

Inshore Support Limited

Inshore Support Limited - 10 West Street

Inspection report

West Street
Blackheath
Rowley Regis
West Midlands
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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 10 West Street is registered to provide accommodation and personal care to one person. People who live there may have a learning disability and/or autism. At the time of the inspection one person lived at the home.

The service applied 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 that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

There had not been a registered manager in post since April 2018. It is a legal requirement that a registered manager be in post in registered care services. The local authority had noted that improvements were needed in relation to some areas of record keeping. The providers quality assurance team had identified this too. Action had been taken to make improvements to record keeping.

People felt safe and were supported by staff who knew how to recognise, report and act upon any concerns relating to abuse. Staff knew about people's individual risks and how to manage those risks. Recruitment processes were in place to promote people's safety. People were supported by sufficient numbers of staff to keep people safe and to meet their needs. Medicines were managed safely and were administered as they had been prescribed. Accidents and incidents were recorded, reported and acted upon.

Staff were trained and felt supported in their job role. People were supported to have make decisions about the way they wished to live and were supported to have control of their lives. Staff supported people in the least restrictive way possible and in their best interests to keep them safe. Staff supported people to access a variety of healthcare services to promote good health and well-being.

Staff were seen to be kind and caring and treated people with dignity and respect. The Family confirmed staff were polite and friendly. People were encouraged to be as independent as possible. The provider had an open, flexible visiting arrangements. Relatives felt welcomed and listened to by staff.

People were supported by staff who knew them and were aware of their individual needs and wishes. People had no complaints. Relatives confirmed the staff involved them in their family member's reassessment of need. Relatives also confirmed they had been asked to give feedback on the service provided.

People and their relatives spoke highly of the staff and service provided. They told us the service was well-led. Staff felt supported, valued and listened to. The manager and area manger were visible within the

service and people were confident to speak with them.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 04 July 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Inshore Support Limited - 10 West 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 on one day.

Service and service type

10 West Street is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. Care Quality Commission 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 CQC. This means there was no manager legally responsible for how the service was run.

Notice of inspection

Short notice was given regarding this inspection. This was because we needed to make sure we could meet the person and staff.

What we did before the inspection

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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and one relative about their experience of the care provided. We spoke with the person's social worker, three members of care staff and the Nominated Individual. (The Nominated Individual was a senior manager legally responsible for overseeing the service).

We reviewed a range of records. This included, a health action plan and care and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records about the management of the service including policies and procedures were reviewed.

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 as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place and all staff spoken with knew what they should do if they had any concerns.
- A staff member told us, "Any concerns we have are reported to safeguarding". Staff told us they had no current concerns but were confident if they did so, provider would respond quickly and appropriately. A relative said "I have no concerns. Nothing has given me reason to think there is any abuse. They (person's name) are always happy to go back to the home being out with us. That tells me there are no concerns".

Assessing risk, safety monitoring and management

- People were supported by staff who kept them safe. Staff were aware of the risks to people and were kept informed of any changes in people's care needs and risks. A member of staff said, "When they [person] is in the bath we [staff] give them space to ensure their privacy and independence. However, we stay nearby to ensure their safety too. When they [person] is out in the community staff are diligent in preventing the person walking into the road".
- Aspects of safety had been addressed. For example, the radiators had all been guarded to prevent scalds and window restrictors had been installed to prevent falls from windows. Records we viewed, and the deputy manager confirmed systems were in place to ensure fire safety.
- A person's social worker told us, "Incidents of challenging behaviour have decreased. This is because the staff know how to manage behaviours. This is good as they [the person] are less at risk of harm and/or injury".

Staffing and recruitment

- A person and their relative told us there were enough staff to meet their needs. A person said, "There are always staff here with me". We observed staff attend to the person's needs quickly. We saw there were always enough staff to support people to go into the community when they wanted to. A staff member told us, "There are always enough staff here. They [person] goes out every day. Twice some days if they want to".
- The provider had completed recruitment checks on staff prior to commencing in post to make sure they were suitable to work with people.

Using medicines safely

- People told us they had no concerns regarding their medicines and received them as they had been prescribed by their doctor.
- We looked at the Medication Administration Records [MARs] for one person. Staff were aware of the circumstances in which to administer 'as and when required' medicines. Protocols were in place to direct

them.

- We saw medication records were checked and audits completed by the management team to ensure medicines were administered and stored as required. The deputy manager told us, "We check medications twice a day to make sure all is correct. In addition, I do regular audits".

Preventing and controlling infection

- We observed the premises were clean and tidy throughout. We were provided with documentary evidence to confirm cleaning routines were followed to maintain the premises. A person confirmed to us they liked to help with the cleaning particularly the vacuuming.
- Staff had access to equipment they needed to reduce the likelihood of the spread of infection that included gloves and aprons. We observed staff used these when needed.

Learning lessons when things go wrong

- Accidents and incidents were reported, recorded and acted upon. The deputy manager analysed any information to act on/or identify any trends or patterns.

