016 and was unannounced. The provider is registered to accommodate and deliver personal care to a maximum of three people who had a learning disability or associated need. On the day of our inspection three people lived there.

At our last inspection in January 2015 we found that the provider was not meeting their legal responsibility to comply with the condition of their registration as they had not had a registered manager in post since 2013. At this inspection, we found that 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.

People felt safe in the home and were supported by staff who knew how to recognise abuse and how to report it.

Risks to people were identified, managed and reviewed. There were systems in place to ensure that suitable staff were recruited to work at the home.

People received their medicines when they needed them and staff were trained to do this safely.

There were sufficient staff available to meet the needs of the people living in the home. Staff received regular training and supervision and were knowledgeable about the needs of the people they cared for.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and the Deprivation of Liberty Safeguards (DoLS) and the provider was meeting the requirements set out in the MCA and DoLS to ensure people received care in line with their best interests.

People had their health care needs reviewed on a regular basis by their GP and other health care professionals. Staff were aware of people's individual healthcare needs and referrals were made to health care professionals where necessary. People were supported to make decisions about their daily living and were encouraged to maintain their independence.

People were treated with dignity and respect and had good relationships with staff who treated them with kindness.

People and their families were involved in the planning of their care and reviews took place on a regular basis. People's views on their care were actively sought and people were confident that if they had to raise a complaint, it would be dealt with to their satisfaction.

People spoke highly of the registered manager and the staff group and staff were highly motivated.

The registered manager had a number of audits in place to check the quality of care provided in order to improve the service offered to people.

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.

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

Recruitment systems were in place to help prevent the employment of unsuitable staff.

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

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were trained to meet their needs.

People had access to healthcare services to maintain their healthcare needs.

Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards.

Is the service caring?

Good ●

The service was caring.

People had good relationships with staff who cared for them and treated them with kindness.

People were supported and encouraged to maintain their independence.

People were treated with dignity and respect.

Is the service responsive?

Good ●

The service was responsive.

People and their families were involved in planning their care.

People were encouraged and supported to take part in activities that they enjoyed.

People were confident that if they had a complaint, it would be dealt with to their satisfaction.

Is the service well-led?

Good ●

The service was well led.

People, families and staff all considered the home to be well led and spoke highly of the registered manager.

People were cared for by staff who felt well supported and trained to do their job.

The quality of the care provided was monitored to ensure that people benefitted from a service that was striving to improve.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 2 February 2016 and was unannounced. The inspection team consisted of one inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service, such as notifications that the provider is required to send us by law, of serious incidents, safeguarding concerns and deaths.

We spoke with two people who lived at the home, two relatives and six members of staff including the registered manager. We also spoke with a visiting professional.

We looked at the care records of all three people, two staff files, training records, complaints, three medication records and quality audits.

Is the service safe?

Our findings

One person told us, "Yes I feel safe, there's lots of staff to care for us" and a relative told us, "Yes [person] is safe, she's been here quite a few years and we've never had an issue". We observed that people living at the home were comfortable in the company of the staff who supported them.

People were supported by staff who had receiving training in how to keep them safe from harm and abuse. Staff were able to explain to us the various forms of abuse that people were at risk of and who they would report this to. One member of staff told us, "I would report [any concerns] to the manager or senior staff. I would speak to them in private so that no-one overheard". Another member of staff said, "I've never had to raise a safeguarding but am aware that the smallest thing has to be reported". Staff told us they were encouraged to raise any concerns and were aware of the processes and procedures to follow. We saw that where a safeguarding concern had been raised, it had been investigated and lessons were learnt.

We observed that people were supported by staff who understood the risks to them on a daily basis and how to manage those risks. For example, a member of staff was able to explain in detail the techniques she used in order to lessen the risks of choking to one particular person when they were eating. Another member of staff described the risks to someone when they went out into the community and the signs they would look for if the person became agitated in particular situations. They told us, "I will try and talk to her and distract her and it does work".

