

Inshore Support Limited

# Inshore Support Limited - 27 Highfield Road

## Inspection report

27 Highfield Road, Colley Gate, Halesowen, B63 2DH

Tel: 01384 410581

Website: [www.inshoresupportltd.co.uk](http://www.inshoresupportltd.co.uk)

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### Ratings

#### Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



### Overall summary

Our inspection was unannounced and took place on 26 January 2015.

The provider is registered to accommodate and deliver personal care to a maximum of three people who had a learning disability or associated need. On the day of our inspection three people lived there.

At our last inspection in September 2013 the provider was meeting all of the regulations that we assessed.

We found that provider was not meeting their legal responsibility to comply with the condition of their

registration as they had not had a registered manager in post since 2013. 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.

Although we found that medicine recording and administration was managed safely. The storage of medicines and the monitoring of medicine temperatures

# Summary of findings

required improvement to ensure that no unauthorised person could access the medicine and to confirm that it was stored at the correct temperature to ensure that it would be effective.

We found that improvement was required to ensure people's safety. This was regarding the management of hot radiator surfaces to prevent burns and the taking of action to prevent untoward events reoccurring.

We saw that there were systems in place to protect people from the risk of abuse. People told us that they had not experienced anything that hurt them or that they were afraid of.

The provider had a safe system in place to recruit new staff. Staff received an induction which gave them the initial knowledge and support they required to meet people's needs. Staff numbers and experience ensured that people would be safe and their needs were met in the way that they wanted them to be. Staff had training and one to one supervision to equip them with the knowledge they needed to provide appropriate support to the people who lived there. Staff we spoke with understood their job role and responsibilities.

People told us that the staff were nice and kind and we saw that they were. We observed that interactions between staff and the people who lived there were positive in that staff were kind, polite and helpful to people.

Staff understood the requirements of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). We found that the provider was meeting the requirements set out in the MCA and DoLS to ensure that people received care in line with their best interests and were not unlawfully restricted.

People told us that they liked the food and drink that they were offered. Records confirmed that the people who lived there were supported to have a varied diet in sufficient quantities.

We found that a complaints system was available for people to use. This meant that people and their relatives could state their concerns and dissatisfaction and issues would be looked into.

People and their relatives told us that the service was well led. We saw that the provider had monitoring and auditing systems in place to ensure that the service met people's individual needs and preferences.

# 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 not consistently safe.

Medicine administration systems were safe which prevented people being placed at the risk of medicine error or them not having their prescribed medication.

Medicines however, were not stored safely and records were not available to confirm that they were kept at temperatures that would ensure they would be effective.

The promotion of safety required improvement. This included minimising the risk of burns from hot radiator surfaces and ensuring that where incidents happened action would be taken to prevent reoccurrence.

Recruitment systems were in place to prevent the employment of unsuitable staff.

Systems that staff were aware of and understood were in place to minimise the risk of people being abused.

**Requires Improvement**



### Is the service effective?

The service was effective.

Staff understood the requirements of the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards which ensured that people were not unlawfully restricted and received care in line with their best interests.

People told us that they were happy regarding the meals and meal choices on offer.

Staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support.

Staff were provided in sufficient numbers and trained to enable them to carry out their job roles.

**Good**



### Is the service caring?

The service was caring.

People told us that the staff were kind and caring and we saw that they were.

People's dignity and privacy were promoted and maintained.

People's independence regarding daily life skills and activities was encouraged.

Staff ensured that people dressed in the way that they preferred and that they were supported to express their individuality.

**Good**



# Summary of findings

## Is the service responsive?

The service was responsive.

People's needs were assessed regularly and their care plans were updated where there was a change to their needs.

Staff were responsive to people's preferences regarding their daily wishes and preferences.

People were encouraged to engage in or participate in recreational pastimes that they enjoyed.

**Good**



## Is the service well-led?

The service was not consistently well-led.

There has been no registered manager for this service since 2013. This meant that the provider had not met their legal responsibility to ensure that a person was in post who was legally accountable for the day to day running of the service.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

The provider had monitoring processes in place to ensure that the service was being run in the best interests of the people who lived there.

**Requires Improvement**



# Inshore Support Limited - 27 Highfield 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 26 January 2015 and was unannounced so no-one knew we would be inspecting that day. The inspection was conducted by one inspector. We started our inspection early in the morning as the service provides support to younger adults who are often out during the day.