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.

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

- A relative said, "They (person's name) are very well supported. Their needs are known by staff and are met". The person's social worker told us, "I have no concerns it is a good placement".
- A relative told us staff had discussed the person's needs, risks and goals with them. Records we saw highlighted people's needs were regularly assessed to ensure the staff could support them effectively and safely.
- Care plans we looked at covered all areas relating to the person's health and social needs.

Staff support: induction, training, skills and experience

- Staff received an induction which included getting to know the people they would be supporting and shadowing more experienced staff. A staff member told us, "All new staff here have a good induction. I found mine useful". The deputy manager told us that induction processes available within the company met the required national standards.
- Staff told us training was on-going for them to provide effective care. A staff member said, "All my training is up to date. We [staff] have a lot of training".
- A relative told us, "The staff are very good. They look after (person's name) well".

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

- People told us they enjoyed the meals provided. At lunch time we heard staff asking a person what they would like to eat and drink. The person told the staff what they would like to eat and drink. We observed the person go into the kitchen and prepare their lunch. They ate their lunch and said, "Nice". Staff and records confirmed the person had been offered a varied range of healthy meals and snacks.
- A relative told us, "The staff monitor (person's name) diet and drinks and weight. They (person's name) enjoy their food".

Staff worked with other agencies to provide consistent, effective, timely care

- Systems were in place to ensure information was passed to staff. Staff told us they worked well together as a team. A staff member told us, "We (staff) have a full handover at the start of each shift so we all have the current information about the person. This way we know how to give support".
- The person's social worker told us the staff kept them informed of the person's progress. A relative said, "The staff keep us (family) informed about everything and that is helpful".

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

- The home was a domestic style house in a residential area. The local area offered a range of shops and

other facilities in addition to bus and other transport links to enable access to different areas.

- We found the premises to be warm and bright. Safe garden space was available. Bathing and toilet facilities were conveniently located in the home so that the person could access these independently and safely. We observed people could move freely around the premises. We also the person to easily access their bedroom when they wished to.
- We saw the premises were very personalised to the person's individual needs. A social worker told us, "The environment is personalised to meet the person's choices and needs". The lounge area had photographs of the person's family displayed. We saw the bedroom had been personalised and reflected the person's interests and personalities. A person showed us their bedroom and said, "I like my room".

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

- People told us they were supported to access healthcare services. A person said, "Yes dentist". This was confirmed by their relative.
- Staff told us, and records such as the person's health action plan, confirmed the person received all the health care they needed. This included a full annual health check and regular appointments with a consultant specialising in the area of learning disability. A staff member said, "They [person] go to the doctors, hospital and other appointments. We [staff] encourage them [person] to walk out in the community. They love walking and it is good for them".
- We identified from viewing records the person had not been offered a flu vaccine from prior to 2017. The deputy manager confirmed that no flu vaccine had been requested or discussed with the person's doctor. By the end of our inspection an appointment had been made for the person to see their doctor to discuss the possibility of a flu vaccine.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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. We found the provider was meeting these requirements.

- People told us staff obtained their consent prior to supporting them and we observed this. At lunch time we heard staff asking one person if they would like support in preparing their lunch. The person said "Yes", that gave their consent.
- The deputy manager and staff we spoke with had a good understanding of the principles of the MCA. The staff had followed processes where the person had a restriction to their liberty because of safety issues. Records confirmed that a recent reassessment had been undertaken by the local authority relating to DoLS.

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 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 and relatives were complimentary about the staff. They used the following words to describe staff. "Kind", "Nice and", "Friendly". A relative told us, "We (family) have always found the staff to be caring".
- We observed staff to be kind and caring. Staff smiled and gave their full attention to the person. One staff member gently placed their hand on the person's arm when speaking with them. The person liked this they smiled.

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

- The service provided was person-centred way. During the morning the person told staff they wanted to go out shopping for some personal items and listed these. We saw staff were attentive and repeated the items the person wished to purchase. The staff supported the person to go shopping. On their return the person told us they had purchased the items they wanted to. Staff asked the person in the afternoon if they wished to go out again. The person said, "No" as they were listening to their music. The staff honoured the person's choice to stay at home.
- A relative said, "The service provided is individual to them (person's name). The staff give choices all of the time".
- A relative told us, "We (family) can visit whenever we want to. We are always made to feel very welcome by polite and friendly staff".
- The staff knew to access advocacy services to support people when making decisions around their care. A relative said, "We as a family like to speak on their (person's name) and help them decide what is best for them. It has worked well to date".

Respecting and promoting people's privacy, dignity and independence

- A person told us they were treated with dignity and respect.
- Staff ensured people's dignity and privacy were maintained. People had their own bedroom which enabled private personal space. Staff told us where ever possible they enabled people to attend to their own personal hygiene to enhance privacy and dignity.
- People were supported to maintain their independence. One person verbally confirmed staff encouraged them to be as independent as possible to undertake tasks like bathing, selecting their clothing each day and tidying their bedroom. The person's social worker told us, "The staff have worked very hard to get [person's name] to their level of independence". We observed the person prepare their lunch.

