

Inshore Support Limited

Inshore Support LTD - Supported Living

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Inshore Support Ltd is a supported living service providing personal care for up to 23 people with a learning disability or autistic spectrum disorder. At the time of inspection 23 people were living across multiple properties within the region. All people receive a minimum of one-to-one support throughout the day and night.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of right support, right care, right culture.

Right support

People were supported to have choice, staff supported people in the least restrictive way possible.

The provider supported people to make choices, and have control over their own lives, such as what time they got up and went to bed.

Right care

We saw that staff were caring and promoted the people they were supporting dignity.

Right culture

Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us how they would recognise pain, distress and discomfort in people who could not verbally communicate.

People felt safe and staff had good knowledge of safeguarding processes.

Staff had been recruited safely.

There was a system in place to monitor staff contact with people in the form of daily logs to ensure continuity of care after shift changes. Care plans and risk assessments identified people's support needs and staff had a good understanding of the support people needed.

Infection Controls were in accordance with good hygiene practices.

Leadership decisions about encouraging independence meant that people were encouraged to do as much

as possible for themselves to promote independence.

People were treated with kindness and compassion. People felt well supported. People's privacy and dignity was maintained.

People received person centred care. People, relatives and staff expressed confidence in the registered manager. People, relatives and staff were given the opportunity to provide feedback. Audits took place to ensure the quality of the service was maintained.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 17 December 2010. It was last Inspected on 08 June 2019 with an overall rating of 'Requires Improvement'. A warning notice was issued due to the provider not having sufficient systems in place to monitor and improve the quality of the service. We found that this had improved at this inspection and the provider is no longer in breach of Regulation 17; Good Governance.

Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support right care right culture. We inspected to follow up on the previous breach of regulation 17, as well as to investigate some concerns around whistleblowing reports we had received, and only looked at the Safe, Effective and Well-led key questions.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has improved to Good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Inshore Support Ltd on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was undertaken by one inspector.

Service and service type

Inshore Support Ltd provides care and support to people living in their own homes, known as a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection visit because it is small, and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who regularly visit the service. The provider had completed a provider information return on 21 January 2022. This is information we require providers to send us to give some key information about

the service, what the service does well and improvements they plan to make. This information helps support our inspections. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with one people who used the service and five relatives about their experience of the care provided. Due to the high needs of people who used the service, we were unable to speak to more than one person. We also reviewed complaints, compliments and surveys, which gave us further insight into the quality of people's care and what it was like to live or work at Inshore Support Ltd. We also spoke with five members of staff including the director of care, the registered manager, and three care workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. The registered manager sent us additional information including policies, governance meeting notes, health and safety audits as well as general audits. We spoke with one healthcare professional who regularly visits the service and one person's social worker.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff knew what signs of abuse to look out for and could tell us their responsibilities and the correct procedure to report concerns. A staff member said, "I would want my own family to be looked after well so I try to do the best that I can for other people's families and keep them safe from abuse".
- Staff were able to describe high risk situations and the actions to take to reduce the risk to the people receiving care. The registered manager told us, "Safeguarding is key to a safe service. That is why we focus upon our processes in Safeguarding by ensuring staff are confident in reporting concerns".
- Appropriate safeguarding investigations had been carried out. The registered manager and director of care analysed such events, as well as incidents and accidents to ensure that re-occurrence risks were reduced.
- Staff were appropriately trained in safeguarding so that they had the skills to protect people.
- Risk assessments were robust with clear plans to avoid harm or injury. One example seen was a plan when a person went shopping. Staff were given guidance about how to manage the person's anxiety in a safe, and dignified manner.

Staffing and recruitment;

- Relatives told us, and reconfirmed that there were enough staff to meet the needs of people. The provider used a dependency tool to calculate the number and skills of staff who are to meet the needs of people supported. The provider told us that they now had a 'steady' staffing team as this was something of concern at the last inspection. Relatives told us that people supported by the service had regular care staff who knew people well.
- Staff told us that although agency staff were sometimes required, this was minimal as permanent staff were well supported by the registered manager and this reduced staff turnover.
- Staff had been recruited safely. Pre-employment checks had been carried out to ensure staff were suitable for the role. This included full Disclosure and Barring Service (DBS) and work history checks and references alongside matching appropriate skills and experiences to roles.

Preventing and controlling infection

- A daily check system was in place to ensure a person's food was stored safely. This included dates of opening of each item so that expired foods could easily be noticed and discarded.
- Staff told us they had received training in infection prevention and control and we saw evidence of this.
- Staff told us personal protective equipment was available to them.

