

Inshore Support Limited

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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 6 and 8 April 2016 and was announced. We gave the provider 48 hours' notice that we would be visiting the service. This was because we wanted to make sure staff would be available to answer any questions we had or provide information that we needed. We also wanted the registered manager to ask people who used the service if we could visit them in their homes or at a place of their choosing. At our last inspection on 17 December 2013 the service was meeting all of the regulations that we assessed.

The service is registered to provide personal care and support to people in their own homes. At the time of the inspection the service was providing support and personal care to 21 people who were living in their own homes within eight 'supported living' facilities within the community. Supported living enables people who need personal or social support to live in their own home supported by care staff instead of living in a care home or with family. The levels of support people received from the service varied, according to their assessed needs and levels of independence.

A registered manager was employed at the service. 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. The registered manager was on leave on the day of the inspection and we therefore spoke with the quality manager who was acting on their behalf.

People felt safe and were supported by staff who had received training in how to recognise possible signs of abuse and how to report any concerns. Staff spoken with were aware of their responsibilities in this area and what actions they should take. They were aware of the risks to people on a daily basis and how to manage those risks.

Staff were recruited safely and appropriately. Staff received an induction and opportunities to shadow colleagues prior to commencing in post.

People were supported by staff who received regular training to ensure they had the skills to meet the needs of the people they supported. Systems were in place to ensure that all training was up to date and staff had the opportunity to attend additional training in specialist areas in order to develop their skills.

People were supported to live their lives in the least restrictive way possible. Staff understood the requirements of the Mental Capacity Act [MCA] and Deprivation of Liberty Safeguards [DoLS], and what it meant for the people they supported.

People were supported with their nutrition and health care needs.

People were supported by staff who were kind and caring and helped them maintain their independence.

People were involved in developing how they wanted to be supported. Information was made available to people in an easy read format to enable them to participate in their care planning.

People's care needs were regularly reviewed and staff kept up to date with any changes in their care or support.

People were confident that if they had any concerns, they would be dealt with appropriately.

The management and staff group were described as supportive and approachable. Staff felt listened to and were able to contribute to the running of the service.

A number of audits were in place to assess the quality of the service provided. Efforts were regularly made to obtain feedback from people who used the service, in order to improve the quality of care provided.

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 told us they felt safe when supported by staff who knew how to keep them safe from harm.

Staff were safely recruited to ensure their suitability and prevent people being placed at risk of harm.

People were supported to take their medicines when they needed them.

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to ensure they had the skills and knowledge to support people appropriately and safely.

People were supported to by staff who understood their nutritional and healthcare needs.

The registered manager and staff understood the principles of the Mental Capacity Act 2005 (MCA).

Is the service caring?

Good ●

The service was caring.

People were supported by staff who were kind and caring.

People felt listened to and were supported to make their own decisions.

People's privacy and dignity was maintained.

Is the service responsive?

Good ●

The service was responsive.

People were involved in developing their care plan so that staff knew how they wanted to be supported.

People were confident that if they had any concerns or complaints that they would be listened to and acted on.

Is the service well-led?

Good ●

The service was well led.

People and staff spoke positively about the service and felt it was well led.

Staff were aware of their roles and responsibilities.

Systems were in place to obtain feedback about the service from the people who were supported.

Quality audits that were in place to regularly monitor the quality of the service.

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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 6 and 8 April 2016 and was unannounced.

The provider was given 48 hours' notice because we needed to be sure that someone would be available for us to speak to at the head office and also we wanted to make sure staff would be available to answer any questions we had or provide information that we needed. We also wanted the registered manager to ask people who used the service if we could visit them in their homes.

The inspection was carried out by one inspector. The first day of the inspection took place at the head office of the provider. On the second day of the inspection, the inspector met with one person in their own home and with three people who agreed to speak to the inspector at the head office.

Before the inspection, the provider completed 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. We used this information to help us plan our inspection. We also looked at notifications that had been received from the provider about deaths, accidents and incidents and any safeguarding alerts that they are required to send us by law.

