

Inshore Support Limited

Inshore Support Limited - 108 Barnfield Avenue

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?	Requires Improvement ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We inspected Inshore Support Limited - 108 Barnfield Avenue on 16 February 2016. The inspection visit was unannounced.

108 Barnfield Avenue provides accommodation and personal care for up to four people with learning disabilities or autistic spectrum disorder. At the time of our inspection there were four men living at the home.

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 requirements in the Health and Social Care Act and associated Regulations about how the service is run. There was a registered manager in post at the time of our inspection.

Relatives and staff told us people were safe living at the home. Staff had a good understanding of what constituted abuse and knew what actions to take if they had any concerns. Staff knew about processes to minimise risks to people's safety. Medicines were stored safely and securely and people received their medicines as prescribed.

There were enough staff to support people safely in the home and outside in the community. Identified risks were assessed and managed in a way that promoted people's safety. Checks were carried out prior to staff starting work to ensure their suitability to work with people who used the service.

Staff received an induction into the organisation, and a programme of training to support them in meeting people's needs effectively. The registered manager understood their responsibilities under the Mental Capacity Act (MCA) to ensure people were looked after in a way that did not inappropriately restrict their freedom. This included authorisation by the relevant authority for any restrictions to people's freedom that were deemed as necessary to keep them safe; known as Deprivation of Liberty Safeguards (DoLS).

People received care from familiar staff who knew them well. Staff were seen to be caring and had the right skills and experience to provide the care people required. People were supported in a range of activities during the day, although activities in the community were limited after 4pm due to staffing levels. Staff supported people to maintain personal relationships with people that were important to them.

Care plans contained information for staff to help them provide personalised care. Plans were regularly reviewed and included information on maintaining the person's health, their daily routines and preferences. People were supported to have enough to eat and drink and had access to a range of healthcare professionals.

There was a stable management team who staff said were approachable and supportive. Staff felt confident

they could raise any concerns or issues with the managers and that these would be listened to and acted on.

There were processes to monitor the quality of the service provided. This was through a programme of checks and audits by the organisation and the management team to ensure the quality of the service was maintained.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People were looked after in a safe environment by staff who understood their needs. Staff knew what to do to keep people safe if they had any concerns or suspected abuse. Risks to people's care and support were identified and staff knew how to manage and minimise the risks. Staff had been recruited safely and there were enough staff available to keep people safe. Medicines were stored, administered and managed safely.

Is the service effective?

Good ●

The service was effective.

Staff completed an induction to the service and received training to make sure they had the skills to effectively meet people's needs. Where people could not make decisions for themselves, people's rights were protected in accordance with the Mental Capacity Act 2005. People were supported with their nutritional needs and healthcare professionals were involved with people's care when required.

Is the service caring?

Good ●

The service was caring.

Staff were friendly and people appeared comfortable in their company. Staff respected people's privacy and dignity and encouraged people to do things for themselves where possible. People received care and support from staff that understood their individual needs and communication skills. People were supported to maintain relationships that were important to them.

Is the service responsive?

Requires Improvement ●

The service was not consistently responsive.

Staff knew people's preferences, likes and dislikes. Care plans provided staff with the information they needed to respond to people's physical and emotional needs. People were supported

to take part in activities and follow their interests. Opportunity to participate in individual activities outside the home was restricted in the evenings due to staffing levels. Relatives knew how to make a complaint if they needed to.

Is the service well-led?

The service was well led.

There was a clear management structure in place to support staff carry out their roles. Staff considered the registered manager and deputy manager to be approachable and responsive. There were systems in place to monitor the quality of the service to ensure people received a safe, effective service.

Good ●

Inshore Support Limited - 108 Barnfield Avenue

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.

The inspection took place on 16 February 2016 and was unannounced. The inspection was undertaken by one inspector.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We were able to review the information in the PIR during our inspection. We looked at information received from statutory notifications the provider had sent to us. A statutory notification is information about important events which the provider is required to send to us by law. We contacted local authority commissioners who contract the service and other professionals involved with the service to find out their views. A social worker told us about the work they, and other professionals had been doing with support staff to provide a more person centred service. We were able to discuss this with the registered manager and staff during our visit.

