

Inshore Support Limited

# Inshore Support Limited - 10 Melbourne 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

Our inspection took place on 9 December 2016 and was unannounced.

The provider is registered to accommodate and deliver personal care to three people who have a learning disability. On the day of our inspection there were two people living at the home. A third person who received respite care was not present.

At our last inspection on 26 November 2015 we found that some improvements were needed to ensure that people's privacy and dignity was respected. The quality monitoring of the service needed to improve to ensure that people had up to date care plans. At this inspection we found that improvements had been made.

The provider had interim management arrangements in place at the time of the inspection. The previous registered manager had cancelled their registration with the Care Quality Commission (CQC) in October 2016. We were advised that the provider would be submitting an application to register a manager in the next few months. 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 protected from the risk of harm or abuse because staff had been trained to recognise and report abuse. Risks associated with people's everyday living had been identified and plans were in place to help to reduce risks. Staff were recruited safely and staffing levels ensured that people were safe and received the care and support that they needed in the way that they preferred. People received their prescribed medicines by staff who had been trained to do this safely.

Staff were provided with the training they needed to meet people's specific needs. Staff had regular supervision to reflect on and develop their practice. The principles of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) were understood by staff who ensured that they sought people's consent and did not unlawfully restrict their liberty. People's dietary needs were met and they were supported to eat and drink sufficiently. People had access to a range of health care professionals to meet their healthcare needs.

People were supported by staff who were kind and friendly. Staff involved people in identifying their needs and preferences. Staff protected people's privacy and dignity and respected them as individuals. People were supported to pursue their hobbies and interests and maintain positive relationships with their relatives.

Staff described the management style as supportive and they felt motivated. They had the training and support to meet people's specific needs. The quality of the service was regularly monitored to ensure it

remained safe and responsive to people's needs. People's feedback was sought and there was a system in place to act upon feedback. The process for responding to complaints was effective.

## 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 were protected from abuse and harm because staff understood how to keep people safe.

There were sufficient numbers of staff to meet people's needs safely.

People received their medication as prescribed because the provider had safe systems in place.

### Is the service effective?

Good 

The service was effective.

People received care and support that met their individual needs because staff had the training and skills they needed.

People's capacity to consent was taken into account and any limitations on choice was planned for.

People were supported to maintain good health because they had access to health and social care professionals when necessary.

### Is the service caring?

Good 

The service was caring.

People were treated with kindness and respect by staff that knew them well.

People's independence was maintained.

People were supported to make choices and decisions about their day to day lives.

### Is the service responsive?

Good 

The service was responsive.

People's individual needs were met in a person centred way.

People were supported to maintain links people important to them.

Arrangements were in place to ensure that concerns and complaints would be listened to and dealt with.

**Is the service well-led?**

The service was well led.

There was an open and inclusive atmosphere in the home.

The provider was planning to submit an application for a registered manager. The acting manager provided leadership and had ensured that the quality of the service was maintained.

**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.

Our inspection took place on the 9 December 2016 and was unannounced. The inspection was conducted by one inspector.

We looked at the 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 also contacted the Local Authority commissioning service who told us they had no concerns to share with us.

Due to people's communication needs they were not able to fully share their views about how they were supported. We met both people and observed part of their day to understand how they were supported. We spoke with three relatives by telephone, two staff members and the acting manager. We looked at the care records of two people which included their medicine administration records, risk assessments and accident and incident reports. We also looked at records which supported the provider to monitor the quality and management of the service. These including health and safety, medication, care plans, accident and incident reports, induction processes, staffing levels, staff training and systems for obtaining people's feedback.

## Is the service safe?

### Our findings

Relatives that we spoke with told us that their family member was happy and settled at the home and they had no concerns about their safety. One relative told us, "Staff know how to prevent incidents, and I'm confident in them to keep (name) safe". Another relative said, "You always worry about safety but staff are really aware of the risks to (name) and how to manage these".