The registered manager was on leave on the day of the inspection, but we spoke with the quality manager, three unit leaders, four support workers, the administrator responsible for training and two quality assessors. We also spoke with four people who received support from the service, one relative and representatives from the local authority.

We looked at the care records of 6 people who received support from the service, two staff files, training records, complaints, accident and incident recordings, safeguarding records, policies and procedures, medication records, rotas, minutes of staff meetings, quality audits, and surveys and action plans.

Is the service safe?

Our findings

We spoke with a number of people who were supported by the service and all were able to tell us that they felt safe when supported by staff. Some people were happy to speak to us on their own and others requested that the staff who supported them remain present. This demonstrated that people felt comfortable and reassured in the company of care staff and we observed this. When we asked one person if they felt safe, they nodded, smiled and added, "They are my friends", pointing to the staff who supported them. Another person told us, "Yes I feel safe, I like the staff". A relative spoken with also told us they considered their loved one to be safely supported by care staff who knew them well.

We saw that people were supported by care staff who had been trained in how to recognise abuse and were aware of processes to follow should they suspect someone was a risk of harm. A member of the care staff told us, "If I saw something I suspected [was abuse] I would report it to the team leader or the senior". They went on to describe an incident that they had reported and described how it was dealt with appropriately and to a satisfactory conclusion. They added, "If I'm not happy with something I see I would take it further".

We saw that where safeguarding concerns had been raised, the appropriate authorities had been notified but there was no information available on file to evidence that concerns were investigated. We raised this with the quality manager who advised that much of the information was held on the registered manager's own computer, which she did not have access to. She confirmed she would make arrangements for the information to be made more accessible to all care staff.

Staff were able to provide us with a good account of the risks to people on a daily basis and how they managed those risks. A member of the care staff told us, "[Person's name] is at risk of tripping – he walks very quickly so we try and get him to slow down and make sure he's wearing his shoes". We saw that risk assessments were updated on a regular basis.

A member of the care staff told us, "Any accidents or incidents, we complete the accident form, seek medical attention if necessary and notify first on call". Where accidents and incidents had taken place, lessons were learnt and actions taken. A number of the care staff spoken with told us that last year there had been a number of medication errors that took place. They told us that following these incidents, lessons had been learnt and new procedures were now being followed and we saw evidence of this. One member of the care staff told us, "We've had no discrepancies since they've changed the policy; lessons have been learnt. We check the meds daily, so we would pick up any errors quickly".

We saw that people were allocated care staff to support them up to 24 hours a day and arrangements were in place to ensure they were supported by the same group of care staff. The quality manager confirmed that there were currently a number of staff vacancies but these were actively being recruited into. Any vacancies were being covered by existing care staff or regular agency staff to ensure continuity of care. All care staff commented on the fact that agency staff were provided by the same organisation that provided training to the service and saw this as a benefit for all, as the support to people using the service was consistent. A member of the care staff told us, "We get regular agency staff so service users do know them". Another

member of the care staff added, "They do our training as well, so all care staff are trained the same way".

Care staff spoken with confirmed that prior to commencing in post, all the necessary pre-employment checks had been completed, including checks with the Disclosure and Barring Service (which provides information about people's criminal records). We also looked at the files of two members of care staff and noted that the provider had a recruitment process in place. This meant that checks had been completed to help reduce the risk of unsuitable care staff being employed by the service.

People spoken with told us that care staff supported them to take their medication. We saw that each person had their own medication record in a pictorial, easy read format. We spoke with care staff about how they supported people to take their medication. They told us they had been trained in this area and were able to tell us what they would do if someone refused their medication. A member of the care staff told us, "If [person's name] refused I would leave it for 5-10 minutes and then try again. If they refused again I would document it on the MAR [Medication Administration Record] chart and seek GP advice". Staff were also able to describe the circumstances in which they would administer particular medication, for example medication that was to be administered 'as or when required' if people became agitated or distressed. However, the guidance on this lacked detail in order to ensure this medication was administered consistently. We discussed this with the quality manager who confirmed this would be looked into and discussed with the registered manager. We saw that [MARs] all held the necessary signatures to demonstrate that people had taken their medication. We observed at one supported living site that when medication was administered, staff radioed into the office to confirm this had been done.

