

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? | Requires Improvement ● |

Summary of findings

Overall summary

About the service

Inshore Support Ltd – 1 Whitehall Road is registered to provide accommodation and personal care to three people. People who live there may have a learning disability and/or autism. At the time of the inspection three people lived at the home.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

There had not been a registered manager in post since March 2019. It is a legal requirement that a registered manager be in post in registered care services. A new manager had been appointed by the service and applied to become registered manager of the service.

People were supported by staff who knew them well, were aware of the risks to them on a daily basis and the actions they should take to reduce those risks and keep people safe from harm.

Staff had received training in how to safeguard people from abuse and where concerns had been raised they had been acted on and responded to appropriately.

People were supported to receive their medication as prescribed by their GP.

Accidents and incidents were reported, recorded and acted on. Information was analysed for any lessons to be learnt.

Staff felt supported and listened to and were provided with a variety of training opportunities in order to obtain the skills needed to support people safely and effectively. Staff competencies were regularly assessed and staff were given the opportunity to discuss any concerns they may have through regular supervision meetings.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to access a variety of healthcare services to help them maintain good health and to eat and drink enough to maintain a balanced diet.

People were treated with dignity and respect by a group of staff who knew them well. Staff respected people's decisions on how they wished to spend their time and encouraged people to maintain their independence, where possible.

Staff knew people well. Care plans held details regarding people's likes and dislikes, their individual goals, how they wished to be supported and what was important to them. People were supported to maintain relationships with family and take part in activities they enjoyed. People's opinions were sought through meetings and surveys. Relatives had no complaints but were confident if they raised concerns they would be responded to appropriately.

Staff and relatives were complimentary of the service and the manager. There were a variety of audits in place to provide the manager with oversight of the service. The manager was keen to develop and improve the service and worked alongside other agencies to meeting people's needs. The staff were onboard with the manager's vision for the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

The last rating for this service was good (published 30 June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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.

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|---|-------------------------------|
| Is the service safe? The service was safe. | Good ● |
| Is the service effective? The service was effective. | Good ● |
| Is the service caring? The service was caring. | Good ● |
| Is the service responsive? The service was responsive. | Good ● |
| Is the service well-led? The service was not consistently well led. | Requires Improvement ● |

Inshore Support Limited - 1 Whitehall Road

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 carried out by one inspector.

Service and service type

1 Whitehall Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service did not have a manager registered with the CQC. This means there was no manager legally responsible for how the service was run.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. 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. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. This information helps support out inspections. We used all of this information to plan our inspection.

During the inspection

We observed staff interact with people at the service. We spoke with four members of staff including the manager, and three members of care staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at two 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.

Following the inspection

Following the inspection we spoke with a relative and an advocate who supported all three people living at the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who had received training in how to recognise signs of abuse and were aware of their responsibilities to report and act on any concerns. Where safeguarding concerns had been raised, they had been acted on and responded to appropriately.
- A member of staff told us, "I would speak to a senior or manager [about safeguarding concerns]. If neither were available, I would contact the local authority." A relative was asked if they felt their loved one was safe at the service and they told us, "Without a doubt."

Assessing risk, safety monitoring and management

- People were supported by staff who were aware of the risks to them and how to keep them safe. Staff were kept informed of any changes in people's care needs and risks were regularly reviewed and updated. A member of staff told us, "[Person] has to have his food cut up small, mainly because he rushes it and he could choke. We encourage him to eat slowly."
- A relative described how their loved one's needs had changed and how staff had responded to this. They told us they were confident that staff supported their loved one safely and were aware of their ever-changing needs, adding, "They [care staff] are absolutely fantastic."
- Staff were aware of the words and/or actions they should avoid which may trigger different types of behaviours in people they supported. Staff were mindful of the impact their actions had on people they supported and the importance of following the guidance on how to support people safely, which was documented in their care records.