Staff had received training in protecting people from abuse and showed a clear understanding about the types of potential abuse and how to report this. They recognised that changes in people's behaviour or mood could indicate that people may be being harmed or unhappy. A staff member told us, "I have done safeguarding training and we have the contact numbers to report concerns". The provider had procedures in place to guide staff to report concerns about people's safety to the local authority. The information we hold showed that the provider had reported incidents of concern appropriately.

The risk of harm to people was minimised because individual management plans were in place to support people in situations they might find difficult. All of the staff we spoke with were familiar with situations and the behaviours that could upset other people if they escalated. For example, we saw that staff followed people's behaviour management plans so that they had the support they needed when socialising at mealtimes. This had helped to minimise the potential for conflict between people who lived at the home and meant that staff used their insight well to protect people from avoidable harm. We observed that staff followed the guidance in people's risk assessments when supporting them to undertake community activities. This included providing additional staffing to people in the way that they needed. Staff were well informed about the individual risks to people from health related conditions such as epilepsy. We saw that written protocols were in place and that staff followed these when assisting a person in the community. This ensured staff had the correct medicines needed and the correct numbers of staff to support the person safely. The acting manager showed us that accidents and incidents were monitored for any patterns or trends. We saw that as a result people's risk management plans had been updated to capture changes and reduce any reoccurrence. Records showed that the use of low level physical intervention strategies, (such as linking a person's arm and guiding them to a quiet area) were recorded on incident reports and monitored by management to ensure staff used the agreed and appropriate interventions as described in the person's risk assessment.

The provider had a recruitment process in place which was carried out by the provider's recruitment department. We were told checks included proof of identity, previous work history, and checks with the Disclosure and Barring service. The Disclosure and Barring Service (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with people who require care. Staff we spoke with confirmed that these checks had taken place. There had been no new staff since our previous inspection of November 2015.

We saw that there were enough staff to meet people's needs and ensure their safety. Staff were available to respond to people's need for support. For example we saw that staff engaged with people whilst supporting them in the kitchen with their breakfast routine. One person who we asked if they liked helping told us, "I like

cooking with the staff, I'm having eggs". Our observations showed that staff were continually visible in the communal areas to support people and engage with them. We saw there were sufficient staff with the right training and skills to support a person with their behaviour. Relatives that we spoke with told us that they had no concerns about the numbers of staff available both in the house and when supporting people in the community. One relative told us, "They always have enough staff to take (name) out and I know at night (name) doesn't sleep well but staff are there to support (name)". Another relative told us, "I'm happy that (name) has the right number of staff who have training to support (name's) unpredictable behaviour. Staffing numbers allow (name) to take part in a number of interests safely". Staff told us they could meet people's specific needs with the staffing levels they worked to. They also told us additional staff were allocated for specific trips or days out. We saw that additional staff were called in at short notice to support people to go out. This demonstrated that staff recognised the importance of continuity so that people's planned activities went ahead and staffing levels enabled this to happen.

We saw that people received their medicines as prescribed. One relative told us, "They [staff] do review any medicine changes and keep me informed of any side affects". Relatives told us they were involved in the review of people's medicines to ensure any side effects were picked up to avoid medicines affecting people in a negative way. Medicine administration records had been completed to confirm that people had received their medicines as prescribed. Medicines were checked on a daily basis to ensure people had received the right amount. Some people required medication on a 'when required' basis. Staff knew when people would need their 'when required' medication and guidance on when to give this medication was available for staff to refer to. Audits of medicines showed the provider was addressing any gaps in records. Staff told us that they received training in the safe handling of medicines and that their competency was checked to ensure they did this safely.

## Is the service effective?

### Our findings

All of the relatives we spoke with told us that staff were well trained and knowledgeable about people's needs. One relative said, "I'm happy staff understand [name] and how best to support them". Another relative told us, "They know [name] well and how to prevent incidents, spot triggers; on the whole pretty good".