Is the service effective?

Our findings

All people spoken with were able to indicate to us that they were happy and were supported the way they liked. We observed that people were comfortable and reassured by the staff who supported them. A relative told us they were confident that their loved ones were supported by well trained staff, they told us, "Staff know how to support [person's name] very well".

We saw that people were supported by staff who received regular training to enable them to meet people's needs effectively. Staff told us they felt well trained to do their job and received regular training, which was kept up to date. One member of staff told us, "They put you on training really quickly and book you on refresher courses before the other one has run out". All staff spoken with told us how they had benefitted from recent training that had taken place. One member of staff told us, "We've recently had PAMOVA [training designed to assist staff in managing behaviour that challenges] training, it's a lot more secure, safer and client friendly and there is less risk of injury to the client". Other staff commented on how effective this training was and how it improved their practice. Another member of staff told us, "If you feel you need more training in a particular area they will put you on it". We saw that staff were also signed up to complete the Care Certificate [an identified set of induction standards that care staff go through as part of their induction process]. A team leader told us, "I'm impressed with the new care certificate training, it's more practical and intense, there's more cross referencing and it helps people ask questions".

Staff told us that prior to commencing in post, they completed an induction which helped prepare them for their role. One member of staff told us, "I had a two day induction. I then shadowed experienced members of staff for a couple of days and I was asked if I was ok to go onto shift and I was fine. I was checked throughout the shifts and they kept checking that I was ok". Another member of staff told us, "My induction was really helpful. They [the provider] gave me a checklist to work through and asked for feedback to make sure I knew what I was doing before I went on shift". Staff told us they felt supported by the management team and were happy with the amount of supervision they received. One member of staff told us, "It's a two way process, I do feel listened to and they always put positives in as well as anything I might need to improve on". Another member of staff told us, "There's always someone to talk to and it's a good team, they have a lot of knowledge".

Staff told us that they felt supported and listened to. One member of staff who was new to the service described to us how they were supported in their new role and provided with all the information they required. They told us, "I've been given a full run down on each service user and staff. The team seem very keen and it's very settled; they do seem to care".

We saw that there were systems in place to ensure that information was passed between staff in a timely manner to ensure they had the most up to date information for each person they supported. A member of staff told us, "The senior gives the handover and there's a diary in place for each person which tells you how they have been and appointments/activities you need to support them with. If a person has told staff previously what they want to do that day, it's written down, so that they don't get asked the same question twice". Staff told us that if they had been on leave, senior colleagues provided them with more in-depth

details and instructed them to read back entries in the person's daily communications folder.

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.

Staff were able to describe to us how they obtained people's consent before supporting them and we observed this. A member of staff told us, "[Person's name] doesn't choose to have a shower, so you have to put the idea into his head and he will approach you when he wants it done. You just need to plant the seed and then it's their decision". Staff spoken with told us they had received training in respect of the Mental Capacity Act and Deprivation of Liberty Safeguards (DoLS) and were able to describe to us what this meant for people they supported. Staff were aware of the people who had DoLS applications in place and the reasons for these, but there was no evidence of this on people's care files. We discussed this with the quality manager who understood this information was held on the registered manager's computer. She agreed to make arrangements for this information to be accessible to all staff.

One person told us, "Staff help me with my shopping and I make my own lunch". Staff told us that people were encouraged and supported to choose what they wanted to eat, to shop for ingredients and where appropriate, staff assisted people in preparing their own meals. One member of staff told us, "[Person's name] always makes their own choices at mealtimes and we always offer two choices." Another member of staff told us, "We encourage people to make healthy choices, we go by their care plan, people do have takeaways but not every day, it wouldn't be healthy!"