Before our inspection we reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as notifications. We looked at the notifications the provider

had sent to us. The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about their service, how it is meeting the five questions, and what improvements they plan to make. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

On the day of our inspection we met and spoke with all three people who lived there. We spoke with four staff members and the nominated individual. A nominated individual is a person a provider can appoint to oversee the running of the service on a day to day basis. We also spoke with two relatives by telephone. We spent time in communal areas observing routines and the interactions between staff and the people who lived there. We looked at the care and medication records for two people, recruitment records for two staff, the training matrix, accident records and the systems the provider had in place to monitor the quality and safety of the service provided.

# Is the service safe?

## Our findings

One person told us, “I don’t want to do my medicine. I like the staff doing it. They do it right”. Records we looked at and staff we spoke with confirmed that people would be given the opportunity to manage their own medicine and processes were available to assess their safety to do this. This showed that people had the opportunity to look after their own medicine.

We looked at what arrangements the provider had in place for the safe management of medicines. Our visual assessment of the medicine storage determined that it did not meet current requirements. We saw that medicines were being stored in a locked wooden wall unit. This meant that medicine storage was not as safe as it should have been as there was a risk that unauthorised people could access the medicines. We saw that there was a thermometer where the medicine was stored. However, no recordings of the temperature of the medicine storage facility were available. The staff told us that the thermometer was not working and although it had not been a long time, no temperatures had been recorded recently. We asked staff to provide us with the records to confirm the last time the temperature was documented. They told us that they could not find them. This meant that the provider could not demonstrate that medicines were being stored at the correct temperature to prevent them being ineffective.

One staff member said, “We have all had training and I feel confident in managing medicines”. Records we looked at confirmed that staff had received medicine training. We looked in detail at Medicine Administration Records (MAR) for the two people. A staff member said, “We are really strict about medicine administration. Two of us do the medicine administration and we have a running total of medicine to ensure that we do it correctly and if any errors were to occur they would be spotted quickly”. We saw that the MAR were maintained correctly. We carried out audits of two people’s medicine, we looked at records to see how much medicine should have been available against what was actually available and found that the balances were correct. This confirmed that processes were in place to ensure that people received their medicines as they had been prescribed by their doctor to promote their good health.

All of the people we spoke with told us that they felt safe living there. One person said, “It is safe here. I like it”. A relative said, “Oh I have got no concerns I know that they are safe”.

We saw records to confirm that risk assessments were undertaken to prevent the risk of accidents and injury to the people who lived there. However, we found that some areas required improvement as they had not been addressed leaving people at potential risk of injury. Records we looked at highlighted twice in the two weeks prior to our inspection one person had received a superficial bite and scratches from their pet. We saw that body maps had been completed to illustrate where the skin damage from these incidents had occurred as had accident reports. There was no risk assessment or care plan to prevent further incidents and staff could not confirm that they had sought medical advice. We also saw that some radiators were not guarded to prevent burns. The radiator in the ground floor toilet room was very hot to touch. If a person fell onto it they would be at risk of burns. This showed that the provider had not taken into account, and minimised the risks which placed people at risk of potential injury.

One person told us, “Staff have never done anything bad”. A relative told us that they had no concerns regarding abuse. Staff gave us verbal assurance that the people who lived there were protected from harm and abuse. Our observations showed that people who lived there were at ease with the staff. We saw that they asked staff questions, chatted to the staff and were smiling. Staff we spoke with told us that they had received training and in how to safeguard people from abuse and knew how to recognise signs of abuse and how to report their concerns. One staff member said, “If I had a concern I would not hesitate to report it to the management or social services”. Staff told us and records we looked at confirmed that where concerns had been identified the relevant external agencies had been informed. This showed that there were processes in place that staff understood, in order to protect the people who lived there from abuse.

We spoke with staff about what first aid action they would take in emergency situations. All of the staff on duty were able to tell us the correct first aid they would give for example if a person was having a seizure. They also told us that they would ensure the person’s safety, monitor and if concerned they would call 999.

## Is the service safe?

One person said, “The staff look after me how I like”. Staff told us that staffing levels and staff experience were sufficient to meet people’s needs and to keep them safe. People we spoke with confirmed that this was correct. We found that effective systems were in place to cover staff leave. For example, staff would cover each other’s absence or agency staff could be secured. One staff member said, “It is rare that staff shifts have not been covered”. One relative told us that their family member had been unsettled in the past when staff were moved around to the provider’s other services. However, they told us that the situation was better now and the staff there were usually the same. This meant that staffing levels and experience ensured that the people who lived there were supported appropriately and safely by staff.