Staff told us that they had received an induction when they were first employed. The provider had implemented the Care Certificate to induct staff. This is a nationally recognised induction process which provides a set of fundamental standards for the induction of adult social care workers. As part of their induction process staff told us they had the opportunity to shadow more experienced staff in order to develop their knowledge and skills. Staff told us that induction training included managing people's behaviour. Training in the 'Prevention and Management of Violence and Agression', (PAMOVA) had been undertaken by all staff to equip them with the skills necessary to supporting people in a safe way. A staff member told us, "I was very impressed with this training as it provided the theory and the physical aspects of managing people's behaviour". Another staff member told us, "I felt fully prepared and well supported throughout my induction and I have regular supervision". Staff told us that there was an on going training programme and we saw from training records that this included additional training relevant to the specialist needs of people. For example staff had knowledge about understanding autism and managing epilepsy.

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 saw that staff were working in line with the requirements of the MCA. Staff demonstrated they understood the principles of the MCA and DoLS and they confirmed they had training in this area. We saw that people that lived at the home may not have the mental capacity to make an informed choice about some decisions in their lives. However staff cared for people in a way that involved them in making some choices and decisions about their day to day care. For example staff asked people what they wanted to eat and how they wished to spend their day. We heard and saw that staff understood how to gain people's consent and responded to people's preferred communication methods such as a combination of verbal responses and gestures to indicate their consent. Relatives told us they were satisfied staff sought people's consent as well as understanding some limitations on personal choices in order to keep people safe. We saw from people's care plans that people's capacity was explored and where people lacked the mental capacity to consent to bigger decisions about their care or treatment, arrangements were in place to ensure that decisions were made in the person's best interest. Relatives we spoke with confirmed that they had been fully involved in this process.

We checked whether any conditions on authorisations to deprive a person of their liberty were being met. Where people had identified restrictions on their care the provider had applied for DoLS appropriately. Until these were authorised staff were working in the least restrictive manner to ensure people were kept safe. Staff were aware of DoLS applications and how this impacted on each person's care. The provider had a system in place for monitoring progress on applications and was aware of the need to notify us when applications had been approved.

People indicated that they enjoyed their food; one person told us that their breakfast was "nice". We observed that people were supported to make food choices and help with the preparation of their breakfast. Staff told us meals were determined by people's likes and preferences which were explored with them and taken into account when preparing meals. Relatives told us they were happy that people had choices about their meals and that there were no concerns about people not eating or drinking enough. We saw that people had access to the kitchen and support to make drinks and snacks as they wished. People's weight was monitored as part of their health care.

Staff were able to tell us about the healthcare needs of the people they supported. People had Health Action Plans (HAP) in place. A HAP describes how people's health needs should be met and by whom. Hospital passports were in place to ensure that information about people's needs and communication was available and could be shared with health care professionals in the event a person required hospital care. Records showed that people were supported to access a range of medical and social care professionals and that any health care concerns were followed up in a timely manner. Information about how to support people with specific health issues for example, epilepsy detailed what staff must do to ensure this health need was met. We saw that written protocols were in place so that when staff supported people outside of the home they had the medicines they needed to respond to a person having a seizure. Relatives that we spoke with told us that they felt their family members were well cared for and that they were kept informed about the things they needed to know about. A relative told us, "If [name] is not well they always let me know. I'm told about appointments and can attend".

## Is the service caring?

### Our findings

Since our last inspection in November 2015 the provider had taken action to protect the privacy and dignity of a person who required the use of a monitoring device. We saw the monitor was not in use on our arrival. Staff we spoke with told us how the monitor was used and confirmed this was only at agreed times as set out in the person's care plan. We saw that all staff understood the use of the monitor and how to protect the person's privacy. We spoke with the person's relative who told us they were happy with the arrangements in place.

