

Inshore Support Limited

Inshore Support Limited - 10 Beeches Road

Inspection report

10 Beeches Road
Rowley Regis
Black Heath
West Midlands
B65 0BB

Tel: 0121-559-4384

Website: www.inshoresupportltd.co.uk

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Ratings

Overall rating for this service

Requires improvement



Is the service safe?

Good



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Requires improvement



Is the service well-led?

Requires improvement



Overall summary

The inspection took place on the 3 December 2015 and was unannounced. At our last inspection on the 1 June 2014 the provider was compliant with the regulations inspected.

Inshore Support Limited, 10 Beeches Road is registered to provide accommodation and support for two people, who may have a learning disability. On the day of our inspection there were two people living at the home.

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

Summary of findings

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.

Staff knew how to keep people safe and relatives told us that people were safe.

Staff were not able to administer medicines until they had completed the appropriate training and medicines were being administered safely.

We found that there was enough staff to keep people safe.

Staff were supported to have the skills and knowledge they needed to do their job.

We found that the requirements of the Mental Capacity Act 2005 were being met and people were not being restricted unlawfully.

Where people needed support from a health care professional this was made available.

We found that staff were kind and friendly toward people.

People's privacy and dignity were respected.

The provider did not have appropriate documentation to show when a review had taken place, who had attended and the content of any discussion as it affected how people were supported.

People were able to make choices and their decisions were respected and listened to.

The provider had a complaints process in place but they were not adhering to their own procedures to ensure complaints were dealt with timely.

We found no written evidence to show that the registered manager carried out quality assurance checks to ensure the quality of the service people received.

The provider used questionnaires to enable them to gather views about the service.

Notifiable events were not being reported to us consistently as required within the law.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Relatives we spoke with told us that people were supported safely.

People were being administered their medicines in a safe manner.

There was sufficient staff to support people safely.

Good



Is the service effective?

The service was effective.

Staff were supported appropriately with the skills and knowledge to meet people's needs.

People's consent was sought before they were supported in line with the Mental Capacity Act requirements.

People had access to health care professionals when needed.

People had sufficient amounts to eat and drink.

Good



Is the service caring?

The service was caring.

Staff were caring and kind with their approach to people.

People choices and decisions were integral to how they were supported.

People's privacy and dignity were respected.

Good



Is the service responsive?

The service was not always responsive.

The provider had no written record of when a review took place and who was present or what was discussed.

While the provider had a complaints process, they were not following their own process or keeping a record of complaints to be able to respond in a timely manner or manage trends.

Requires improvement



Is the service well-led?

The service was not always well led.

We found that the registered manager was unable to evidence they were carrying out the appropriate quality assurance checks to monitor the quality of the service to people.

The provider used a questionnaire system to gather views on the service to be able to make improvements as needed.

Requires improvement



Summary of findings

<p>The provider did not ensure that all notifiable events were reported to us as required by the law.</p>	
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Inshore Support Limited - 10 Beeches Road

Detailed findings

Background to this inspection

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

Our inspection took place on the 3 December 2015 and was unannounced. The inspection was conducted by one inspector.

We reviewed information we held about the service, this included information received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

On the day of our inspection there were two people living at the home. We were unable to speak with both individuals to understand how they felt but we were able to observe how they were supported. We spoke with two members of staff, the registered manager and two relatives by telephone. We looked at the care records for both people, the recruitment and training records for two members of staff and records used for the management of the service; for example, staff duty rosters, accident records and records used for auditing the quality of the service.

Is the service safe?

Our findings

A relative said, “Oh yes [person’s name] is definitely safe”. Staff we spoke with were able to show they knew how to keep people safe from harm by giving examples of different forms of abuse and what actions they would take if abuse took place. One member of staff said, “I have had safeguarding training and I would inform the manager if I saw someone being abused”. We saw that both people were relaxed around the staff supporting them and that staff knew how to support people in order to ensure any risks of harm were managed appropriately.

We saw that the provider had appropriate risk assessment systems in place so staff were able to assess any risks and take the appropriate actions to reduce them. For example, where people’s behaviour was challenging more than one member of staff would be available when people went out of the home. We saw that the appropriate risk assessments were in place and staff were able to explain how risks were managed and what they would do in an emergency situation.

A relative and staff we spoke with told us there were enough staff. One member of staff said, “I do feel there is enough staff”. We found that people were being supported on a one to one basis as was required. During the night we found that the required documented staffing levels were being identified on the staffing rota to ensure there was sufficient staff. Our observations were that there were enough staff to support people.