Using medicines safely;

- Some people had medicines prescribed 'as required' (PRN) medicines. Protocols were in place to ensure staff took a consistent approach when supporting people with these medicines. .
- Staff told us they underwent medicines training and were assessed as competent before they could give medicines.
- People had regular medicines reviews with appropriate professionals.

Learning lessons when things go wrong

- The registered manager and director of care held weekly meetings to discuss areas for improvement and any audits completed. This helped them to investigate areas for improvement and devise plans for improvement. An example was seen in an action plan which highlighted the need for better nutrition for a person using the service. This was added to support plans for staff to follow.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question Requires Improvement. At this inspection the rating has changed to Good.

Staff support: induction, training, skills and experience

- Several staff told us that they felt, 'well supported' by the registered manager. Staff told us that the registered manager had made positive changes to the training and supervision they received and that they were supportive of these changes.
- People, relatives and professionals told us that staff had the right skills and knowledge to care for them well. One relative told us, "My relative is well looked after as the staff know what they are doing with (name of person's) Autism and behaviours".
- The registered manager ensured staff had support to develop their skills through a flexible and robust approach to training. Staff told us that specialist knowledge such as physical interventions was always face to face with a manager guiding and assessing their competency.
- Staff told us they had a comprehensive induction which included the care certificate. This process equipped them with the skills they needed to deliver safe care. Staff told us that where specific training was needed to meet an individual need this was arranged immediately. An example was the specialist training required to use the 'POD' restraint equipment. They told us training was engaging and kept them interested. The system was devised with mental health professionals, the local authority and the family to stop a person harming themselves by hitting walls. The family told us this worked extremely well and reduced self-inflicted injuries.
- Staff confirmed they attended one-to-one supervision meetings where they discussed their role, training, development needs and issues relating to their work. Staff told us these meetings were useful and they felt able to discuss any issues openly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed prior to commencing care. People's protected characteristics, as identified in the Equality Act 2010, were considered as part of their assessments. This included people's needs in relation to their gender, age, culture, religion, ethnicity and disability.
- People's needs and preferences were met by staff who knew them well. One person said, "The staff ask what I like, and dislike and they help me do it".
- Support plans were detailed in providing appropriate responses for staff to follow. In one example, it was recorded that a person living with Autism, could display challenging behaviour in a communal lounge. Staff were to be patient and understanding. One staff member should support the distressed person whilst other staff maintained distance, whilst also being observant in case of any escalation.

Adapting service, design, decoration to meet people's needs

- Inshore support provides care and support to people living in supported accommodation. The director of

care told us that they would work with families to find properties that are suitable for each person's individual needs to promote dignity and privacy. One family member told us that the director of care had helped their relative by sourcing a property in the countryside with 'lots of space', as this helped their relative remain calm.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to choose what they wanted to eat and shop for ingredients wherever possible.
- Staff told us how they sometimes used pictures to help people make decisions around food and how shopping experiences helped people understand different foods.
- Staff played an essential role in supporting those people who required it, to eat, and stabilising weight. A relative told us that they had, "No worries about the quality of the food or its nutritional value".

Staff working with other agencies to provide consistent, effective, timely care

- Staff knew people's needs well and ensured that any changes in a person's condition were noted and discussed with the healthcare professionals and the registered manager, as well as keeping families informed. A healthcare professional told us, "The staff really make sure that every detail is taken into account and discussed. They know that Autism and Learning difficulties can cause behavioural changes and adjust their approach as well as being kind".
- Staff worked well as a team, sharing information with each other as necessary to ensure effective care was consistently provided.
- We saw from records that staff work cooperatively with other health and social care professionals such as GPs, Community Nurses, Opticians and Chiropodists to ensure people received the care they needed.

Supporting people to live healthier lives, access healthcare services and support

- All care plans included appropriate healthcare plans with details on appointments and assessments on future needs. Appropriate discussions with healthcare professionals were recorded in notes for ease of access.
- We saw various health and well-being plans including oral health, doctors' appointments follow-up and Chiropodist. Staff monitored appointments and fed back to families as required.

Ensuring consent to care and treatment in line with law and guidance

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 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. In care homes, and some hospitals, this is usually through MCA application procedures 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 had the appropriate legal authority and were being met. We found that they were.

- The managers and staff were working within the principles of the Act.
- Mental capacity assessments were recorded for people who were subject to specific restrictions such as covert medications as they would lack the capacity to make informed decisions about taking medication.
- Best interests decisions were completed where required. The registered manager arranged best interests' meetings where needed. Support plans reiterated the need for consent whenever any personal care was

given. Decisions included feedback from relevant families and professionals to ensure that they were in the best interests of the person receiving care.