People who lived at the home could not tell us about their care and support due to their complex needs. We spent time in the communal areas observing how people were cared for and supported and how staff interacted with people. This helped us get an understanding of the care people received and to assess whether people's needs were appropriately met.

We spoke with the registered manager, deputy manager and five members of care staff (two of which were agency staff). We also spoke with two relatives by telephone.

We reviewed two people's care records to see how their support was planned and delivered. We checked

two staff files to see whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits.

Is the service safe?

Our findings

Relatives and staff told us people were safe living at the home. One relative told us, "The home is very safe. I have no worries about that at all." One staff member told us, "People are safe here. There are enough staff to keep people safe. The environment is also safe, the doors are locked and windows are restricted so they don't open wide."

There was a relaxed atmosphere in the home and the relationship between people and the staff was friendly. People did not hesitate to approach staff for assistance when they wanted support, which indicated they felt safe around staff members.

There were enough staff to provide the supervision and support people needed to keep them safe at home and in the community. On the day of our inspection there were five support staff (two of which were agency staff) plus the deputy manager and registered manager working in the home. The registered manager told us there were three support staff vacancies, and that these had been advertised. The vacant posts were being covered by agency staff. The registered manager told us, and other staff confirmed, that the same agency staff were used whenever possible to provide consistent support for the people who lived at the home. One of the agency workers told us they had worked at the home on many occasions and that they knew the people and their routines very well. We saw they were confident working with people and had the skills required to support people safely. The other agency worker told us this was their first day at the home. They said they were shown around the home when they arrived and had opportunity to read people's support plans so they had some understanding of people's support needs before working in the communal areas of the home.

Staff knew and understood their responsibilities to keep people safe and protect them from harm. Staff had received training in keeping people safe and had access to the information they needed to help them report any safeguarding concerns. This included training in safeguarding people from abuse and training to restrain people safely if necessary. Staff told us the safeguarding training assisted them in identifying different types of abuse and they would not hesitate to inform the registered manager if they had any concerns about anyone. Comments from staff included: "If I noticed anything unacceptable I would report it straightaway to the senior or managers," and, "I'm confident the manager would act to protect people if we raised any concerns." Due to people's complex needs there were times when people displayed behaviours that put themselves and others at risk of harm. Each person had individual guidelines in place to inform staff of the action to take to keep the person safe. These interventions included release and blocking techniques which required staff at times to restrain the person from injuring themselves or others. The registered manager told us any incident of self-harm or restraint was recorded and reported to Social Services.

There was a procedure to identify and manage risks associated with people's care, such as risks in the home or risks to the person. Support workers knew the risks associated with people's care and how these were to be managed. Records confirmed that risk assessments had been completed and care was planned to take this into account and minimise risk. For example, people who had behaviours that were challenging to themselves or others, had plans in place so staff knew how to identify cues or triggers and how to interact

with the person to manage and calm behaviours.

Each person had an emergency evacuation plan so staff and the emergency services would know what support they needed to evacuate the building. Staff we spoke with were clear what action they needed to take in the event of an emergency to keep people safe.

The provider had recruitment procedures to ensure staff were of a suitable character to work with people who lived at the home. Staff told us they had to have their Disclosure and Barring Service (DBS) checks and references in place before they started. The DBS provides information about a person's criminal record and whether they are barred from working with people who use services. Records confirmed the required checks had been made before staff started working in the home.

Medicines were stored safely and administration records showed people received their medicines as prescribed. Some people required medicines to be administered on an "as required" basis. There were protocols for the administration of these types of medicines to make sure they were given safely and consistently.

Staff completed training before they were able to administer medicines and had regular checks to ensure they remained competent to do so. This ensured staff continued to manage medicines to the required standards. Daily medication checks were in place to ensure medicines were managed safely and people received their prescribed medicine.

The provider had systems to minimise risks in the environment, such as regular safety checks. These included checks on water and food temperatures, fire safety checks and checks on electrical equipment to make sure it remained safe to use.

Adaptations had been made to the environment in response to people's specific needs and behaviours. Some bedrooms had been specifically equipped to keep people safe, for example minimal furniture without handles on drawers and wardrobes. Lounge furniture had been adapted to withstand people's 'rocking' behaviours and corners of walls rounded to minimise self-injury.