One person told us, "Yes, the staff call the doctor when I don't feel very well". We saw that each person had a care plan that held information regarding their healthcare needs including a health action plan which identified regular appointments people would need to attend such as the dentist, optician, their GP, dietician and behaviour psychology services where appropriate. Staff were able to describe to us the healthcare needs of the people they supported. One person had a particular medical condition and staff were able to describe how this impacted on this person's day, how they obtained medical support for them and how they supported them in response to this. We saw that another person had to follow a particular diet and a referral was made to the dietician to obtain more support in this area. A member of staff told us, "Our relationships with professionals are very good. We can ring at any time".

Is the service caring?

Our findings

We observed that people had positive, caring relationships with the staff who supported them. One person told us, "I like the staff. I very much like [staff name] they help me with my shopping". We observed one person and their carer enjoyed each other's company and shared a similar sense of humour. We asked the person if their carer asked them what they'd like to do and they laughed and responded, "No!" Their carer responded with, "[Person's name] tells us what to do!" and the person laughed at the shared joke. A relative told us, "A number of staff really are stars, they are outstanding. Staff are genuinely caring".

Staff spoke warmly and positively about the people they supported. One member of staff told us, "[Person's name] is a nice chap, very friendly" and other staff told us how they enjoyed taking a particular person out into the community and seeing how much they benefitted from this experience.

One person described to us how staff supported them with their shopping, helping maintain their independence. Staff spoke positively about their role in supporting people. One member of staff told us, "We work to give people their freedom and choices and integrate them into the community, they have a great life. We encourage independence and prompt people to make their own meals and do their washing".

Staff were able to describe to us how they communicated with people on a day to day basis. One member of staff told us, "[Person's name] only communicates on his terms, it's important not to push yourself and to go at his pace. He has pictures in his bungalow and photos of staff who are in his team". We saw that people were involved in their own care planning and decision making and their care plans were completed in a pictorial format to help them understand what they contained.

We observed that when staff spoke with people they did so with respect and kindness. Staff were able to describe to us how they maintained people's privacy and dignity when providing person care. One member of staff told us, "When supporting [person's name] with their personal care, I always make sure I cover their private areas with a towel and say to them, 'is it ok for me to come in and help you?'"

Staff were aware of a number of people who received support from an advocacy service and were able to provide us with specific examples of how people's advocates supported them. For example, one person was supported by their advocate when making a decision regarding their healthcare needs.

Staff were aware of the need to respect people's confidentiality. One member of staff told us, "Only listed members of staff have access to that information, all paperwork is locked up securely".

Is the service responsive?

Our findings

We saw that prior to people receiving support from the service, a number of transition arrangements were put in place to introduce people to the service and the staff who would be supporting them, at a pace that suited them. A relative told us, "The service was very actively involved in the transition process, staff visited on numerous occasions and spent time with [person's name] to ease the transition process. It worked very well". Staff described in detail the arrangements that had been put in place to support one particular individual. They told us, "You have to help people acclimatise to the service, we had meetings with them, their doctor and our team and arranged lots of little visits to the service". They went on to describe how efforts were made to match staff and people who use the service to ensure people were comfortable with the staff supporting them.

People told us and we saw, that they were involved in the development of their care plans and reviews of their care. Care plans were available in an easy read, pictorial format which enabled people to understand what was being written about the support they required. A relative spoken with confirmed they were involved in this process and attended regular reviews every three months to discuss their loved one's care needs. They told us, "We visit regularly and have got to personally know the staff very well, it gives us the opportunity to share information and we work well as a team".

We saw that care plans were detailed and informative, and provided staff with the information they required to meet people's needs. Staff were able to provide us with a good account of the people they supported, their likes and dislikes and how they like to spend their time. We saw that one person was supported to attend college and their relative told us that staff kept them informed of what they did when they were there. They told us, "Staff are meticulous in photographing what [person's name] does and sending us messages and pictures. It's absolutely marvellous and gives us an insight into things that we wouldn't have been involved in".