Staff told us and we noted that risk assessments were updated on a monthly basis or sooner if people's needs changed and that staff had signed to say they read and understood the content.

We saw that processes were in place to record any accidents or incidents. Although none had taken place, staff were able to tell us the processes they would follow if such events took place.

Staff spoken with told us that they felt there were enough staff in place to meet the needs of the people living at the home. One relative commented when asked if there were enough staff, "The majority of the time, yes" and another relative said, "In the last nine or ten months they seem to be more consistent with staff, so I hope they stay with that". We discussed this with the registered manager. He told us the company had a philosophy of moving some staff between services in order for them to gain additional experience. He had discussed his concerns with his manager and it had been agreed that the staff group at the home should remain the same. He told us, "I have to have consistency in respect of staffing, when you have changes in staff you have to recognise the effect it has on the people we support, it can be a wrench". We observed that each person living in the home had a member of staff allocated to support them and staff confirmed this. A member of staff told us, "At the start of every shift the senior will decide who is supporting who. They rotate staff so that we get to know everyone". We observed that staff knew each person living in the home well and worked as a team and not in isolation.

We saw that recruitment processes were in place to help minimise the risks of employing unsuitable staff. We spoke with staff who confirmed that reference checks and checks with the Disclosure and Barring Service (DBS) had been undertaken before they had started work. A member of staff told us, "I couldn't start work

until I had those things in place".

One person told us, "I have my tablets every morning, every afternoon and later after tea" adding, "They give me a paracetamol if I need it. They gave me one today to help me feel better. I had a sore throat and head pains, but I feel better now". A relative told us, "I think she does get them at the right time [medicines] but I don't know because I'm not here, but I get the impression she does". We saw that medicines were stored and secured safely. We looked at the Medication Administration Records (MAR) for all three people living at the home and compared what medicines had been administered with the stock available and found that the balances were correct. Staff confirmed that they had received training in the administration of medicines. One member of staff said, "I always get someone to count them [the medicines] and make sure they stand near me. I just don't want to do anything wrong".

We found that where people required their medicines to be administered in a particular way, or 'as or when required' staff were able to describe to us in detail, the circumstances in which these medicines would be administered and the procedures they would follow. People's care records held this detailed information, but the protocols that were in place for this type of medication did not hold the same amount of detail. We discussed this with the registered manager and by the end of the inspection the information was transferred onto the protocols that were held with people's medication administration records.

Is the service effective?

Our findings

Relatives spoken with told us they considered their loved ones to be cared for by staff who knew them well and were equipped with the skills required to meet the needs of the people they supported. One relative told us, "They seem to do the job well and that is enough for me, but I assume that they have training as they know how to cope with [person]". Another relative told us, "They've known her [relative] long enough and I feel happy. I feel they do know how to care for her as she is often happy".

We saw that staff received regular training. One member of staff told us, "We have lots of training. I've just done the Care Certificate (an identified set of standards that health and social care workers adhere to in their daily working life) and it was really interesting. I've also had training in seizures" they went on to describe the signs to look out for in a particular individual who suffered with seizures and how they cared for them. Another member of staff told us, "We definitely get enough training and regular updates, I would love end of life training and I've discussed it with the manager". We discussed this with the registered manager who confirmed that he was looking into sourcing training for staff in this area.

Staff told us they received regular supervision and yearly appraisals. One member of staff told us, "I get regular supervision and they observe my practice". All staff spoken with said they were happy with their induction and confirmed that they felt ready to go on shift once it had been completed. One member of staff told us, "My induction involved the job role and how to look after the clients. I did shadowing as well and I didn't give out any medication until I'd finished my training".

We spent time talking to staff about how they were able to deliver effective care to the people who lived at the home. Staff were able to provide us with a good account of each person living in the home. A member of staff told us that when they arrived on shift they obtained information at handover and read people's care records in order to ensure they had the most up to date information about them. They told us, "Since I started I've never had to check anything twice, all the correct information is always passed on at handover. I've come on shift and they've told me what's been happening".