Is the service effective?

Our findings

Staff were knowledgeable about the people living at Barnfield Avenue and had the skills to meet people's needs. A relative told us staff knew their family member well, communicated with them effectively and provided the support they required. They told us, "I know they have regular training and they know [person] well and understand his needs."

New staff received induction and training that met people's needs when they started work at the home. The induction was linked to the Care Certificate which provides staff with the fundamental skills to provide quality care. The registered manager and deputy manager had completed assessor training for the Care Certificate so they could check staff competences and ensure the training was fully implemented. The deputy manager told us they thought the Care Certificate, "Provides staff with the capabilities, confidence and understanding to fulfil their role."

The induction included a period of working alongside more experienced staff so new staff could develop a good understanding of people's individual needs. One staff member told us, "All the people here have complex needs. It takes time for new staff to understand people's support needs and how they communicate. New staff can spend a week shadowing so they can see how we interact with people."

Staff told us they received all the training needed to support people's individual needs, choices and preferences. One staff member told us, "I had a full induction when I started and I have training and regular updates to refresh my knowledge."

Records confirmed support workers received training considered essential to meet people's health and safety needs. One staff member told us, "I receive on-going training and regularly attend training courses." Staff completed training to support individuals that used the service, for example, autism awareness and management of behaviours that challenged. A staff member told us, "People here all have behaviours that challenge. I have completed MAPA training. This is about managing people's behaviours using a distraction approach but also about how to restrain people safely. Due to people's behaviours it's necessary to restrain them at times to stop them injuring themselves or others. It's usually just by holding their hands so they don't hit themselves, but we have been taught how to hold someone down safely to avoid injury to the person and ourselves."

Staff told us they had supervision meetings with a manager during which they discussed their personal development and training requirements. Staff meetings were also used as a forum to discuss people's needs and share knowledge and learning.

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 people lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their

best interests and legally authorised under the MCA. The application procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA. All the people living in the home lacked capacity to make formal decisions. Records showed that capacity assessments had been completed as appropriate and decisions that had been made in the person's best interests. Staff we spoke with demonstrated they understood the principles of the MCA. They gave examples of applying these principles to protect people's rights, for example, one staff member told us, "It's about giving people choice and supporting them to make decisions." Staff understood people's communication skills and used signs, pictures and objects of reference to support people make choices and decisions.

The registered manager understood their responsibilities under the Deprivation of Liberty Safeguards, DoLS. They had identified that people's freedom was being restricted in a way that was necessary to keep them safe. For example, people were not able to leave the home unsupervised due to safety. Records showed that DoLS had been submitted and formally authorised by the relevant local authority.

People were supported to have a balanced diet and were given a variety of food they could choose from. We saw staff supported people to have plenty of food and drink throughout the day. We observed people asking for drinks which staff responded to. We were shown a monthly menu which included people's food preferences and choices. A member of staff told us, "We use pictures so people can make choices or we show them the options available so they can choose what they prefer." One person required a vegetarian diet and staff ensured this was given. The registered manager had recently requested a dietician to visit and review the menus to ensure people continued to receive a healthy balanced diet.

People were supported to maintain their healthcare needs, had access to healthcare services and received on-going healthcare support. Support plans contained information about people's health needs. Records showed people had routine health checks with dentists and chiropodists and that psychiatrist, psychologists, speech and language therapists, dieticians and G.Ps were regularly involved in people's care.

Is the service caring?

Our findings

On the day of our inspection there was a relaxed and friendly atmosphere in the home. People were unable to verbally tell us about their experiences of living at Barnfield Avenue and how staff treated them. However, we spent time observing staff interaction with people and saw that people were supported by a caring staff team who knew people well. Interactions between people and care staff were warm and respectful. People's behaviour and body language showed they felt comfortable with staff.

Although people living in the service had limited verbal communication, staff understood their individual ways of communicating and had clearly developed a good knowledge of each person's needs. Staff were able to tell us about the non-verbal actions and signs people used to communicate their needs. This helped people to maintain their involvement in making their own decisions. One person used signs and gestures to communicate including Makaton, which is a form of sign language developed for people with learning disabilities. We asked them if they were happy and if staff were kind, they responded with a 'thumbs up' and a smile, which indicated they were.

