

Inshore Support Limited

Inshore Support Limited - 112 Wellington Road

Inspection report

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Ratings

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

Summary of findings

Overall summary

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

Inshore Support Limited - 112 Wellington Road is a Residential Care Home. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

Inshore Support Limited - 112 Wellington Road accommodates up to three people in one adapted building, where people had access to communal areas along with their own rooms. At the time of the inspection there were three people using the service.

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

There was a registered manager in post at the time of our inspection. A Registered Manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were safeguarded from abuse and risks to their health and wellbeing were assessed and planned for to keep them safe. People were supported by sufficient staff and had their medicines administered as prescribed. People were protected from the risk of cross infection. The provider learned when things went wrong.

People had their needs assessed and plans were in place to meet those needs. Staff were trained and received support in their role. The environment had been adapted to meet people's needs.

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

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

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

People had their preferences understood by staff and they received person centred care and support to do

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

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service continued to be good.

Is the service effective?

Good ●

The service continued to be good.

Is the service caring?

Good ●

The service continued to be good.

Is the service responsive?

Good ●

The service continued to be good.

Is the service well-led?

Good ●

The service continued to be good.

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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 unannounced inspection visit took place on 18 December 2018. The inspection team consisted of one inspector.

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

During the inspection, we spoke with two people who used the service as they had communication difficulties we used our observations to understand their experiences of the care they received. We also spoke with the registered manager, two staff and two visiting professionals.

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

Is the service safe?

Our findings

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

People were safeguarded from abuse. Staff spoken with understood how to recognise abuse. Staff had been trained and could give a description of the procedures in place for reporting any incidents. The registered manager told us they had a system in place to review incidents and where needed would make appropriate referrals to the local safeguarding authority. Records showed where concerns had been raised, these had been investigated and reported.

People were protected from risks to their safety. We found one person was at risk of choking. A risk assessment had been carried out and guidance sought from the speech and language therapy (SALT) team. This had been used to develop a care plan. Staff were aware of the risks and could demonstrate knowledge of how to support people safely. We saw staff followed the risk assessment and guidance during the inspection. The person's care records gave detailed advice on how to provide the person with meals and keep them safe.

People were supported by sufficient staff. The registered manager told us there were sufficient staff to meet people's needs and additional staff were available to support people if needed. Staff confirmed there were always enough staff on duty to keep people safe. There were arrangements in place to cover any absences. We saw records which confirmed there were sufficient staff available to support people. The registered manager confirmed arrangements for recruitment had not changed since the last inspection where we found staff had been recruited safely.

Medicines were administered safely. People were supported to take their prescribed medicines by staff that had received training. Staff could describe how they followed the medicines procedures to safely administer medicines and record on people's medicine administration records (MAR). We saw medicines were stored safely and checks were carried out to ensure there was sufficient stock in place. There was specific guidance in place for staff on how to administer 'as required' medicines for pain management or to help people reduce their anxieties. Staff had been trained and could describe for us how they would deal with any medicines errors, for example calling for medical advice and reporting the incident for investigation.

People were protected from the risk of cross infection. The home was found to be clean and well maintained. The staff had received training in infection control and there were cleaning schedules in place to ensure this was maintained. Staff understood the risk of cross infection, and were observed using protective clothing during the inspection.

There was a system in place to learn when things went wrong. When incidents occurred at the service these were investigated by the registered manager. The registered manager told us they ensured any learning from the incident was shared with staff and where needed changes were made.

Is the service effective?

Our findings

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

The provider told us in the PIR there was a person-centred approach in place for assessment and care planning. We found people's needs were assessed and plans were put in place to meet them. Where needed other professionals had been involved in the process and relatives were also engaged in their relative's care. Assessment and care plans were reviewed and changed on a regular basis.

Staff confirmed what we had been told in the PIR about training. One staff member said, "The training on care plans and risk assessment I attended was excellent, really helpful". We saw staff used the skills they had learned to support people effectively. For example, with communication, making choices and managing behaviours that challenged. The registered manager told us there was a system in place to monitor the training and ensure staff kept up to date.

People could choose meals and drinks and their needs for nutrition and hydration were met. Staff explained people's needs to us and we could confirm this was clearly documented in people's care plans and risk assessments. We observed people were supported with meals and drinks as set out in their care plan. There were risk assessments in place to manage risks for people. For example, one person's care plan gave advice to staff on how to encourage the person to eat slowly, portion size and the type of diet required. The care plans stated the person must have supervision at mealtimes. We observed staff following the person's plan.

People received consistent care. Staff knew people well and told us the systems in place for handover at each shift change helped them to ensure consistency. The registered manager said there were systems in place to ensure there were familiar staff available to people as this was important to meet their needs.

