

Inshore Support Limited

Inshore Support Limited - 88 Broad Street

Inspection report

88 Broad Street,
Foleshill, Coventry, CV6 5AZ
Tel: 02476 665329

Date of inspection visit: 16 July 2014
Date of publication: 16/12/2014

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 

Overall summary

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 and to pilot a new inspection process being introduced by CQC which looks at the overall quality of the service.

This was an unannounced inspection on 16 July 2014. At the last inspection on 24 October 2013 we found that there were no breaches in the legal requirements and regulations associated with the Health and Social Care Act 2008.

A requirement of the service's registration is that they have a registered manager. 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

Summary of findings

requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. We found at the time of our visit there was not a registered manager in post. This was because the registered manager had just left the service. The provider had recruited an acting manager to run the service whilst a recruitment campaign for a registered manager was implemented. The acting manager informed us the provider had given them a three month contract whilst they recruited a new registered manager. We refer to the acting manager as the manager in the body of this report.

Inshore (88 Broad Street) is a care home for up to four people. This service provides care and support to people with learning difficulties. Two people lived there at the time of our inspection. We were able to see and talk with them both.

All the people we spoke with said, or indicated through sign language, that they were happy living at the home.

People made everyday decisions about how they wanted to spend their time and what they wanted to eat. One person smiled and gave us a 'thumbs up' whilst they were enjoying their meal.

During our observations over the course of the day we saw that people were treated with kindness and compassion. Staff were able to tell us about the people they supported, for example, their personal histories and their interests.

The provider had good systems in place to keep people safe. Assessments of the risk to people from a number of foreseeable hazards had been developed and reviewed.

We saw that staff followed these guidelines when they supported people who lived there, for example, where people became anxious and displayed behaviour that could cause them or others harm.

There was a robust recruitment procedure in place and we found that staff had the required checks carried out prior to commencing their employment at Inshore Support Limited.

People's needs and choices had been clearly documented in their care plans. We saw that people were supported to pursue their hobbies and interests.

The CQC is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) Deprivation of Liberty Safeguards (DoLS) and to report on what we find. We saw that there were policies and procedures in relation to the MCA and DoLS to ensure that people who could not make decisions for themselves were protected. We saw from the records we looked at that where people lacked the capacity to make decisions, best interest meetings were held. This was for finances, medicines and other areas which affected a person's safety.

The manager was involved in day to day monitoring of the standards of care and support that was provided to the people who lived at Inshore. This ensured that people received care and support that met their needs and enabled them to do the things that they were interested in.

People who lived at Inshore, relatives, and staff were encouraged to provide feedback to continuously monitor and improve the quality of the service provided.

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 safe. People were cared for by sufficient staff to keep people safe and ensure their needs were met.

The manager and care staff were following the Mental Capacity Act 2005 for people who lacked capacity to make a decision. Staff had completed training on the MCA and Deprivation of Liberty Safeguards (DoLS).

Detailed risk assessments were in place to ensure people were safe.

Good



Is the service effective?

The service was effective. Staff had received the appropriate training and support to carry out their roles.

People had up to date care plans which recorded information that was important to them.

Before people moved into Inshore a detailed assessment had been completed to provide good understanding of each person's individual needs.

Good



Is the service caring?

The service was caring. We observed staff had a good rapport with people which encouraged good communication and interaction.

Staff spoke with people in a respectful and positive way.

People's privacy was respected.

Good



Is the service responsive?

The service was responsive. Care plans were regularly updated to show people's changing needs.

Information from feedback was used to update improvement plans.

People were offered activities which met their interests and supported their hobbies.

Good



Is the service well-led?

The service was well led. There was not a registered manager in post when we inspected the service. However, the provider was proactively recruiting a new registered manager at the time of our inspection.

There were effective procedures in place to monitor and improve the quality of the service.

Emergency plans were in place so that staff knew how to respond in an emergency.