Staffing and recruitment

- Recruitment checks were in place to ensure staff were suitable to work with people, prior to commencing in post. This included obtaining references and checks with the Disclosure and Barring Service [DBS].
- People were supported by sufficient numbers of staff to meet their needs. The manager reviewed the skill mix of staff to ensure those on shift were able to meet the needs of the people they supported.

Using medicines safely

- A relative told us they had no concerns regarding the administration of their loved one's medicines.
- We looked at the Medication Administration Records [MARs] for all three people living at the home. We saw protocols were in place to direct staff when administering 'as and when required' medicines.
- We saw staff had received training in administering specialist medicines. Medication records were regularly checked and audited to ensure medicines were administered and stored as required.

Preventing and controlling infection

- Staff were aware of their responsibilities to contribute to cleaning routines of the premises and we observed staff using protective equipment such as aprons and gloves to reduce the risk of the spread of infection.

Learning lessons when things go wrong

- Systems were in place to ensure accidents, incidents and safeguarding concerns were reported, acted on and analysed to identify any trends for future learning.

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 the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- A relative told us, "They [care staff] look after him really well, he's very settled."
- We found the protected characteristics under the Equality Act had been considered when planning people's care; including who was important in their lives and how they wished to be supported.
- Care plans and risk assessments showed how people were supported to make choices regarding their day to day living, such as what they would like to eat, how they wished to spend their day and what activities they wanted to take part in.

Staff support: induction, training, skills and experience

- People were supported by a group of staff who had received an induction and training that prepared them for their role. The induction programme included shadowing more experienced staff and spending time getting to know people they would be supporting. A member of staff told us, "We looked at policies and procedures and what is expected in the role and how to support people who have the most challenging behaviour."
- Staff told us they felt well trained and were supported to access additional training in order to develop their skills. For example, where people's care needs had changed and they had developed particular healthcare conditions, additional training was sourced for staff. Staff confirmed they were unable to be involved in any form of restraint of people until they had received the appropriate training and had their competencies assessed.
- The manager was aware of the latest National Institute of Excellence guidance with regard to supporting people with their oral healthcare and staff spoken with confirmed they had been signed up to receive specific training in this area.

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

- People were supported to make choices at mealtimes. We heard staff asking people what they would like to eat and offering them choices.
- Staff were aware of people's dietary needs and preferences and records confirmed people had been offered a variety of meals and snacks.
- A relative spoken with raised no concerns regarding their loved one's dietary needs being met.

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

- Staff told us communication was good within the service and with other agencies. Systems were in place to ensure staff were kept up to date with changes in people's healthcare and social needs. A member of staff

told us, "I came in five minutes before shift started and spoke to senior member of staff to get an update on how the night shift went, it gives you an idea of what may happen in the day."

- Following the inspection, we spoke with an advocate who told us they had a positive relationship with staff and the manager at the service. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.
- Plans were being developed with a number of agencies to support a person to move from the service into their own home. The manager was working closely with other agencies to ensure this was a smooth transition for all involved.

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

- The home was a domestic style house in a residential area. People had lived at the home for a number of years and were known to members of the community.
- Efforts were made to create a homely atmosphere where possible, including having photos on display of the people living there. New furniture and furnishings had also been ordered for some areas of the home.

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

- People were supported to access a variety of healthcare services to meet their needs. As people's needs changed, additional support and advice was sought.
- During the inspection, one person became unwell. The service benefitted from having a positive relationship with their local GP who was able to offer home visits and see people in the comfort of their own home. A relative told us, "When [person] became very unsteady on their feet, they got the doctor involved straight away and kept me informed."
- Each person had their own health action plan in place which included a full annual health check, short and long-term goals and the frequency of appointments with specialist healthcare professionals.
- Staff were able to recognise the signs when people were unwell and were able to respond to these appropriately. A member of staff described the actions they would take if a person suffered a seizure, the potential triggers to this happening and the signs to look out for.