One staff member said, “We always do the full checks before new staff can start work”. We found that safe recruitment systems were in place. We checked two staff recruitment records and saw that pre-employment checks were carried out. This included the obtaining of references and checks with the Disclosure and Barring Service (DBS). The DBS check would show if prospective staff members had a criminal record or had been barred from working with adults due to abuse or other concern. Staff we asked confirmed that checks are carried out before new staff were allowed to start work. This gave assurance that only suitable staff were employed to work in the home which decreased the risk of harm to the people who lived there.

# Is the service effective?

## Our findings

People, their relatives and staff told us that in their view the service provided was effective. One person said, “It is good. Better than my last place”. A relative said, “They are settled and happy”.

A staff member said, “We look after people well and their needs are met”. The majority of the staff had been working with the people who lived there for many years and had received training to equip them with the knowledge they needed to support them appropriately and in the way that they preferred.

All of the staff spoken with told us that they had completed an induction and training when they started their employment with the provider. Training records confirmed this. A staff member told us, “When I started here I had a good induction. I looked at the policies and procedures, had training and worked with experienced staff”. Records showed that staff had received the training that they needed to support people with their needs effectively. This included specialist training on how to divert, diffuse and manage incidents of behaviour that could challenge the service without the need to use physical restraint. We looked at two staff files and saw records of supervision had taken place. We heard one staff member say to another, “Don’t forget you have your supervision session this afternoon”. This showed that staff were supported to have the skills and knowledge to carry out their job roles effectively and were given guidance through one to one supervision.

The Mental Capacity Act 2005 (MCA) sets out what must be done to make sure that the human rights of people who may lack mental capacity to make decisions are protected, including when balancing autonomy and protection in relation to consent or refusal of care. The MCA Deprivation of Liberty Safeguards (DoLS) requires providers to submit applications to a ‘Supervisory Body’ for authority to deprive someone of their liberty. CQC is required by law to monitor the operation on the DoLS and to report on what we find.

Staff spoken with understood their responsibilities under the MCA one staff member told us, “We did some training on this. I understand what we have to do regarding this”. They knew that if at any time, due to their safety or other needs they had to restrict a person in anyway, then they would need to apply for an assessment to the local

authority. Staff told us and records that we looked at showed that the acting manager had assessed each person regarding MCA and DoLS and had good links with local authority staff if they required guidance regarding individual people and their circumstances. Staff told us and records confirmed that where it was determined that a person lacked capacity staff involved appropriate family members, advocates or health/social care professionals to ensure that decisions that needed to be made were in the persons best interest. This demonstrated that the provider had taken action to ensure that people did not have their right to freedom and movement unlawfully restricted.

During our inspection we heard a staff member say to one person, “Would you like your feet massaged”? We saw that the person immediately lifted their feet and smiled. All of the staff told us that they would always ask for verbal consent from people before they gave support. Our observation confirmed what staff had told us happened in practice.

One person said, “I go to the doctor”. A relative confirmed that staff had always sought medical input for people when the need arose. Staff told us, and care records confirmed, that people were supported to attend health care appointments. Records we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included a nurse who specialised in epilepsy and psychologists this ensured that the people received the healthcare support that they required.

Staff knew what triggered people’s behaviour that could challenge the service. Records showed that assessments were undertaken to instruct staff how best people’s behaviour should be managed. We saw that where health care professionals gave advice to how people’s behaviour should be managed we saw that this was being done. For example, staff knew what triggered one person’s behaviour that could challenge the service. They told us if the person knows that they are going to a special event, even though they want to go, they can get agitated. So we don’t tell them too far in advance to prevent this. We saw that the person’s care plan reflected what staff had told us.

People we spoke with told us that they liked the food and drinks offered. One person said, “The food is nice and we can chose what we want”. At breakfast and lunchtime we heard staff ask people what they would like to eat. We saw that they showed people different food and drink so that



## Is the service effective?

they could look and chose what they wanted. We saw that staff assisted people to eat and drink. They did this by sitting with the person, giving them their attention and encouraging them to eat at a pace that met the person's needs. We saw that people accessed snacks and drinks whenever they wished to throughout the day. One person told us, "I can get some of my own meals and drinks. I like doing that".