Good



Inshore Support Limited - 88 Broad Street

Detailed findings

Background to this inspection

We inspected Inshore on 16 July 2014 and spoke with both of the people who lived there and one person's relative. We spoke with three members of staff who were supporting people with personal care. We also spoke with the manager.

This unannounced inspection was conducted by two inspectors.

Before the inspection we reviewed the Provider's Information Return (PIR). This is information we ask the provider to send to us. The PIR asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also

reviewed the information we held about the home and contacted the local authority representative who commission the service to provide care to people in the community.

Before our inspection we also reviewed the notifications the provider had sent to us. A notification is information about important events which the provider is required to send us by law.

We observed care and support in communal areas and also looked at the kitchen and one person's bedroom. We looked at a range of records about people's care and how the home was managed. We looked at two care plans in detail.

Is the service safe?

Our findings

People who lived at Inshore told us, or indicated to us by gestures and hand signals, they felt safe living at the home. One person told us they frequently went out with staff who 'took good care of them.'

People who lived at the home were protected from the risk of abuse. We saw rigorous recruitment procedures were in place to ensure staff were safe to work with people. Staff confirmed they had received checks on their character before working with people at the home. Records showed identification documents, evidence of criminal records checks, references and employment history.

The home had a policy in place for safeguarding people from abuse. Staff we spoke with knew the policy and told us that they had received training in safeguarding. We saw training records that confirmed training had been delivered. Staff we spoke with were knowledgeable about the procedures for identifying and reporting any abuse, or potential abuse.

We saw that there was a system in place to identify risks and protect people from harm. This system also ensured guidelines were in place to minimise the risk of harm to people. Each person's care file had a number of risk assessments completed. The assessments detailed what the activity was and the associated risk; who could be harmed; possible triggers (for example when the risk was from challenging behaviour); and guidance for staff to take.

From looking at the risk assessments we saw that people were able to take part in hobbies and interests that carried a potential risk, either from the hobby or from how they may react to certain situations. Where risks were identified, people were still able to take part in these interests as support was provided to minimise the risk of harm to the person. During our visit we saw that, when people went out into the community, they were supported by the number of staff as detailed in the care plans and assessments to ensure they were safe. This showed us that people were not discriminated against due to risks of challenging behaviour.

We spent some time watching staff interact with people over the course of the day. We saw from people's care files that one person sometimes displayed behaviours that may harm them. We reviewed the records from recent incidents. Whilst we did not observe staff supporting the

person with these behaviours during our inspection, records showed that staff dealt effectively with the behaviour, in a manner that respected the person's rights and respected their dignity. Staff we spoke with had a good understanding of how they needed to support the person during these times. They told us, and we observed, care records were up to date and provided advice on what they needed to do to protect people.

The manager and care staff were following the Mental Capacity Act 2005 (MCA) for people who lacked capacity to make a decision. The 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 or treatment. Where a person lacked the capacity to make their own decisions the provider had conducted appropriate assessments.

The CQC is required by law to monitor the operation of Deprivation of Liberty Safeguards (DoLS). DoLS require providers to submit applications to the 'Supervisory Body' for authority to deprive a person of their liberty.

Staff had completed training on the MCA and DoLS and were able to tell us the action they would take if a person's lacked the capacity to make decisions. Following recent legal judgements the provider had reviewed each person's care needs to confirm that appropriate safeguards were in place to ensure that people were not unlawfully deprived of their liberties.

We saw that where decisions had needed to be made in a person's best interests, the person, their family, advocates or healthcare professionals had been involved in the process. This meant that people, and others that were important to them, were involved in decisions around their care.

Emergency plans were in place, for example, around what to do in the event of a fire. This plan detailed the actions to take if an emergency took place so that staff knew how to respond if people needed to be evacuated.

There were adequate numbers of staff present to meet the needs of people who lived at Inshore. There were two people living at the home at the time of our visit. We saw there were three staff members supporting people in addition to the manager on the day of our visit. The staff numbers allowed for individual attention for people whilst

Is the service safe?

others were involved in interests outside the home. Staffing numbers matched the needs of people documented in their care plans. One member of staff told us, "There are always enough staff here."