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the home was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We saw that where people were being deprived of their liberty applications had been made to the supervisory body for authority to do so. Staff spoken with were able to tell us about what this meant for people on a daily basis. We observed that staff obtained consent from people before offering to support them. A member of staff told us, "I've had training

in MCA and DoLS. We need to keep people safe and make sure we're looking after them in the correct way" and went on to describe how one person communicated with them and how they obtained their consent prior to supporting them. A relative told us, "Yes, I think we are involved in decisions. They suggested [relative] had a particular injection and we were consulted and the medics also advised us".

We observed at mealtimes that people sat together and ate as a group. People were supported to make their own choices at mealtimes and were encouraged to make healthy choices where appropriate. One person told us, "Food – it's good. We have lots of different foods and at the weekends we have egg and bacon. Sunday we have a roast dinner; I like it. It is tasty food and they keep it warm". We spoke with another person living at the home and a member of staff regarding what the person liked to eat. The member of staff was able to tell us the person's preferences when it came to mealtimes and the person nodded in agreement. Staff told us, "They all agree what they want but if they do vary we accommodate them and they like what we cook usually. We haven't got a menu plan but do have a food chart and record it in the daily notes". A relative told us, "I don't see them (meals) but she seems to enjoy her food. I think she would complain if she didn't enjoy it".

We saw that people were supported to maintain good health by having access to their GP and other healthcare services and attending yearly health checks. Each person had their own 'hospital passport' in place which held detailed information should they need to be admitted to hospital. One person confirmed to us they visited their doctor and their dentist and during the inspection all three people in the home received a visit from their psychiatrist. A member of staff told us, "[Doctor's name] visits all three people. She'll speak to people in private and also speaks with the staff too". A relative told us, "If [person] has any health problems, they tell me. She recently had a problem and they took her to A&E and they informed me what the problem was and that she was fine".

Staff were aware of people's individual healthcare needs and how to support them appropriately. For example, we saw where one person had a number of seizures in clusters contact was made with the epilepsy nurse and the person's medication was changed which resulted in less seizures taking place. A member of staff explained to us the signs to look for that this person may be about to experience a seizure and what actions they would take, ie place the person in the recovery position. They told us, "I've had training, we need to keep [person] safe at all times".

Is the service caring?

Our findings

We observed that people living in the home were comfortable in the company of staff and had caring and friendly relationships with them. When both the registered manager and staff entered the room, people were pleased to see them and they greeted them warmly. One person told us, "[Staff] are usually kind to me. They come and chat and have a talk, they're good to us, talk to us and be friends with us". Another person, when they saw a particular member of staff they immediately said, "Doubles" as they wanted to know if they were on a double shift that day, which was something that they were pleased about. Relatives spoken with described staff as, 'kind', 'friendly' and 'approachable'. One relative told us, "They are certainly welcoming and it's really nice to see they care for [relative]".

Staff were concerned that one particular person could have been upset by our presence in their home. We observed staff speaking to the person and offering reassurance and support. We saw that the person took comfort from this and was happy to speak with us with the support of staff. They received continuous reassurance during our time in the home and during handover this information was passed onto staff at the next shift.

We saw that people were supported to make their own decisions on how they spent their day. When we arrived one person was getting ready to go out shopping. A member of staff was styling their hair for them and they were clearly very pleased with this and were looking forward to their trip. When they returned, they delighted in telling staff where they had been and what they had purchased and staff took an interest in what they had to say and asked them about their day.

Relatives spoken with told us they generally visited at any time and were always made to feel welcome. One relative told us, "I could visit at any time but it is always best to phone up first to check [relative] is in or if she's unwell. They wouldn't stop me coming, but they sometimes advise me that she's not well and that it's best to leave it. I happy with this as I wouldn't want to make the situation worse".

We observed that staff took time to speak to people and communicate with them in their preferred way. All staff spoken with told us how one person's method of communication was changing and how they shared this information. A member of staff said, "I can tell when [person's name] isn't well, you can see in her colour, if she has a headache she will rub her head and we will give her paracetamol".