People were supported to maintain their health and wellbeing. We found people's health needs were clearly documented in their care plans. Where needed people had referrals to other health professionals, and these were completed promptly. Staff understood people's health needs and were able to demonstrate how they supported people to maintain and monitor their health.

People were supported in an environment which met their needs. Staff told us how adjustments had been made to the environment to ensure one person's safety. The registered manager confirmed the provider made changes when people had specific needs.

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 had capacity assessments carried out when they lacked capacity to make a decision and discussions were held about how to make the decision in the person's best interest. For example, one person had a best interest meeting planned to discuss their placement at the service on the day of the inspection and other professionals including an advocate were involved in this process.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We 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 were being met and found they were. The requirements of people's DoLS were met.

Is the service caring?

Our findings

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

People received support from staff that were caring. Staff demonstrated they understood people's needs and knew people well. We saw staff engage with one person, and say things that made the person smile. People responded positively to staff when they spoke with them. For example, one person was unable to communicate verbally, but staff interpreted what the person wanted from their facial expressions. People were supported to have items and undertake activities which provided them with comfort. Staff explained to us how this helped people.

People were supported to make choices about how and when they were supported and to maintain their independence. Staff told us people chose where to spend their time, they described how people preferred to spend time in different locations within the home. We found this was clearly documented on the person's care plan. We observed the person moving around the home into the areas of their choice during the inspection. Staff understood where people would make choices of some items, for example they explained if you showed tea or coffee to one person they would choose coffee. We saw this was also documented in the person's care plan.

People's communication needs were assessed and planned for. People using the service were not able to communicate verbally. There was clear guidance in place for staff which identified how people communicated their thoughts and wishes using facial expression and actions.

People had their privacy and dignity maintained. Staff told us they respected people's need for privacy they gave the example of one person sometimes went into other people's rooms and how they ensured people's privacy by locking doors when they were not in to prevent this. We saw staff supported people with respect. Staff spoke to people about what was happening, for example they told people we were there and ensured people were comfortable with inspectors being present.

Is the service responsive?

Our findings

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

People received care and support which was personalised and responsive to their needs. Staff told us they had a good knowledge of people's preferences. Staff could demonstrate their knowledge of people's preferences. For example, they told us about one person that preferred to wear clothing that was loose fitting and we saw this was what the person was wearing on the inspection. We saw people's care plans gave staff information about people's preferences and these were used by staff to provide personalised care. The registered manager told us it was important to ensure people had their preferred routines understood by staff and the care plans were continually reviewed to reflect information about what people liked and disliked. The registered manager told us and staff confirmed people's protected characteristics were considered. One person had specific needs for personal care and clothing based on their religion and culture and staff ensured this was followed.

People were supported to do things they enjoyed. One person had been taken by staff to attend a Christmas party. For example, staff told us one person liked to link arms with staff when going for a walk in the community, the staff told us this was the only time the person liked to have this sort of contact. We saw care plans showed the things people liked to do in the community and whilst at home. For example, one person's care plan said the person liked to have a container which had different threads in to touch, feel and pull. Staff told us this gave the person comfort and they enjoyed this activity.

The provider had a system in place to investigate and respond to complaints. There had not been any complaints since the last inspection. The registered manager told us there was a system in place to manage complaints should they be received and these would be investigated and responded to in line with the providers policy.

There was no one at the service that was receiving end of life care. The registered manager told us however they had been considering people's future wishes and based on information from supporting a person through a bereavement had begun to consider what this person's wishes might be for the end of their life.

Is the service well-led?

Our findings

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

The registered manager explained the service tried to create a homely environment with staff acting as people's family. They told us the ethos was to provide a good quality of life for people and they felt the small size of the home helped them to do that. Staff confirmed in our conversations with them and through our observations that they supported this vision with how they offered support to people.

The registered manager carried out checks on the quality of the service. For example, they described how they monitored people's care plans and daily records to identify any changes in people's health or wellbeing. There was monitoring in place to learn from incidents and make changes. The provider also conducted checks on the service. They monitored how staff responded to complaints, safeguarding concerns and the upkeep of the environment. Where needed an action plan was put in place.

The registered manager understood their responsibilities. We saw that the rating of the last inspection was on display and notifications were received as required by law, of incidents that occurred at the home. These may include incidents such as alleged abuse and serious injuries.

The registered manager used feedback about the service to make changes. For example, they explained they used observation of people and reviews of their care records to identify where they could make improvements to the quality of the care people received. Staff were also able to share their thoughts about the service and feedback from visiting professionals was used to drive improvements. For example, a recent suggestion on exploring changes to the recording had been made by a visiting professional to make improvements and this had been actioned.

The provider worked in partnership with other agencies. The registered manager told us they worked closely with individual consultants and health professionals involved in people's care. Records we saw supported this. We spoke with visiting health professionals and they confirmed staff and the registered manager had provided them with information they needed to work with one person and had engaged in the processes they were carrying out.