Is the service effective?

Our findings

We spoke with staff during our inspection and asked them about the care provided to people at Inshore. Staff told us people had up to date information on their care records, and they were kept informed of changes to people's health and support requirements. All the staff we spoke with told us they enjoyed working at the service. One staff member told us, "It's a nice atmosphere here, its positive, and I am confident I know what to do following my training."

Staff we spoke with told us, and we observed, people had up to date care plans which recorded information that was important to them. This included information about their health and support needs, as well as a clear description of their hobbies, interests and wishes for the future. The plans were very detailed and gave good guidance to staff on how to support each person. Each section of the plan covered a different aspect of the person's life, for example personal care, medication, communication, and accessing the community. Details of specific choices and preferences made by the person had been recorded. We saw that where specific interests and aspirations had been identified there was a plan in place to help the person achieve this. Relatives who we spoke with confirmed that care and support were provided that met their family member's needs. One person who used the service told us, "I have to say what I think in my review meetings, I plan what we are doing."

We talked with staff about their induction, training and development to see whether staff had the appropriate skills to meet the needs of people at Inshore. Staff we spoke with told us their induction included shadowing senior staff before they began working unsupervised at Inshore. Staff told us training was kept up to date. We saw that there was a training schedule that detailed all the training that staff had completed and when a refresher, or new training, was due.

We saw a new member of staff started work at the home on the day of our inspection. We observed some of the induction activities they took part in on their first day. We saw that their first task was to read all of the information at the service in care records for each of the people who lived there. Discussions with the manager followed about policies and procedures at the home. Some examples of the training that was delivered to all staff as part of their

induction included safeguarding, mental capacity and medication administration. This meant staff had suitable experience and skills to meet the needs of people they supported.

We looked at the care files for two people who lived at the home. The files included personal photographs and life histories, people's hobbies and interests. The information was in an 'easy read' format using graphics and pictures to make the information accessible to people who lived at the home.

People had varying levels of health support needs, some of which were very complex including behaviours that may harm the person or others. We looked at the health records of the people who lived at the home. We saw that each person was provided with regular health checks, and they were supported to see or be seen by their GP, optician, dietician and dentist. We saw people were able to access other professionals in relation to their care such as their social worker.

There was information available to ensure that people's preferences and choices were known if they moved to another service, for example a stay in hospital. The manager explained that the service had developed hospital passports for each person. These detailed all the important information about the person, for example how they communicated, medication, care and support needs, and personal preferences.

Information regarding people's care was shared with professionals involved in the care of the person affected, for example social workers and other health care professionals. People had access to regular health checks. Information was recorded in their care plans about when appointments had taken place, or were due.

The home catered for people with special diets, offering a choice of pureed food and healthy eating food plans for people who needed specialised diets.

The manager informed us staff were supervised using a system of supervision meetings, observations, and yearly appraisals. Records confirmed observations were conducted in different areas of staff practice, such as, medication administration.

We saw staff worked alongside the manager and senior staff members who observed their working practices. Staff

Is the service effective?

told us regular meetings between managers and staff took place including yearly appraisals. This monitoring of staff performance identified training requirements and areas where the quality of care could be improved.

Staff explained to us how they handed over information at the end of their shift to new staff members coming in to work. They explained the daily handover was conducted by

staff verbally, and also a daily handover sheet was prepared so that people had enough information to let them know about changes in a person's health, or any special arrangements for the day. We were able to view a daily handover file and a communications book which contained this type of information.

Is the service caring?

Our findings

There were two people living at Inshore at the time of our inspection. One person was up and having breakfast when we arrived, the other person was still in bed. We saw people were given choices about everyday decisions. People made decisions about what clothes they wanted to wear, when they got up, and when they ate breakfast. We saw people made decisions about the food that they ate. We observed breakfast and a lunchtime meal. People chose what they wanted to eat, and they visibly enjoyed their food. One person smiled and gave us a 'thumbs up' whilst they were enjoying their meal.