One person was eating some grapes they said, "I love grapes". We saw that there was plenty of fresh fruit and vegetables available. Records we looked at and staff we spoke with confirmed that they had received 'healthy eating' training. During the day we heard staff talking about

different foods to determine the highest nutritional value in each. Staff confirmed that links were maintained with community dieticians and speech and language therapists to assess people's needs and give advice when risks regarding eating and drinking were identified. Records we looked at confirmed that people were weighed monthly to ensure that they did not gain or lose weight that could make them ill. Throughout the day we heard staff offering people hot and cold fluids and encouraged them to drink. This showed that the provider knew the importance of equipping staff with the knowledge of healthy eating to prevent people developing ill health from obesity, malnutrition and dehydration.

# Is the service caring?

## Our findings

People told us that the staff were lovely and kind. One person said, “The staff are nice and I get on with them all”. A relative told us, “The staff are always very caring towards them”. [their family member]. We observed staff interactions with all of the people who lived there. We observed that staff took time to listen to what people said. We saw that people responded to this by engaging in conversation with the staff and smiling.

A relative told us, “The staff are always polite and helpful”. Records highlighted that staff had determined the preferred form of address for each person and we heard that this was the name they used when speaking to people. We saw that people responded to this by looking at the staff member, smiling and talking to them. During the day we heard staff speaking to people in a respectful manner they were polite and gave people choices.

We observed that staff reassured people appropriately. Early morning one person wanted to go shopping. We heard the staff member explain that it was too early as the shops would not be open yet and gave reassurance that they could go out soon. We saw that the person was happy with the way staff had reassured them. They were calm and relaxed until they went out later.

We saw that staff were aware of people’s individual communication needs and how to address them. We observed that staff faced people when speaking with them and spoke with them calmly. We heard staff asking people questions to ensure that they had understood what had been said. We saw staff using their hands to communicate with one person. We saw that the person understood as they too responded using their hands and nodding.

One person said, “Look at all of my things. I really like having my own things in my room and to have my room how I want it”. With their permission we looked at two people’s bedrooms. We saw that the bedrooms were personalised and arranged in a way that they wanted. One person’s care records highlighted that they liked to hold a

particular item. We saw that staff ensured that the person had the item to hold. The person held the item tightly and looked relaxed and calm. This showed that staff knew what pleased and comforted people.

One person said, “I like to see mum and I do”. All of the people had regular contact with their family. People told us that this was very important to them. Records we looked at and staff we spoke with highlighted that there was no visiting restrictions and families could visit when they wanted to. This was confirmed by the relatives we spoke with. One said, “We can visit when we want to and are made to feel welcome”.

A person said, “I like to keep my bedroom tidy. I like doing things for myself”. A staff member told us, “We always encourage people to do as much as they can for themselves such as tidying their bedrooms and washing up after meals”. During our inspection we saw people help themselves to drinks and snacks and we saw then tidying the kitchen. We heard staff encouraging one person to write their own shopping list for items that they wanted to go and buy later. The person looked happy writing their shopping list. This highlighted that staff knew it was important that people’s independence was maintained.

One person said, “I wear what I like to wear”. Staff confirmed that they encouraged people to select what they wanted to wear each day and supported them to express their individuality. The weather was cold on our inspection day. We saw that people were wearing warm clothes. One person said, “Oh I like to look nice”. Throughout the day staff assisted people with their hair and makeup. This showed that staff knew that people’s appearance was very important to them and they supported people to look their best.

One person told us that they liked to spend some time alone in their bedroom or the small lounge. They said, “I like to sit on my own with my own things and I do”. Staff we spoke with were able to give us a good account of how they promoted dignity and privacy in every day practice for example, ensuring toilet and bathroom doors were closed when they provided personal care. This showed that staff promoted people’s dignity and privacy.

# Is the service responsive?

## Our findings

A relative told us, “They do reviews often and keep me up to date”. Records we looked at and staff we spoke with confirmed that a reassessment of people’s needs was regularly completed. These processes and records enabled the provider to confirm that they were able to continue to meet people’s needs and informed staff how to care for them appropriately and safely. We found that there was a system of daily recording to ensure staff coming on shift were kept updated on any changes to people’s support needs. There was also a verbal handover process between shifts so staff were able to discuss any concerns there maybe with the support to people. The staff we spoke with told us that communication was good within the home and relatives we spoke with confirmed this as they were able to just approach any staff where they had concerns.