The staff we spoke with all told us they were required to complete a Disclosure and Barring Service (DBS) check as

part of the recruitment process before being appointed to their job. This check was carried out to ensure that staff were able to work with people and people would not be put at risk of harm. We found from the evidence we looked at that the provider had a recruitment process in place which included references being sought from previous employers.

A relative told us that their relative’s medicines were being managed okay and they had no concerns with how [person’s name] was being administered their medicines. Staff we spoke with told us they were not able to administer medicines until they had completed training and their competency to administer medicines was being checked. We saw evidence from the training records to confirm training was taking place and that competency checks were being carried out. One staff member said, “I do medicine checks on staff to see what staff knowledge is”.

The provider had a medicines procedure in place so staff had the guidance to support their knowledge in administering medicines. We found that where medicines were being administered that a record of this was being kept appropriately on a Medicines Administration Record (MAR). We saw that a protocol was in place where medicines were administered on an ‘as required’ basis. This ensured the process and guidance staff followed was consistent. Staff we spoke with understood the circumstances when these medicines were administered and confirmed that medicines were checked by senior staff on a daily basis to ensure medicines were being administered within the provider’s procedures. We checked saw evidence to confirm this.

Is the service effective?

Our findings

A relative said, “Staff do know what they are doing”. Staff we spoke with told us they were able to access support when needed. We saw evidence that supervision, appraisals and staff meetings were taking place and staff we spoke with confirmed this. The registered manager told us that staff training needs were identified through supervision and appraised on a yearly basis.

We found that staff were able to access a range of training courses to enable them to gain the skills and knowledge they needed to support people appropriately. Staff told us they were able to attend training specifically aimed at supporting people with specific illnesses. Staff also told us they were able to shadow staff during their induction period so they were able to get support from more experienced staff in how people were to be supported. We saw evidence that confirmed this and the registered manager confirmed that the care certificate would also be used as part of the induction for newly appointed staff. The care certificate sets out fundamental standards for the induction of staff in the care sector.

We observed people’s consent being sought consistently. Based upon how the person responded, staff were able to demonstrate they understood the response from the person in terms of the body gesture or them just nodding their head to give consent. A relative said, “[Person’s name] can give consent, if staff are able to understand him”. Staff told us they would always get consent before any support was given. One member of staff said, “When [person’s name] wants to go out he puts his coat on, so we know that he wants to go out”.

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 service 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 found that a DoLS application had been made to the supervisory body and the provider was awaiting an assessment to be carried out. Staff we spoke with understood the principles of the MCA and DoLS and the impact it would have on how people were supported. One member of staff said, “I have done training in MCA and DoLS”. They also knew that there was no one being restricted as a result of a DoLS application that had been made. The application was made by the provider so they could reaffirm with the supervisory body that the support someone received was within the requirements of the law. We saw evidence to confirm staff were being trained.

A relative said, “Staff encourage healthy eating”. Staff were seen encouraging people to make decisions based on healthy eating options. Staff told us they would take people shopping and buy the food they wanted. One staff member said, “If they both wanted different food to eat we would cook them what they wanted”. We observed staff asking people what they wanted to eat at lunch time. Staff encouraged people’s decision making by supporting them to make their decision from what they could pick out of the content of the fridge or kitchen cupboards. We saw that both people had a food menu of the foods they especially like to eat. We saw evidence that people’s weight and fluid intake were being monitored. Staff were able to explain why they carried out the regular monitoring and how the information was used to ensure people lived a health lifestyle.

One relative said, “[Person’s name] is able to see his GP if needed and they [staff] keep me informed. He is also able to see the dentist and a chiropodist when needed”. Staff we spoke with confirmed that people were able to see a health care professional whenever they needed to. We saw evidence of visits made to the home by health care professionals and where appointments had been pre-arranged due to check-ups on people’s wellbeing. Health action plans and hospital passports were in use to identify people’s health care needs. These documents were also used to keep a note of where people attended health screenings or would accompany them in an emergency situation to give health care professionals vital information about the person’s health.

Is the service caring?

Our findings

One relative said, “Staff do make me feel welcome”. We saw from our observations that staff were caring, kind and considerate towards people. The atmosphere on arrival was warm and friendly, staff explained to people who we were and what we were doing. One person smiled and shook our hand to say hello. We saw that people were comfortable around the staff and used gestures, hand signs or nodded their head to communicate with staff.

