Inshore Support Limited

Inshore Support Limited - 1 Whitehall 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

Inshore support limited, 1 Whitehall Road provides support for up to three people with a learning disability, autistic spectrum disorder, physical disability and or sensory impairment. At the time of our inspection there were three people living in the home. At the last inspection, in December 2014, the service was rated Good. At this inspection we found that the service remained Good.

People continued to receive support that kept them safe and staff received training that enabled them to know how to keep people safe. There was still enough staff available to keep people safe and administer their medicines as they were prescribed.

People continued to be supported by staff who had the skills and knowledge to meet their needs. Where people's human rights were restricted this was done as required within the law. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported and encouraged to make decisions they were able too.

The care people received continued to be good. People's privacy dignity and privacy was being respected.

The service responded to people's support needs as required. A complaints process was in place so people or their representatives could share their views.

The service continued to be well led. The provider ensured checks and audits on the service continued to take place. The provider used questionnaires to gather views as to the quality of the service and continued to identify areas to improve on.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**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 checked 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 was a comprehensive inspection and was completed by one inspector on the 25 May 2017 and was unannounced.

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. The information provided by the provider in their PIR was used to plan our inspection and taken into account when we made judgements in this report. We reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We were unable to speak with people who used the service but spoke to two relatives, two members of staff, the deputy manager and the provider. We looked at the care records for one person, 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.

Good

Is the service safe?

Our findings

A relative said, "I have no concerns with the safety of [person's name]". We found that staff knew how to keep people safe and the appropriate action to take to keep people safe. A staff member said, "I have had safeguarding training". We saw that people were able to move about freely both in and outside of the home. Where people demonstrated behaviour that challenged staff, they knew how to support people in a safe manner. We found that risk assessments were being used to assess for risks to people and show how these risks should be reduced. Staff we spoke with understood people's support needs and as a result how risks to people were minimised to promote their safety.

We found that there were sufficient staff to keep people safe. A staff member said, "We have enough staff". Relatives told us they had no concerns with staffing levels. We saw that people were all on one to one support which meant there was always a member of staff with them and we saw this to be the case. The provider told us in their provider information return that a Disclosure and Barring Service (DBS) check was carried out when staff were first employed. This check was carried out to ensure staff were able to work with vulnerable people. We were able to confirm this and saw that as part of the recruitment process staff had to also provide references and proof of their identification.

We found that the provider had procedures in place to guide staff when administering medicines to people. We found that staff were not able to administer medicines until they had completed training and the competency was checked regularly. A staff member said, "I have completed medicines training and my competency is checked". We saw that where people received medicines 'as and when required' that the appropriate processes were in place to guide staff as to when these medicines should be administered. Records we saw showed that people received their medicines as it was prescribed.

Good

Is the service effective?

Our findings

A relative said, "The staff are excellent". A staff member said, "I do get support when I need it". We saw staff demonstrate that they knew people well and had the skills and knowledge required to support them. We found that staff had received the necessary training to support people when they had specific health needs that staff would require specific knowledge to support people with. Staff were able to receive supervision regularly and attend staff meetings where they were able to share their views.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff were able to explain how people gave consent where they lacked capacity. People's behaviour, staff knowledge of people they supported and the use of their body gestures were all used to determine how people gave their consent to be supported. We found that where a DoLS was required they were in place to enable staff to support people in their best interest and restrict their human rights as per the directions within the DoLS approval. We observed staff supporting people as it was required in the DoLS approval. Staff we spoke with told us they had received the appropriate training, knew who had a DoLS authorisation and were able to explain how people were supported in accordance with the MCA. We were able to confirm this through observations.

We saw from our observations that people were able to eat and drink when they wanted. Where people had specific dietary requirements we saw that staff were aware of these and ensured the meals and drinks people had were right for them. Staff showed an understanding of the importance of people eating and drinking healthily and how that people were encouraged to do so. We saw where a person was at risk of choking staff were able to explain the risk to us and we saw documentation showing the guidance staff were given from the speech and language therapist (SALT) to reduce choking risks. We saw that what people had to eat and drink was monitored daily to ensure people had sufficient amounts of food and were not at risk of dehydration.