We asked staff whether they thought the home provided a caring environment for people. All the staff thought it was caring. One staff member said "We do really care about the people here." Another said, "It is such a lovely, lovely job," and that they really enjoyed supporting the people at the home.

Staff told us they involved people as much as possible in making daily choices and decisions. This included what they would like to wear, what food and drink they wanted and how they would like to spend their day. One staff member explained, "Although people can't speak we try to involve them in every day decisions." Another staff member told us how they supported people to maintain their independence, "We encourage and support people to do things for themselves if they can."

We asked the managers how they ensured people were treated with dignity and respect. We were told, "Staff complete equality and diversity training to understand people's diverse needs. We have recently completed person centred training so staff are aware of people's individual needs, preferences and communication skills. We also work alongside staff to observe how they work and interact with people." One relative told us, "[Family member] is always clean and looks cared for." They also told us, "The staff treat my son with respect, and are always kind and caring." Staff we spoke with understood the importance of people having privacy when required. People were able to use their rooms if they wanted some private time away from everyone else at the home. Staff ensured people's privacy and dignity was maintained and people were treated with respect.

Is the service responsive?

Our findings

Staff we spoke with demonstrated a good understanding of people's individual care needs and the physical and emotional support they required to maintain their wellbeing. A relative told us that staff knew their son really well, "They understand how he communicates and how to manage any behaviours. They do everything they can for him. He is really settled and seems to enjoy living there." Relatives confirmed that people were supported to visit them regularly so they were able to maintain contact with people who were important to them.

People were encouraged to participate in activities inside and outside the home according to their personal wishes. For example, people were supported to go shopping, go out for walks and participate in activities in their local community. People required staff support at all times. During our visit we saw one person enjoyed listening to music in their bedroom, and another person watched the television in the lounge. We were told people were encouraged to participate in daily activities such as cleaning or preparing drinks or lunch, but we did not see staff encourage this while we were there. On the day of our visit, one person was taken swimming; one person went shopping and another for a drive in the car. However, the opportunity for people to take part in activities outside the home after 4pm was severely limited as staffing levels reduced to three staff. As most people required two staff to support them outside the home, staffing levels after 4pm did not provide sufficient staff to support a community activity and maintain safe levels of staffing in the home. One staff member told us, "Staffing levels in the evenings do not allow us to take people out, but we do things at home," another said " There is not enough staff after 4pm to support people to do what they would like to do. There is enough staff to keep people safe and meet their care and support needs, but not to take people out."

Staff told us people did have access to community activities in the evening but this had to be planned in advance. For example, the registered manager arranged for additional staffing to support two people attended a club for people with learning difficulties one evening a week during school term time.

One relative told us they were concerned about the opportunities offered to their son to participate in meaningful activities and had spoken to their social worker about this. We spoke with the social worker before our visit. The social worker told us that when they had visited, people were not always receiving person centred care or having the opportunity to participate in meaningful activities that they enjoyed. This included activities inside and outside the home. The social worker had involved an occupational therapist and speech and language therapist (SALT) to work with staff to increase their skills in communicating with people. Staff had received training in person centred care and were provided with tools and training for using the 'Intensive Interaction' approach, to improve their communication with people. We were told by the social worker and SALT that staff had been provided with this training in May 2015 but when the speech and language therapist returned this had not been implemented. Following a meeting with Inshore Support the therapists were working with staff again to implement this. The social worker and SALT told us there had been good improvements with staff involvement in the last 6 weeks.

The registered manager told us the funding they received from social services was insufficient to provide the

level of staffing to meet people's diverse needs including support for individual activities. They told us social services were reviewing the level of funding people received.

Everyone who lived at the home had a care plan. The Provider Information Return (PIR) told us, "Care plans are person centred and developed by the multi-disciplinary team, activities are developed using service user likes and dislikes. All staff read and sign individuals care plans and risk assessments to ensure consistency of care." The care plans we looked at, confirmed the information the provider gave us. We looked at two people's care plans in detail and found they had been written in a personalised way. Plans provided staff with information about how people wanted to receive their support and how they liked to live their lives. For example they included information on maintaining the person's health, their daily routines and preferences.