Staff we spoke with showed good knowledge of the skills and abilities of each person who lived at the home. They were able to tell us about the person, their likes and dislikes, personal interests and what was important to them. The information they gave us matched with what was in the care plan. This meant that staff treated the person as an individual. We saw evidence of this by the way staff talked with people, using particular words or phrases to involve them in conversations. One member of staff told us how much they enjoyed working with people at the service. They said, "I really enjoy my job."

We observed the interaction between staff and people and saw that they were caring and treated people with respect. For example, staff were seen to knock on people's doors and wait for an answer before they entered. Staff we spoke with explained to us how they ensured people were kept

covered during personal care to ensure their privacy and dignity, and explained to each person what they were doing so that they could understand, as one person was partially sighted.

All bedrooms were single occupancy. One person showed us their room. Each person had access to their own bathroom. This promoted people's privacy and provided them with a space where they could spend time alone if they wished. We saw people were encouraged to clean their own rooms and take part in washing their clothes. People were treated as individuals and their independence was promoted.

People had privacy when they needed it. There were a number of rooms, in addition to bedrooms, where people could meet with friends and relatives in private. For example, there was two lounge areas, and a garden area as well as a dining room area where people could meet.

We observed staff had a good rapport with people which encouraged good communication and interaction with people. People who lived at the home showed confidence and familiarity with staff and with each other. Staff spoke to people in respectful, positive ways. Staff offered people choices of where they could go and things they could do, for example, to go out to the shops or take a walk. Staff listened to the responses from people and acted in accordance with their decision.

Relatives told us that their family member always looked clean and were appropriately dressed whenever they saw them. Our observations supported this.

Is the service responsive?

Our findings

People we spoke with told us relatives or friends could visit them at any time. This meant people were able to keep in contact with family members and friends if they wished.

We asked people whether staff were responsive to their needs. One person told us staff were very respectful and responsive, and they liked the staff. They said, “I like it here. I write in my diary every day what I do, we have a lot of fun and it makes me happy. Staff help me when I need them to.”

Information about the service, for example feedback forms, had been provided in a number of ways including picture formats and in large print. This meant that everyone living in the home had access to information in an appropriate format that they could understand. This ensured they could be actively involved in making decisions about their care and support. Staff told us they had received specific training to ensure they could meet the particular communication needs of individuals who lived at Inshore.

A number of activities were arranged so that people could pursue their own hobbies and interests.. There was a mix of internal interests in the home and external interests in the community. We saw from the care plans that these met people’s individual wishes. They encouraged people to expand their knowledge, and build confidence. We saw one person was asked to purchase an item from the local shop for a member of staff. The member of staff gave them some money, and they were encouraged to chose the item themselves and pay for the item, whilst being supported by

another member of staff. When the person returned from the shop the staff member went through the finances with the person, so that they could understand the cost of the items they had purchased. The person explained, “The carer treated me as well, they bought me a sandwich and I was able to chose what I bought.”

During our inspection we checked to see whether people’s individual needs were being met by the provider. Staff we spoke with told us they were involved in frequent reviews of support requirements for each person at Inshore. People, their relatives, their advocates or social workers were involved in review meetings where appropriate, following capacity assessments.

The provider had a clear complaints policy in place. This detailed how complaints would be dealt with by the organisation. At the time of our inspection Inshore had not received any formal complaints. The people we spoke with confirmed they had never felt the need to make a formal complaint. One person who used the service told us, “If I had any concerns I would tell people.”

We saw from records that people or their relatives were asked to give feedback about Inshore. We saw a range of different meetings were taking place to gather views from people, their relatives and staff. The manager told us the provider ran yearly quality assurance questionnaires which were completed by people who lived at the home and their relatives. The manager told us information gathered from people helped to analyse the quality of the service provision, and to drive forward improvements.

Is the service well-led?