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 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. 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 observed staff obtaining people's consent prior to offering them support.
- The manager and all staff spoken with had a good understanding of the principles of the MCA and what it meant to people.
- Where people did not have the capacity to make decisions, they were given the information they needed

in an accessible format, and where appropriate, relatives, other carers and advocates were involved in the decision-making process.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- A relative spoken with was complimentary about the staff who supported their loved one. They told us, "They [care staff] don't consider people here as 'clients' they treat them as 'family'."
- We observed staff speaking to people respectfully and with kindness when going about their day. Staff were upbeat and positive in their interactions with the people they supported.

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to make decisions about their care and were mindful of what was important to people, particularly when it came to their daily routine. For example, staff were aware how important it was for people to access the community and go out for a drive in the car, which two people in particular enjoyed. Rotas were arranged to ensure a member of staff was on shift during the day who could drive, to facilitate this activity.

Respecting and promoting people's privacy, dignity and independence

- A relative told us they considered their loved one to be treated with dignity and respect.
- Each person at the service had access to an advocate to support them when making decisions about their care. We spoke with the advocate who confirmed they had a good working relationship with the care staff and the manager and described them as 'open and honest' and open to feedback.
- From our conversations with staff it was clear that people were treated with dignity and respect. Staff described how they maintained people's dignity whilst supporting them with their personal care and at the same time encouraged their independence to carry out some of these tasks independently. We observed a member of staff supporting a person to the bathroom and encouraging them to be as independent as possible.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. (

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People were supported by a group of staff who knew them well. People, their relatives and/or advocates were involved in the planning and development of their care and support plans. A relative told us, "[Person] has to have routine and if they don't he gets very upset. Staff know how important this is to him."
- Care plans seen reflected people's current needs and were regularly reviewed. The manager was currently reviewing people's care plans to ensure they held the most up to date information about the people living at the home. They included information regarding what people liked, what they didn't like and what was important to them. Every time care plans were updated, staff had been informed and had signed to say they read and understood the changes made.
- Staff were well-supported to understand and meet the needs of people they supported through learning and development.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff were aware of people's individual communication needs. Communication care plans were in place, providing staff with guidance on how to communicate effectively with people. We saw numerous examples of the different ways in which staff could effectively communicate with each individual at the home. A member of staff described how they effectively communicated with one person. They told us, "You have to repeat back what [person] says to you, he understands what you are saying, but he likes to be imitated."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- A relative told us their loved one was supported to take part in activities that were of interest to them. They told us, "He loves to go out and they [staff] take him out a lot really." A member of staff told us, "The manager is very pro-activities and always wants to get people into the community, it's great for them, she gives us that extra 'get up and go' to do things"
- We saw people were supported to take part in a variety of activities such as going out for drives, pub meals, visiting local attractions, clothes shopping, arts and crafts, gardening or watching sporting or wildlife programmes that interested them or listening to their favourite music.

Improving care quality in response to complaints or concerns

- A relative spoken with told us they had no concerns regarding the service. They were confident that if they did raise a concern it would be dealt with appropriately. They told us, "I've only ever complained once, years ago and it was dealt with straight away. Never a problem since then."
- There was a system in place to record and investigate any complaints the service had received. Where complaints had been received, they had been acted on and responded to appropriately, to the satisfaction of the complainant.

End of life care and support

- The service did not currently support any people who were receiving end of life care. The manager told us that if this support was required, they would work closely with the appropriate agencies to ensure the person's particular care needs were met.

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 the last inspection this key question was rated as good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent as there was no registered manager in post.

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

- The service had been without a registered manager since February 2019. It is a legal requirement for a registered manager to be in post and as such the provider is not meeting the legal requirement. The current manager had been in post since March 2019 and was currently in the process of submitting their application to become registered manager of the service.
- Staff understood their roles and responsibilities and were kept up to date with improvements and changes that had been introduced in the service and spoke positively about them. A member of staff told us, "I would recommend the service and I don't have anything bad to say. [Manager's name] is a good manager and if you have any issues you can talk to her and she will listen. She is very supportive, actually, everyone is."