A relative said, "I can't think of any care issues with regard to [person's name] care". They told us they had raised a complaint in the past that was not care related, but was dealt with and resolved to their satisfaction. They told us they had no complaints about the service, but if they did, they were confident they would be dealt with. They told us, "I'm aware of the complaints procedure, and have a copy of it" adding, "We have a close relationship with staff, so if we had any concerns we would raise them immediately".

We saw that there was a complaints and compliments record kept at each person's home. The complaints procedure was available in a pictorial format and people told us they knew how to make a complaint. We saw where complaints had been received, they had been logged but recordings were inconsistent and the information available regarding individual investigations varied, depending on each location. Some records held comprehensive details, but in others it was not clear what investigation had been carried out. We discussed this with the quality manager. We were told that complaints were investigated by the complaints manager and then passed onto the registered manager, but we were unable to see evidence of this. The quality manager advised that she would look into this to ensure all information regarding the reporting and investigating of complaints was consistent.

Is the service well-led?

Our findings

We observed that people who were supported by the service, knew who the members of the management team were. When people arrived at the head office to speak to us, they were greeted by a number of staff, all of whom appeared to know them well. A relative told us they had met with the registered manager of the service and one of the directors of the service in the past. They told us they considered the service to be a 'well led organisation'.

Staff spoke positively about the service and described the registered manager and management team as supportive and approachable. One member of staff told us, "Management are very approachable" and another member of staff said, "It's one of the better care companies. You get support from the head office and the team, the staff are really helpful, you can never ask too many questions".

We saw that regular staff meetings took place. A member of staff told us, "You are able to put your opinions forward [in staff meetings] and they do take things on board". They told us they had raised that they needed to provide more pictorial key symbols for to assist with communication for a particular person and a team leader had arranged this immediately. Another member of staff said, "It's the best company I've worked for, they take on board what you're saying and listen to any concerns you may have".

Staff spoken with were aware of the provider's whistle-blowing policy and told us they were confident that if they did raise any concerns, that they would be investigated appropriately. They spoke positively about working for the service and were aware of their roles and responsibilities. One member of staff described their job to us, they told us, "It's very rewarding; it makes me feel good and makes me feel like I'm making a difference". Another member of staff told us, "It's a quality service, we give clients a lot of freedom and choices and integrate them and give them a great life".

We saw that in response to a number of staff vacancies that had occurred, staff had worked together to cover shifts where possible, in order to ensure continuity of care for the people they supported. A team leader told us, "If staff do a double shift, we try to make sure they support different people, in order to get a break". We saw where agency staff were supporting people, they were paired with more experienced staff. Team leaders spoken with supported each other and the registered manager across the different locations.

The service benefitted from having one individual in charge of organising and booking training for all staff. This person was also involved in attending a number of training courses to ensure they were suitable for staff to attend and meet the needs of the service. We also saw that members of the quality team also attended a number of the training courses that care staff attended. This meant that those staff who were involved in assessing the quality of the service, had an understanding of the support that was provided to staff to enable them to meet the needs of the people they cared for.

We saw that monthly quality audits took place at the service. This included ensuring staff were up to date with their training and supervisions. Members of the quality team also regularly visited people who used the service to obtain feedback on the support they received. Monthly monitoring included the checking of

completion of care plans and risk assessments, the completion of MAR records and the recording of any accidents and incidents. This information was then analysed for any trends. Where audits had identified actions to be taken, we saw that action plans were in place and these areas for improvement being acted upon. We saw that annual surveys and questionnaires were also sent out to families and professionals who worked alongside the service. Following receipt of these completed forms, reports were produced and any actions identified were noted and sent to each individual team leader for them to complete.

We saw that a number of compliments had been received regarding the service. Efforts were made to obtain feedback from people using the service, on a regular basis. Surveys for people using the service were produced in a pictorial format and where appropriate, staff assisted people in completing these. We saw a number of completed surveys and all held positive comments. One relative told us they could not recall completing a questionnaire but that they visited the service on a regular basis and had a good relationship with the staff.

The service had a history of meeting legal requirements and had notified us about events that they were required to by law.