Our findings

A requirement of the service's registration is that they have a registered manager. The registered manager is a person who has registered with the Care Quality Commission to manage the service and shares the legal responsibility for meeting the requirements of the law with the provider. We found at the time of our visit there was not a registered manager in post. The acting manager informed us they had been given a three month contract with the provider whilst a recruitment campaign was run to recruit a new registered manager to the service. The registered manager had only just left the service, and the provider was making pro-active arrangements to recruit a new manager at the time of our inspection.

The provider promoted a positive culture for staff to work in. We asked the manager whether they were well supported in their acting role by other people at the organisation. The manager told us they were well supported by their deputy, had weekly meetings with the operations director, and were supported by phone to the wider organisation if they needed support. The manager spoke with us about the service and how they felt that it improved the quality of life of the people who lived there by meeting their needs and helping them to maintain their choices. We spoke to members of staff at the service who also told us they felt supported by the manager and the organisation. One staff member told us, "There's always someone available if you need help and advice...it's a nice place to work."

We saw the provider completed regular audits of different aspects of its performance. This was to highlight any issues in the quality of the service, and to drive forward improvements. We saw the provider conducted regular reviews of care records, audited medication records, and conducted quality monitoring processes on a range of different aspects of the service delivery including the monitoring of premises and equipment. The service was part of a larger organisation. The manager told us the organisation's quality monitoring team conducted quality visits to look at where the service could make improvements. Action plans were issued where relevant, and actions were followed up and implemented. We saw

the provider had an action plan in place which detailed a number of improvements that were being planned. Improvements included decorating and updating the premises.

We saw the provider had a range of policies and procedures in place that were available to all staff, and formed part of staff induction and training. Staff told us policies and procedures were available for everyone to review. Policies included medication procedures, infection control, complaints, and safeguarding vulnerable adults. Policies and procedures that were understood by all helped to ensure a consistency of approach in delivering services to people

Where investigations had been required, for example in response to accidents, incidents or safeguarding alerts, the service had completed a detailed investigation. This included information such as the actions that had been taken to resolve them. We saw that a senior manager reviewed progress on any action plans that had been generated to ensure they were completed in good time. This was documented in the regular quality assurance visits that had been carried out. This showed us that the service learned from mistakes, and minimised the chance of them happening again.

The staff we spoke with had a clear understanding of their responsibility around reporting poor practice, for example, where abuse was suspected. They also knew about the service's whistle blowing process and that they could contact senior managers or outside agencies if they had any concerns.

The provider ensured there were sufficient numbers of suitably skilled staff to meet people's needs. They did this by assessing the needs of each person, before a person joined Inshore their support levels had been agreed. Over the course of the day we saw that people always had a member of staff to support them, in accordance with the ratio recorded in their care plans. When people went out on activities the provider ensured they had the correct staff ratio.

Emergency plans were in place, for example, around what to do in the event of a fire. The manager was able to show us a emergency plan. This plan detailed the actions to take if an emergency took place so that staff knew how to respond. The plan however did not cover emergencies

Is the service well-led?

such as staff shortage, and relocation of the people that lived at Inshore. Plans that include this type of information could be developed so that the disruption to people's care and support is minimised in the event of an emergency.

We saw a range of different meetings were taking place to gather views from people, and to involve people in the running of Inshore. We saw regular meetings were held with people who lived at Inshore and their relatives. The manager told us that they obtained views from people about Inshore by sending out yearly quality assurance questionnaires completed by people who lived at the home and their relatives. We saw people were also able to give feedback using the complaints procedure. We saw

staff meetings were held every three months to gather staff views. We saw from the minutes of the meeting staff had an opportunity to raise any issues in the 'any other business' section of the meeting as well as adding items to the agenda.

The provider had gained the Investor in People Award for Inshore. This is a national accreditation services can achieve that shows they value and develop their staff. We saw during our inspection that staff were well supported and that their training was up to date. This meant that people benefited from being supported by motivated, well trained and caring staff.