Care plans were reviewed monthly and updated as required to ensure they continued to meet people's changing needs. Daily records were completed for each person. These recorded any changes in people's needs as well as information regarding appointments, activities and emotional well-being. Staff told us any changes or information they needed to know was shared at handover meetings when they came on duty. Staff told us they felt the systems in place ensured they were up to date with any changes in people's needs.

Everyone living in the home had a relative who was able to raise concerns on their behalf. Relatives we spoke with knew how to complain if needed. One relative felt they were not always listened to when they had raised concerns with the management team. They had spoken with their social worker about the concerns which had been looked into. The registered manager told us there had been no formal complaints received about the service in the past 12 months.

Is the service well-led?

Our findings

None of the people who lived in the home were able to tell us what they thought about the quality of the service because of their complex needs. One relative told us they were very happy about the care provided, although another relative thought the service could be more responsive to their family member's needs.

Staff we spoke with told us they enjoyed working at the home, comments included, "It's a good place to work, I enjoy it. We are able to build up relationships with people." "I really like it here, it's very challenging and can be stressful but it's also very rewarding. The managers always check to see if we are stressed and the organisation ask on their surveys about stress levels, which is reassuring." Another told us, "I love the job and the people I work with."

There was a registered manager in post. The registered manager understood their responsibilities and the requirements of their registration. For example they had submitted statutory notifications and completed the Provider Information Return (PIR) which are required by Regulations. We found the information in the PIR was an accurate assessment of how the service operated.

Staff told us they felt well supported by the management team to carry out their roles. We were told there were procedures for staff to share their views and opinions of the service. One staff member told us, "I have supervision meetings and we have regular staff meetings. I can share my opinions about the people who live here and the home. We are kept up to date with relevant information. The only thing I think they could improve is activities with people; we know this is being looked at by the manager and social services."

We asked staff if they thought the service was well managed, staff thought it was. They told us the managers were approachable and available if they need advice or support. Staff spoke positively about the registered manager and the support they provided. One staff member told us, "[Registered manager] often works with us so she understands the needs of people who live here and the challenges they present. We know we can go to her if we are concerned about anything at all, and she always has time to listen and do something about it."

All the staff we spoke with understood their roles and responsibilities and what was expected of them. The deputy manager told us, "I try to lead by example. As a manager, staff look up to you, when you are motivated staff will learn from you and copy how you work."

We asked staff what worked well in the home. All staff said there was good communication and team work. One staff member told us, "There is good team work. People's challenging behaviours have reduced and I think it's because we work well with the guys and each other, so they get a consistent approach."

Staff knew who to report concerns to and said the management team were always available if they needed to speak with them. Staff knew about the provider's whistle blowing procedure and felt confident reporting concerns or poor practice to the management team. One staff member told us, "I wouldn't hesitate to report any concerns about staff practice. The people we work with are very vulnerable and can't speak up for

themselves." They were certain any concerns they raised would be listened to and acted on.

There was a system of internal audits and checks completed within the home to ensure the safety and quality of service was maintained. The registered manager told us they were supported by the organisation, "I have regular supervision with [line manager] and they are available if I need to speak with them at any time. Inshore conduct regular monitoring checks to the home and the quality manager visits monthly." The organisation also sent surveys to staff and relatives to find out their views about the service. Copies of the last surveys sent in 2015 showed that relatives who had returned surveys were satisfied with the service and staff felt supported to carry out their roles. The registered manager also carried out regular checks at the home. For example, regular audits in medicines management, checks on records and health and safety checks. There were regular visits from the local authority contracts department to monitor the care and support provided. These checks ensured the service remained safe and effective.

Staff told us about the changes to the service that had been implemented recently in regard to providing a person centred service and involving people in activities. A staff member told us, "We have looked at how we worked with people and found we could be more person centred by putting people at the centre of their care. We thought we were doing this until the speech and language therapist (SALT) and social worker pointed out we sometimes put the service needs before the individual. It's good to have time to reflect on what we do so we can learn and improve." Another staff member said, "There has been a drastic change for the better recently in the service. People do a lot more than when I first started here. SALT and social workers have encouraged us to look at how we can support people to have fulfilling lives."