We observed that staff protected people's dignity and privacy when supporting them with their personal care. We heard staff discreetly prompt people so that their personal care needs were met in a sensitive and private manner. People's personal appearance had been well supported. People were dressed in individual styles that reflected their age, gender and their choices. This showed that staff promoted people's self-esteem by supporting them with their appearance. A relative told us, "I'm very happy with the attention staff give to (name) because they always look clean and fresh and staff clearly take time with (name)".

Relatives described staff as caring, patient and friendly. One relative said, "I have confidence that the staff genuinely do their best for people". Another relative told us, "[Name] is really happy there; the staff are lovely; very caring, they are well settled and have lived with the same people for many years, continuity is so important".

We observed that interactions between staff and people who lived at the home were friendly and that staff engaged with people and included them in conversations. In our discussions with staff they referred to people in a way that demonstrated respect for the people they supported. Staff had a good understanding of people's needs, likes and preferences. They used this knowledge positively to engage with people in a way that respected people's preferences regarding social interaction. Staff could interpret people's gestures, behaviour and facial expressions to determine whether they wished to socialise or not, or whether they were distressed or agitated. We saw that staff knew when people were happy or becoming anxious and what to do to reduce people's anxiety. Records we looked at showed that people had care plans in place that included information about their communication needs and how they wished to be supported.

We saw people exercised choices with regard to their daily routines; such as the time they got up, went to bed, and what leisure pursuits they enjoyed. Staff demonstrated patience and understanding when people needed encouragement and reassurance. We saw staff respond to people's anxieties in a caring and compassionate way. We saw that staff were attentive, listened to people's requests and were caring in their responses to people. For example, one person wanted to go out shopping and staff reassured them and supported them to go shopping which made them happy.

We saw that people were supported to be as independent as possible and develop their self-help skills. For example, people went food shopping, helped to prepare meals and undertook domestic tasks such as managing their laundry and cleaning their bedroom. Staff told us that they recognised the importance of encouraging people to do things for themselves and that this was promoted wherever possible. Relatives

told us that people were encouraged to do things for themselves and had developed skills with the opportunities they had at the home.

All of the relatives we spoke with told us that there was a good level of communication with them and other professionals which was recorded and identified how people needed their care to be delivered. Where people needed an independent person such as an advocate to discuss care decisions we saw the services of an advocate had been sought. This ensured people were supported with expressing their choices when making decisions. Staff ensured confidentiality was maintained; people's care records were stored in specified areas.

## Is the service responsive?

### Our findings

Relatives told us that they were consulted about people's care needs to ensure people's needs and preferences were taken into account when planning care. A relative told us, "I always attend reviews to discuss [name] and I am kept informed of changes and can visit or phone any time if I have a query". Another relative told us, "I attend all the meetings because [name] cannot always communicate their views so together with the staff we can explore the best things to provide continuity and structure for [name]".

We saw that staff involved people in conversations and decisions about their care on a daily basis. People had individual plans which were based on their preferred wishes and routines which were explored with them via one to one keyworker meetings. This provided information about how the person liked things done and in what order. Our observations showed that people's daily routine was personal to them and reflected their diversity. For example we saw people had individual support and control over what they did and when. Staff explained that in order to accommodate people's individual choices and respond to their needs, consideration was given to the things they disliked such as crowds or busy places.

Relatives and staff told us that people were supported to do things that they enjoyed doing. During our visit a person told us they were going Christmas shopping and we saw staff supported them to do this. Staff told us and records showed that people were supported to access local shops, parks meals out and day trips. A relative told us how staff ensured that time was made to accommodate the interests of their family member who enjoyed specific hobbies. They said, "Staff always spend time doing things [name] likes, this gives [name] a lot of pleasure". Staff were able to tell us about people's individual needs, interests and how they supported people. The service had its own vehicle which staff told us was used on a regular basis so that people could go out and do things that they enjoyed doing. A staff member told us, "Knowing what people enjoy is important; and we can plan some things in advance so that we have additional staffing to undertake their activity". The acting manager told us that further work was being undertaken on 'goal setting' so that staff could build on the opportunities available to people. This would ensure that staff could continue to respond to people's needs in a person centred way.