We saw that people were treated with dignity and respect and relatives spoken with confirmed this. Staff were able to tell us how they supported people to maintain their dignity, one member of staff told us, "I always knock the door first and get the towels before I go into the room and make sure [person] is covered". The registered manager also described a situation with a particular person and how he provided support to them. He told us, "I will let the female staff provide the support with personal care and I won't enter the room until I know the person is covered" and a member of staff spoken with confirmed this. Relatives spoken with told us their loved ones were treated with dignity and respect. One relative told us, "Yes they treat [person] with dignity and respect, I can feel it".

We saw that people were supported to maintain their independence where possible. One person was supported to do food shopping and was encouraged to make her own drinks. Another person was supported to do their own laundry and some light housework, with the assistance of staff. A member of staff told us, "[Person's name] likes to help with the meals in the evening" and the person nodded in agreement.

Staff were aware of how to access advocacy services for people, should they wish someone to act on their behalf. We saw that this service was provided for one person living at the home and regular meetings took place with their advocate.

Is the service responsive?

Our findings

People were asked their views on how they would like to be supported and were involved in the development of their care plan. Care records were reviewed and amended monthly or sooner if a person's needs changed. The registered manager told us and staff confirmed that people and their relatives were involved in this process. A member of staff told us, "We will sit down and discuss it with [person]. We will pick a day and say, 'can we come and read something to you?' and then we'll go through it with them" and we saw evidence of this. A relative told us, "Whenever they want to make changes [to a care plan], even minor changes, they tell us. They do discuss concerns with me about anything that is happening, they talk to us about what's going on generally".

Staff described to us how they communicated with people and how for one person in particular, the signs they used to express themselves had changed slightly. All staff spoken with were aware of these changes. One member of staff said, "[Person] has their own sign language" and went on to demonstrate the signs they used to communicate with this person and we observed this taking place.

Care plans contained personalised information detailing how people's care needs should be met and the best way to support them. Staff spoken with were aware of people's interests and what was important to them. One person told us how important it was for them to look nice when they visited their mom and how staff supported them to do this. They said, "They're [the staff] nice when they take me to see my mom. I was looking nice – they said put a necklace on and did make up on me and mascara". Staff spoken with held detailed knowledge about all of the people living in the home. They were able to tell us people's likes and dislikes what was important to them and what a good day looked like for them. For example, staff had recognised that one person became slightly agitated when staff handover took place. Their routine was amended so that they weren't present at this time and they went to their room for bed respite. Staff commented that this had benefitted this person. We saw this in practice and the person appeared calm and reassured during this part of the day.

Relatives told us they were involved in the care planning for their loved ones on a regular basis. One relative said, "We tend to speak [with staff] fortnightly, we have good communication". Another relative described to us how the staff supported their loved one during visits to their family home. They told us, "They manage her concerns when she visits. They stay with her here". This level of communication between family and staff meant that the person benefitted from a team of people who were working in their best interests.

People were asked on a daily basis how they wanted to spend their day and were supported to take part in a number of activities. The registered manager told us, "If we want to try something new with someone we will risk assess it first". We saw that one person was getting ready to go out on a shopping trip to Birmingham and another person told us they had been shopping the day before. They told us they visited their mother every weekend and said in her own words that she felt that she 'gets out enough'. One person had access to their own lounge area and had decorated it with the things she loved. A member of staff told us, "[Person] likes her peace and quiet here in the lounge but will let staff and other residents come in here". We saw that people went out for meals as a group or with a care worker and were supported to go on holiday every year.

One person had their own cat living at the home and they told us how important it was to them. A member of staff described to us how they had supported one person to take part in a particular activity. They told us, "I get a lot from seeing people experience things for the first time, no matter what it is". Another member of staff described their relationship with a particular service user, they told us, "I get on really well with her, I had to find ways to interact with her, it took a little while, but we've found our way now".