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 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

- Records we saw highlighted people's likes and dislikes and other important information. Staff we spoke with knew what was important to the person for example, their preferred daily routine.
- People's care records were regularly reviewed and updated to reflect any changes in their care needs.

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.

- We observed staff communicating verbally with one person. They spoke clearly and used hand signs in addition to aid the person's understanding of what was being said.
- Staff told us that one person had their own way of communicating. They had their own way of communicating words. We saw a care plan had been developed that included a range of the person's own wordage including yogurt and other food items. We asked staff about the person's own wordage as documented in the care plan. The staff knew what the words meant.

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

- A person confirmed to us staff offered them a range of in-house and community-based activities they enjoyed taking part in. A staff member told us, "They [person's name] go out whenever they want to, and they select the activities they want to do. These include, swimming, trampolining, walking, shopping and trips out to the safari park and other venues". The person's social worker told us, "The staff give [person's name] choices about activities. They [person's name] engage in activities everyday". A relative we spoke with told us the person was supported to take part in activities to suit them.

Improving care quality in response to complaints or concerns

- A person told us they did not have any concerns regarding the service. A relative said, "As a family we have no concerns. We are happy with the service. They (person's name) are happy and well cared for. If I did have an issue I would speak with the social worker".
- No complaints had been received about the service.

End of life care and support

- The service did not currently support any people who were receiving end of life care.

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 now been assessed as being requires improvement.

Continuous learning and improving care

- The previous registered manager left employment in April 2018. It is a legal requirement for a registered manager to be in post and as such the provider is not meeting the legal requirement. The senior manager who came to the service during our inspection told us, "There has been on-going issue regarding a registered manager. The service is going to become supported living and be grouped under that section. We already have a registered manager for supported living. That's why we have no registered manager here as there has been no point recruiting. The talks with the local authority about this have stopped though. I know not having a registered manager here will have an impact on well-led". A social worker told us, "The service is to be supported living. We (the local authority) need to get on and finalise this".
- The local authority during a recent monitoring visit to the service had identified improvements were required relating to record keeping. The providers in-house quality team had also identified similar. The deputy manager showed us written evidence to confirm that all issues raised had since been addressed. The senior manager told us they were keen to continue to improve the service and drive improvement. They told us a follow up quality assurance visit would be undertaken soon by the provider's in-house quality team. This was confirmed by the deputy manager.

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

- All staff we spoke with understood their roles and responsibilities. They told us they received one to one supervision and team meetings and were confident they could raise concerns or request training they may feel beneficial.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A relative we spoke with, people and staff told us the service provided was good.
- A senior manager visited the service regularly to oversee the functioning of the service and undertake audits. During the day a senior manager visited the service. We observed them speaking with a person. The person was relaxed and smiling. It was clear the person was familiar with the senior manager that confirmed they had met them before.
- The deputy manager advised they had received good support from the provider. He advised that he had regular contact with other registered managers, of services operated by the provider, through formal meetings and telephone contact.
- All staff we spoke with told us they felt supported. One staff member said, "If I rang the office for support a director would respond immediately". Another staff member told us, "We [staff] are continually supported

by each other and managers". Senior management told us there was a manager duty rota for evenings, nights and weekends. The deputy manager confirmed a senior manager or director would be available for support / give advice 24 hours a day.

- Staff were clear about their roles and responsibilities and understood the importance of raising issues if necessary to improve any aspect of the support provided to people in the home.
- Staff understood and described how they would raise any issue of concern direct with the manager or the provider if needed.

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

- A relative told us, "We (family) are kept up-to-date with everything. For example, we have been informed about the proposed change of service from a care home to supported living".
- The deputy manager was keen to share information about what the service did well. They demonstrated an open approach to continually improving all aspects of the service. For example, we discussed the lack of a flu vaccine opportunity for one person. The deputy manager dealt with this immediately and up-dated care plans to ensure this was not overlooked in the future.
- Staff told us they felt listened to. They told us the deputy manager and the provider were approachable and supportive. This was confirmed as during the day a senior manager came to the service to support the staff during our inspection process.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- A senior manager told us people's views and feedback regarding service delivery as sought through meetings and surveys which were sent out to people, relatives and staff on an annual basis. We were shown documents to confirm this. The information was collected and any points for action would be responded to. However, at present there was no evidence to suggest changes were required. A relative had feedback, "Nothing to change everything is good".
- A relative said, "The staff know what they are doing. We (family) are involved by the deputy manager and staff in any decision-making issues."
- Inspection reports were on display in the home and relatives advised that they had been informed about the inspection findings after the last inspection.

Working in partnership with others

- Staff told us they worked alongside other professionals such as GPs, district nurses and social care professionals to ensure people's care and social needs were met. Records we looked at confirmed this. The social worker we spoke with confirmed the staff welcomed them into the home when meetings were required and co-operated fully with them.