We saw that people had access to healthcare professionals as required. We saw evidence of when a doctor, dentist or other healthcare professional visited people and the outcome from these visit. We saw that people had health action plans and hospital passports in place to support staff in managing people's healthcare needs. We saw that wellbeing checks by a nurse were taking place on an annual basis to ensure people were kept healthy.

Good

Is the service caring?

Our findings

A relative said, "I have no concerns with the home staff are excellent". We saw from staff that they cared for people. Staff were seen monitoring people in a way that did not invade their personal space or compromise their independence. The atmosphere was relaxing, calm and warm. While people did not interact verbally with staff we saw from their body language when staff were around them they were relaxed and not flustered. We observed staff interacting with people in a way that showed us they understood them well and knew their needs. Where people's behaviour was challenging staff were able to show that they knew what to do in order to reduce how often people's behaviour challenged staff and other people living in the home.

Staff knew how to promote people's ability to make decisions despite their difficulties in being able to communicating verbally. We saw information kept as to when they preferred to have lunch along with other vital information that aided staff to support each person. From people's demeanour or body language/gestures staff were able to support people how they wanted. Relatives told us that they were involved in the decision making process and felt staff listened to them to be able to support people appropriately. We saw relatives were able to visit the home whenever they wanted and speak about their relative. We saw that a range of communication formats were available in the service to enable people to communicate their wishes and understand as much as possible.

We saw that people had access to an advocate to enable them to share their views. An advocate service are independent professionals who support people to share their views where people need support to do so.

We saw that people's privacy, dignity and independence was important to how they were supported. Staff were able to explain how people's dignity was respected during personal care tasks. People were encouraged to do as much as they could for themselves. For example, people were encouraged to brush their own teeth, dress themselves so they were not de-skilled by staff doing everything for them. We saw people had their own private space away from each other and staff so they were able to get periods of privacy to watch the television or just listen to music.

Good

Is the service responsive?

Our findings

We saw that people received the support they wanted. Assessments were used to identify people's specific needs and develop support plans that illustrated how people's needs would be met by staff. Staff we spoke with told us they were able to access these documents when needed and showed us they had a good understanding of how people needed to be supported. Relatives told us that staff liaised with them regularly and they felt involved in the support their relative received. A relative said, "I do get invited to reviews, I get forms to complete prior to review and my views are gained as part of the process". We found evidence that reviews did take place, risk assessments were reviewed along with checks of people's support needs and medicines staff administered.

We saw that people were able to take part in the things that they liked to do. We saw that people's preferences, likes and dislikes were gathered as part of the assessment process so staff knew what interested them. One person was able to spend time in the lounge area they saw as theirs and watch television and listen to their music quietly. Staff ensured during this time they were not interrupted by other people wondering around. People took part in activities outside the home that interested them and this enabled people to socialise as much as they could.

The provider told us in their provider information return that a complaints process was in place and available in different formats. We were able to confirm this and also found that the complaints process was available in the service user's guide. While people were unable to say whether they knew about the process or had ever made a complaint, relatives we spoke with told us they did know how to complain and had never needed to. A relative said, "I have never complained but would complain to the manager". We saw that while there had been no complaints a system to log complaints was in place. This meant complaints could be monitored and trends identified to improve the service people received.

Good

Is the service well-led?

Our findings

A relative said, "The service is brilliant they put people first, it's never about the money". A staff member said, "The service is well led". We found from our observations that the culture within the service was about people first and that people's support needs were the important factor in the service. We found the service to be well led, communication was good and as a result the culture within the home was friendly, warm and caring.

The service had a manager in post who had applied to be the registered manager and was on leave on the day of our visit. The deputy manager who was present was able to show that they knew what was reportable to us. 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.

We found that checks and audits were carried out by the registered manager and provider. A staff member said, "I do see the manager checking around the home". This confirmed what we had found.

A relative said, "I do get a questionnaire to complete". Staff we spoke with confirmed they were able to complete a questionnaire on the service provided. We found that questionnaires were being used to gather information about the service. Where areas had been identified for action/improvement we saw that the provider used an action plan type process with timescales to show when particular actions had been achieved. People were therefore able to share their views which the provider acted upon to improve the service.

Staff we spoke with told us there was a whistle blowing policy and they knew its purpose was to raise concerns to keep people safe.

It is a legal requirement that the overall rating from our last inspection is displayed within the home and on the provider's website. We found that the provider had displayed their rating as required.