We found that an incident of seizure had occurred recently. Records we looked at and staff we spoke with told us that they had taken the action that they told us that they would. This meant that most staff had the knowledge and skills to deal with emergency situations that may arise so that people should receive safe and appropriate care in such emergency situations.

One person said, “I like my happy light”. One person suffered from the limited winter day light and sun. A relative said, “I asked the staff to get a lamp to see if that helped”. Staff told us, “We looked into this and got a suitable lamp. It has really worked. They seem a lot happier”. We saw that the lamp was in use during our inspection. This showed that the staff had been responsive to the person’s new needs.

One person told us, “I like to go shopping and I do”. People told us that the staff supported them to follow their preferred interests and pastimes. Records we looked at confirmed that people accessed the community on a daily basis. People told us that they liked eating out and going shopping. Staff and people we spoke with confirmed that people ate out and went shopping regularly. Another person told us that they enjoyed walking. During our inspection they went out with staff twice. When they returned they were happy. They were smiling and telling everyone where they had been and what they had done. They said, “That was good”.

Documents that we looked at stated that ‘All people have the right to express their preferred religion and expect that their religious beliefs will be respected’. Records that we saw highlighted that people had been asked about their personal religious needs. Staff told us and records confirmed that people had been asked and offered support to attend religious services. However, people had declined the offer. This showed that staff knew it was important that people were offered the choice to continue their preferred religious observance if they wanted to.

A person who lived there told us, “If I was unhappy I would tell the staff. I am happy here”. We saw that complaints processes were in place. One relative said, “I have not got any concerns. If I did I would speak to the staff. I have raised small issues in the past and they have been dealt with”. This gave relatives and the people who lived there assurance that a complaints process was available if they felt they were not happy with anything. We saw that one complaint had been made and had been dealt with thoroughly. However, this was an external issue and was not a complaint concerning the people who lived there.

# Is the service well-led?

## Our findings

We found that a positive culture was promoted that was transparent and inclusive. One person said, “They ask me things and I feel happy”. A relative said, “They [The staff] are good, they keep us very much informed and ask my opinion”.

The Registered Provider should ensure that the service is managed by an individual who is registered as a manager. We found that provider was not meeting their legal responsibility to comply with the condition of their registration as they had not had a registered manager in post since 2013. The provider had appointed a Nominated Individual (NI) to oversee the monitoring of the service. The NI told us that they knew that they were not meeting legal requirements due to the lack of a registered manager and hoped that the new manager they had appointed would be registered in the near future.

The provider had a leadership structure that staff understood. The staff were led by a new manager who was supported by senior support workers and the NI. One staff member said, “The new manager is very good. They are making a difference here. Overall things have improved”. Another staff member said, “The NI is very supportive”.

A relative said, “We are asked questions and feel that we are listened to. We are always included. I am glad of that”. We saw that questionnaires had been completed by relatives and positive comments had been made. For example, “The staff team are great and there is good communication”. All staff we spoke with confirmed that they spoke with the people who lived there daily to find out if any changes were needed. They also told us that they had good communication with people’s relatives and this was confirmed by the relatives we spoke with. This showed that systems were used to enable people and relatives to make their views known about the running of the service.

One staff member said, “There is always someone we can go to if we need help and advice”. We found that support systems were in place for staff. Staff told us they were supported. Staff we spoke with knew were able to explain the on call process and who they needed to contact in an emergency, especially during the night time when there was limited staff around. This ensured people were not left in a vulnerable situation or at risk.

The provider returned their completed Provider Information Return (PIR) as we had requested. The PIR was completed to a satisfactory standard and generally was an accurate account of the service provided for example it read, ‘Care plans are provided in a person centred approach detailing how their wishes and preferences are met’. We found that this was accurate. We saw that care plans were detailed and personalised to each individual. The PIR also highlighted what needed to be done to improve for example, the appointing of a registered manager.

One person said, “I think everything is right here. In my last place it was not”. A relative said, “I do not think any improvements are needed. I think the place is very good”. We found that by speaking to staff and looking at records that systems were in place to ensure that staff were working as they should do at all times. We also found that the provider’s NI carried out regular visits and audits and records were made to confirm this. This ensured that processes were in place to ensure that people were being supported safely and appropriately.

Staff we spoke with gave us a good account of what they would do if they learnt of or witnessed bad practice. One staff member said, “If I had any concerns at all, which I do not have, I would report them straight away to Social Services or you”. This showed that staff knew of processes they should follow if they had concerns or witnessed bad practice.