Relatives told us that they were involved with the care their family member got and supported them to make choices on the care they received or on how they lived their lives. We saw from our observations that people were encouraged to make daily living choices by staff. Staff supported, encouraged and listened to people in order for them to make choices and decisions about their lives. One staff member said, “People decide when they go to bed, if they go out, where to go and what clothes they wear on a

daily basis”. We found that one person owned their own car and the car was only used if the person decided they wanted to go out. We saw that people lived their lives as independently as they were able and had as much control as possible. Staff communicated with people in a range of ways to aid people in the decision making process. We saw information in different formats and we saw staff sitting and liaising with people at their own pace in order for choices and decisions to be made.

Relatives told us that people’s privacy and dignity was respected. Staff we spoke with were able to give examples as to how they ensured people’s privacy and dignity was respected. One staff member said, “I would always leave the room while [person’s name] got undressed. This ensures he is able to get undressed in private”. We found that with two lounges both people spent their time in their own lounge area and we saw staff knock before entering the lounge as a mark of courtesy even though they knew the person was unable to verbally acknowledge them.

Is the service responsive?

Our findings

We found that the provider had a complaints procedure in place that people could use to share any concerns they had. This was also available in other formats to support people to understand how they could complain. For example pictures and large print. One relative raised concerns with us before the inspection about a complaint they had raised which had not been responded to following the provider's processes and timelines. We looked into the concerns as part of this inspection and found that there was no complaints log to show when a complaint was received and how it was being dealt with. There was also no record to show whether the complaint was being dealt with within the agreed timelines published within the provider's complaints procedure. We raised our concerns with the registered manager who acknowledged that while the complaint was being managed by the complaints manager and a response was about to be sent to the complainant, there was no log kept of the complaint and no information noted as to what the current status was with the complaint and no evidence as to how trends were being monitored. The registered manager told us action would be taken to put in place a complaints logging folder to show how complaints were being managed and how trends impacted on people using the service.

One relative said, "I was involved in the assessment process and I have a copy of the care plan. I also attend a review every 12 months and the home keeps me informed of any changes on a monthly basis". The other relative told us they

had never been to a review. Staff we spoke with confirmed care plans and assessments were in place and showed us a copy. We saw on each person's care file that staff noted on a monthly basis that they reviewed the documentation with a date and a signature. However, we found that on one person's care record where their medicines had been changed and this was not noted as part of the review. We found that while staff understood the person's support needs and they were aware of the medicine changes that had recently taken place the information being noted as a result of the monthly review was not accurate. There was also no review documentation to identify who was present at a review and the content of the discussion that took place or whether there were any changes to the support needs of people. The registered manager acknowledged that this needed to be improved upon and that immediate action would be taken to do so.

Staff we spoke with knew what people liked to do and whether they had preferences, likes and dislikes. Relatives told us that people were able to socialise and take part in activities they wanted to do. We found that people's preferences were noted on their care records and an activity record was displayed showing the activities carried out across the week and on a daily basis within the home. We saw evidence that people went out on a regular basis and staff supported them to socialise, go shopping, go on holidays and to do the things they wanted to do. We saw in people's bedrooms that they displayed photos of their family and friends and we saw model cars on display where one person liked these models as a hobby.

Is the service well-led?

Our findings

We found that the provider had in place a process for logging all incidents and accidents. Staff we spoke with were able to explain what they would do if an accident took place and how this would be logged. We saw evidence that where an accident happened that the provider's process was being followed. This involved the completion of an accident log and the situation monitored for any trends. However, the provider did not ensure that we were informed of this as is required within the law.

We found no written evidence to demonstrate that quality assurance checks and monitoring of the service was taking place by the registered manager. The registered manager told us that they were completing checks but did not keep a written record. We found that the provider carried out their own checks on the quality of the service people received. One staff member said, "I do see the manager doing checks fairly regularly". The registered manager acknowledged their checks were not being identified formally and told us this would be done in future.

A relative and staff felt the service was well led. Relatives knew who the registered manager was and how they could

be contacted and felt they were welcomed by staff whenever they visited. We found the atmosphere to be warm and friendly and people were relaxed and comfortable.

There was a registered manager in post as is required by law. Staff we spoke with knew who to contact in an emergency or when working out of office hours. We found there was a clear management structure in place to ensure the service was managed appropriately when the registered manager was unavailable.

One relative said, "I get a questionnaire annually". Staff we spoke with told us they were given a questionnaire to share their views on the service. We saw evidence that confirmed a questionnaire was being used to gather views. The information gathered could then be used to analyse the service and make improvements as needed.

One member of staff said, "There is a whistleblowing policy, but I have never had to use it". Staff we spoke with told us if they had to use the policy they would. The provider had a policy in place so staff could raise concerns about the service anonymously.

We found that the provider did not complete and return the provider Information Return (PIR). The registered manager informed us that a PIR was not received by the service.