Staff told us that a handover between shifts took place daily to ensure they remained up-to-date with people's care needs and to respond to people's preferences. Staff reported this system worked well and enabled them to be flexible to people's requests.

People were supported to stay in touch with their family and the people important to them. Relatives that we spoke with told us that they were made to feel welcome when they visited and told us that they were kept informed about their family member and any changes in the person's well-being.

Relatives told us that they were confident to raise any concerns or complaints if they needed to. A relative told us, "If there was something I was not happy with I'd contact them straight away". Another relative told us, "I have no concerns about their care but if I did I'd make a complaint". We saw that the complaints procedure was visible in the home in formats suited to people's needs. No complaints had been made but the provider had a system in place to identify, capture and investigate complaints. Staff told us that they

could recognise from people's behaviour when they might be unhappy about something and would act on this.

# Is the service well-led?

## Our findings

At our last inspection in November 2015 the provider's quality monitoring checks were found to be ineffective. People's care records and risk assessments were not always up to date to reflect people's support needs. The provider acknowledged these areas needed to be improved upon and at this inspection we found improvements had been made.

We saw that there were systems in place to monitor the quality of the service which included audits of people's care plans. These had been updated so that staff had the guidance they needed to support people. Checks on care plans had ensured that all aspects of people's care were reflected in the care plan so that for example where new risks were identified, these were recorded. Audits included medicine management, food safety, training, and health and safety. We saw the provider reviewed accident and incident records to ensure that staff used safe and agreed behaviour strategies and that incident logs showed what interventions were used and for how long. Whilst we saw that some incident reports required additional information, we found the provider was monitoring this appropriately and identifying and acting on any shortfalls. For example in their monthly quality monitoring report we saw shortfalls had been identified and following this an action plan had been developed.

The provider had a condition on their registration with CQC that they have a registered manager in place. A registered manager has legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. There had been a registered manager in post who was also responsible for the management of another service owned by the provider. There was a history of the service meeting the regulations. At this inspection the registered manager had cancelled their registration which was effective from October 2016. An acting manager was in post. We were informed that the provider would be submitting an application to register a manager.

Staff we spoke with told us that they felt there had been positive improvements since the new manager had been in post. They told us that they appreciated the management style which they described as supportive. One staff told us, "The manager helps out, is hands on and has applied for pre-paid activity passes which means we can do more activities of people's choice". Another staff member told us, "The manager has changed some things with records and keeps us informed about expectations, I feel well supported". Staff told us they were supported to develop their skills through ongoing training and development and felt that the people that lived there received a good service. Staff told us they worked well as a team and interactions seen during the day supported this. Staff told us and records confirmed that staff meetings were taking place. A staff member told us, "We can speak openly and we support each other".

We found the acting manager had a good overview of the service and could demonstrate where improvements had been made or where they were needed. The acting manager told us that he understood the requirements of the duty of candour regulation which requires all health and adult social care providers to be open with people when things go wrong, offer an apology and to state what further action the providers intend to take.

Staff we spoke with told us they were aware of their roles and responsibilities with regards to whistleblowing and would be confident any concerns they had would be listened to and acted upon. Staff knew of the processes they should follow if they had concerns or witnessed bad practice.

Relatives told us the provider asked for their views via an annual questionnaire. We were informed that questionnaires had been sent out to people and that these had yet to be analysed by their quality team and the findings would be shared with people.

Relatives we spoke with told us communication with the home was good; that they had regular meetings and phone calls to keep them up to date. They told us that they were satisfied with the way the home was run and could contact the manager if they had any concerns. One relative said, "There had been a staff turn over but in my view the last few months has been more settled". Another relative told us, "At the moment I have no issues. I hope the recent management changes provide consistent management cover".