- Relatives told us they observed staff gaining consent from their loved ones.
- People told us, "(staff) will always talk about my personal care and make sure they don't do anything I don't want."
- Staff were able to demonstrate a good understanding of the principles of the Mental Capacity Act and understood what actions to take if someone had refused care. They knew which people were under DoLS and what restrictions were in place for each. The provider had a system in place to apply for DoLS and follow up on applications and reviews.
- Staff had received training in mental capacity and Deprivation of Liberty Safeguarding (DoLS) and told us about the core principles of the MCA. They knew that they would need to ensure any decisions taken are risk assessed and in line with care plan objectives.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question Requires Improvement. The rating for this key question has changed to good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Medication audits provided regular oversight of medication safety and administration and any irregularities identified by the registered manager concluded with an action plan to ensure re-occurrence risks were reduced. This ensured that the service improved by learning from mistakes. Appropriate notifications were made to the CQC and Local Authority where errors were identified. Medicines audits were completed by senior staff and overseen by the registered manager.
- We saw an extensive training matrix which showed staff were provided with effective training to meet the needs of the people living at the home. One such example, is training in communication techniques to improve communication with people who communicated in alternative ways such as picture cards .
- Staff understood their responsibilities and what was expected of them. They told us they participated in team meetings and received supervision. We saw notes and schedules for supervisions that reflected this. This gave staff the opportunity for learning and development. It also monitors and reviews of performance to ensure staff are meeting the expected standards.
- The registered manager had notified CQC of events which had occurred in line with their legal responsibilities.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The staff and registered manager demonstrated a person-centred approach to the people they supported. People told us they had choice and control and were involved in day to day decisions. Families were consulted about likes and dislikes to ensure that staff could follow a person's routines effectively. One family member told us that they were consulted in all aspects from the time a referral was made to move their loved one to Inshore. They said, "I even got to see them on video moving in, because I live very far away".
- Care plans considered how the environment may impact people with Autism or a Learning Difficulty. For example, people's perceptions of colours, smells and sounds were documented. One person was placed in singular accommodation with a lot of 'green space' as this helped them in stabilising their moods.
- Care plans showed that people were supported to explore activities they enjoyed and promote their independence. For example, it was documented that a person liked to go shopping so was supported to do this activity.
- One family member told us that staff had made a trip to bring their loved one to see them which, "Was the

highlight of my year".

- Family members described the quality of the service as good with one person telling us, "Things have never been better with (person using the service)".
- People felt well supported and staff, people and relatives expressed confidence in the management team.
- Staff practice, culture and attitudes were monitored. We saw from audit documentation that management undertook spot checks and competency assessments on the staff team. This enabled the registered manager to monitor the staff team and ensure the delivery of good care. Staff were very attentive to people's needs and used appropriate language in interactions.
- Staff had a good understanding of whistleblowing and told us they knew how to access policies relating to this.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and director of care understood their responsibilities in relation to the duty of candour regulation and were able to discuss how they would meet this requirement. They did this by ensuring that their policies around whistleblowing were well communicated and understood by staff and families, and that staff were aware of safeguarding requirements. They told us policies were discussed outside of training in one to one meetings as well as team meeting to ensure greater understanding.

Continuous learning and improving care

- The registered manager and nominated individual completed quality audits that looked at patterns of complaints, incidents and the training of staff and managers. They were supported and monitored by the provider to complete trend analysis for incidents and accidents. This meant that the home's leadership team were better informed of competencies and were able to call upon resources as and when required. Action plans were completed from audits, when concerns were highlighted.
- The registered manager and director of care had identified that there was an increase in floor based physical restraint with one person who used the service. They sought out advice and support from professionals who advised that a 'POD' bean bag; which is a specialised piece of equipment, may help to reduce such physical interventions and reduce the risk of injury. The registered manager bought the equipment and we saw records that confirmed floor based interventions had reduced by 95% in the last year.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, their relatives and staff were given the opportunity to give feedback via discussions. This gave them the chance to express their views and opinions.
- Feedback was used by the registered manager to inform decisions at the home such as menus and visiting.

Working in partnership with others

- Where people requested, the staff would communicate with external professionals on their behalf. Support plans evidenced partnership working between the staff team and external professionals to enable positive outcomes for people.
- We saw that staff worked with local healthcare services as well as social services to deliver care that the person needed.