All the staff spoke about the importance of supporting people appropriately but also helping people retain their independence and we saw evidence of this. Staff were aware of the risks to people, but were also aware of the importance to ensuring people maintained links with their local community and efforts were made on a regular basis to enable people to do this. One member of staff told us, "We like to get people out in the community, we're always looking to do more activities".

We saw that monthly meetings took place between the people living at the home and staff in order to obtain feedback on the care and support they received. This information was regularly reviewed and the registered manager told us, "It gives us something to refer to year on year and we can look at how we can better things for that person".

Relatives spoken with told us they had no complaints about the home, but if they did, they were confident they would be dealt with. A relative told us, "I've not had a complaint, not for a long time and I'm going back years now. They would listen, they would, I get on with all the staff". We saw that there was a system in place to record complaints and any lessons learnt. One complaint had been received from a neighbour and the registered manager was able to tell us the actions taken and the complaint was resolved to a satisfactory conclusion.

Is the service well-led?

Our findings

At our last inspection in January 2015 we found that the provider was not meeting their legal responsibility to comply with the condition of their registration as they had not had a registered manager in post since 2013. At this inspection, we found that there was a registered manager in post.

People told us they considered the home to be well led and spoke highly of the registered manager. We observed that the registered manager had positive relationships with both the people living at the home and the staff. People living at the home smiled when they saw him approach them and were clearly comfortable in his company and knew him well. A relative told us, "Overall, it's good really. It's like a home, not an institution or anything like that" and another relative commented, "I think it's probably managed very well. The manager often rings me. I think he knows pretty much about everything that's going on" adding, "I think it's a really friendly and happy atmosphere. Under the circumstances they all seem to get on together, the staff and the residents. They're always smiling".

Staff were complimentary about the registered manager and the support he provided to them. One member of staff told us, "[Manager's name] is good as a manager, any problems I can talk to him. Whenever I come on shift he'll spend five minutes with me just to see how I'm getting on". Another member of staff said, "[Manager's name] – he's the best manager I've ever had. He's brilliant with the residents". Staff told us they felt listened to and supported. They told us, and we saw that staff meetings took place on a regular basis.

We saw that staff were motivated and that it was a happy place to work, one member of staff told us, "When people come into work they have a smile on their face". Staff told us they were aware of the whistle blower procedures to report concerns about the conduct of colleagues or other professionals and they were confident that if they raised any concerns they would be listened to. The registered manager told us, "I encourage staff to raise any concerns they may have, either during supervision or team meetings. Or they can ask to speak to me for five minutes at any time".

Staff were aware of their roles and responsibilities and the vision of the home. A member of staff said that the registered manager also provided support on shift when needed, they told us, "He [the manager] does a bit of everything he's a good manager". We saw a number of areas where the manager provided guidance and support to staff. Examples of daily recordings were given to staff to show them the detail of reporting that the registered manager expected them to provide.

We saw that there were no formal meetings with families, but relatives spoken with told us they were in regular contact with the home. One relative did comment, "They do send surveys once a year, though I rarely fill them in and send them back, but they certainly send them!"

We saw that quality monitoring of the home took place on a regular basis. The registered manager carried out weekly health and safety checks and every month audits were completed across the home and action plans put in place to address any areas of improvement that had been highlighted. A new training matrix system was in use which alerted management to new courses and dates when staff had been enrolled. The

registered manager stressed how important it was to maintain consistency when delivering care and support in both practice and staffing adding, "I try to introduce things slowly". He told us what he had seen at the home when he first came into post and the changes he had introduced. For example making sure staff got to know all people living there and supported each of them equally. He told us, "When working with a person staff have to give 100%".

The registered manager told us they were supported by their regional manager and kept up to date with new developments and requirements in the care sector in order to drive improvement within the home. They told us, "We have managers meetings on a weekly basis in order to share knowledge, it's helpful to talk about things and learn from other managers".

The provider had notified us about events that they were required to by law and had on display their Care Quality Commission (CQC) rating of the home.