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

- A relative spoken with was complimentary of the service and told us, "I would recommend the service to anyone, it's a marvellous service, it's like a family. They [care staff] all care, it's not just a job for them." An advocate who regularly visited the service said, "Staff are very welcoming, and the manager is very open and honest."
- The manager was keen to promote a positive culture at the service, where staff felt supported, valued and listened to. They had created a 'compliments book' and had asked for feedback on the service from a variety of visitors to the home. One visiting professional had written, "I found the staff to be helpful and witnessed good engagement between clients and staff." The manager described a number of challenges the staff group had faced when supporting a particular person at the service, whose healthcare needs had changed. They told us, "I am so proud of the team [care staff] and how they support service users. They have come so far with [person]."
- The manager told us they felt supported and listened to by the provider. They had a clear vision for the service which included ensuring people received person centred care from a group of staff who felt supported and well trained in their role. A member of staff told us, "I would recommend the service, certainly, there is a duty of care here, definitely person-centred care is practised. [Manager's name] really wants to know that everyone is happy, as well as service users."
- Staff told us they felt supported by the manager and their colleagues and enjoyed working at the service. One member of staff told us, "It's really easy to get support from [manager's name] she's really hands on."
- Staff told us one of the benefits of working at the service was they all worked well together as a team. One

member of staff told us, "I feel supported by [manager's name] and the team, it's quite a nice home really. If you are allocated to someone and if there is a behaviour, everyone will come and support you to make sure the service user is ok, but that you're ok too."

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

- A relative spoken with told us they were kept up to date with any changes in their loved one's care needs.
- The manager was open and honest and had systems in place to ensure lessons were learnt when things went wrong. Accidents and incidents were reported and acted on and care plans and risk assessments updated accordingly. Staff understood their responsibilities to report any concerns and families confirmed they were kept informed of all events that affected their loved ones.
- Staff told us they felt listened to and the manager was approachable and supportive.

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

- People's views of the service were actively sought. Pictorial surveys were in place to support people to provide feedback on the care they received on a regular basis. A relative told us they spoke regularly to staff and the manager and they felt listened to.
- Staff felt listened to and were able to contribute to the running of the service through team meetings and supervision. Regular staff meetings took place providing staff with the opportunity to discuss any concerns or training requests they may have. A member of staff told us, "We had a team meeting the other day, and discussed key worker roles. We work well as a team and we're kept informed of any changes."
- People's views of the service were sought through meetings and surveys. A relative confirmed they had recently been sent a questionnaire to fill in asking for feedback on the service. On one survey seen, a relative had written, "It's not an institution, you give clients a home for life."

Continuous learning and improving care

- Information gathered from a variety of audits were fed into action plans which were monitored closely to ensure actions identified were taken. The manager continually reviewed all paperwork and where gaps in information were identified, this was brought to the attention of the staff member responsible for immediate action.
- Systems were in place to ensure lessons were learnt when things went wrong. A member of staff told us, "[Manager's name] has introduced changes; a couple of months ago we had a medication error; the manager has introduced an evening count of medication and it works so much easier."
- The manager had a number of systems in place which provided her with oversight of the service. Individual analysis took place of particular incidents, for example, behaviours that may challenge, which were then looked at collectively for any trends or patterns in behaviour. We saw this information was immediately shared with staff and people's care plans and risk assessments were updated accordingly. The manager told us, "We plan to use this information to build up a picture of a person and reflect on the whole year."
- The provider had their own quality assurance team who visited the service on a regular basis to support the manager and assess the quality of service provided. Any areas for action were noted and actions taken where appropriate.

Working in partnership with others

- We saw staff worked alongside other professionals such as GPs, district nurses and other healthcare professionals to ensure people's care and social needs were met. The advocate we spoke with told us they

visited the service regularly and staff welcomed them into the home and worked alongside them.