

Inshore Support Limited

Inshore Support Limited - 27 Highfield 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?	Good ●

Summary of findings

Overall summary

The inspection took place on 31 August 2018 and was unannounced. 27 Highfield Road is a residential care home for three people with a learning disabilities or associated need. At the time of the inspection, three people were living at the service. At our last inspection on 2 February 2016, the service was rated as Good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People were supported by sufficient numbers of safely recruited staff who were aware of their responsibilities to act and report on any concerns they may have. Risks to people were regularly reviewed and staff kept up to date in changes in people's care needs. People received their medicines as prescribed. Where incidents and accidents took place, action was taken and lessons were learnt.

Staff received an induction and training that prepared them for their role. Staff felt supported by the registered manager and were provided with opportunity to discuss their learning or any concerns they may have through regular supervision and staff meetings. People were supported to eat and drink enough to maintain a balanced diet. People were supported to access a variety of healthcare services and benefitted from regular healthchecks. Improvements had been made to the environment and were ongoing.

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

People and staff shared warm, positive relationships. Staff treated people with dignity and respect and supported them to maintain their independence and make choices regarding how they wished to spend their time.

People were involved in the development and review of their care records and were supported by staff who knew them well. Efforts were made to maintain family relationships and support people to access the community and take part in activities they enjoyed. People had no complaints but were aware of the processes to follow should they have any concerns.

Relatives and staff spoke highly of the registered manager and considered the service to be well led. People were supported by a motivated group of staff who enjoyed their work and worked well together as a team. People's views of the service were sought and a number of audits were in place to review the quality of care provided and drive improvement.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service remains Effective.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

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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.

This was a comprehensive inspection and took place on 31 August 2018 and was unannounced. The inspection was completed by one inspector. As part of the inspection we reviewed information we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us by law.

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 spoke with one person who lived at the home and three relatives by telephone following the inspection. We also spoke with the registered manager and two members of care staff. We looked at the care records of all three people, two staff recruitment files, three medication administration records (MAR), and checks made by the management team to monitor the quality of the service provided and the actions they took to develop the service further.

Is the service safe?

Our findings

At our last inspection on 2 February 2016, we rated this key question as ' Good'. At this inspection, the rating remains unchanged.

It was evident from our observations, that people felt safe in the company of the staff who supported them. Relatives spoken with told us they had no concerns regarding the safety of their loved ones. One relative said, "Safe? Oh yes, no problem at all" and another said, "Yes [person] is safe, they have been here quite a while and they are well settled here".

People were supported by a consistent group of staff who were aware of their responsibilities to raise and act on any concerns. Systems and processes were in place for staff to follow should any concerns of a safeguarding nature be raised. Staff had received training in this area and were knowledgeable on the subject and who to contact should concerns come to light. Risks to people were regularly reviewed and assessed to ensure staff were supporting people safely. For example, staff explained how one person's mobility varied on a daily basis. They told us, "[Person] has days when they are stable and they can walk on their own and others when they will hook your arm and pull you closer".

One person told us, "They [care staff] give me my medicines and when I'm in pain". Relatives had no concerns regarding the administration of medicines. We saw systems were in place to ensure people received their medicines as prescribed. Daily audits of stock took place and were signed off by two members of staff, to ensure no errors had been made. We looked at the Medication Administration Charts [MAR] for all three people. We found what was in stock tallied with what had been signed for. For those people who may receive some medicines on an 'as and when required basis' (PRN) protocols were in place to ensure this was done consistently. A relative told us, "[Registered manager's name] will tell us when PRN medication has been administered, but it doesn't happen often".

People were supported by sufficient numbers of staff who knew them well. Recruitment processes in place demonstrated the appropriate checks had been made to reduce the risk of people being supported by unsuitable staff. These checks included obtaining references and checks with the Disclosure and Barring Service (DBS).

People were protected from harm by the prevention and control of infection. We saw the home was kept clean and people proudly told us and demonstrated how they worked with staff to maintain the levels of cleanliness. We observed staff using personal protective equipment such as gloves and aprons as appropriate.

Processes were in place to report, record and monitor any accidents and incidents and to look for any actions required to reduce the likelihood of events happening again.

Is the service effective?

Our findings

At our last inspection on 2 February 2016, we rated this key question as ' Good'. At this inspection, the rating remains unchanged.

People were supported by a group of staff who knew them well, knew their needs and how to care for them safely and effectively. All three people living at the home had been resident there for many years and their care plans provided staff with a comprehensive picture of them including what was important to them, what they liked to do, when they needed support and their healthcare needs. A relative told us, "I have no worries or concerns, they [care staff] really do look after [person] well" and another said, "We couldn't be happier with the service".

Staff told us that their induction and training provided them with the skills they required to meet people's particular needs and we saw systems were in place to ensure staff training was up to date. At our last inspection, staff had expressed an interest in attending 'End of Life' training. We saw that this was still outstanding. We spoke with the registered manager who explained this training was in the process of being sourced but that they had attended the training themselves and were able to support staff with any queries regarding this subject whilst they awaited to attend themselves.

Staff told us they felt well supported in their role. They were aware of their responsibilities and attended regular supervision and team meetings. Staff told us the registered manager was always on hand to provide advice and support and they also felt well supported by their colleagues. We saw effective communication systems were in place to ensure staff were provided with the most up to date information regarding people's health and wellbeing.

People were supported to maintain a healthy diet. One person told us how they enjoyed their cooked breakfast on a Saturday and that they were going food shopping for some of the items that day. We observed people make choices regarding what they wanted to eat and plan their meals for the coming days. We were told, and we observed, each person was offered two pieces of fruit a day. One person chatted with staff whilst they ate their orange, which they clearly enjoyed and commented upon.

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and saw that the provider had submitted applications where people were potentially receiving care that restricted their liberty. Systems were in place to record the expiry date of any notifications to ensure new applications were submitted [if appropriate] in a timely manner. We observed staff to routinely obtain people's consent prior to offering support and have a good understanding

of the Act and the impact that any authorisations may have on people's daily living.

People were supported to maintain good health. Staff were aware of people's healthcare needs and how to access healthcare services. A relative told us, "[Person] had a problem with their teeth. They kept us well informed, we were asked to attend a 'best interests' meeting to discuss it". Where one person's dietary needs had changed, staff were fully aware of the reasons for this and the measures to be taken to ensure the person maintained good health, including supporting them to make healthy choices and having their weight monitored on a regular basis.

People's needs were met by the design and adaptation of the service. Since the last inspection, improvements had been made to make the environment better for people. For example, an ensuite bathroom had been installed in one person's room and sensor lights to alert staff to when the person got out of bed at night. The installation of this meant that the person could be supported with their personal care at any given time of day or night without disruption to other people living at the home and at the same time, maintain their dignity.

Is the service caring?

Our findings

At our last inspection on 2 February 2016, we rated this key question as ' Good'. At this inspection, the rating remains unchanged.

We observed people benefitted from warm, positive relationships with the staff who supported them. There was a pleasant atmosphere in the home and all spoken with commented on the 'normal family atmosphere'. One person told us, "[Staff name] is lovely" when describing a particular member of staff who was supporting them that day. A relative said, "[Person] gets on well with all the staff and is quite attached to [registered manager's name]".

Relatives described the home as a 'happy environment'. One said, "Staff know people well, and make sure there are no clashes [between people living at the home]". We noted that the atmosphere was calm, staff interacted well with people and not just in isolation but as a 'family' group. People were encouraged to take part in activities they enjoyed but also to spend time with each other. For example, during the inspection, as the weather was warm, one person sat outside on a swinging chair with a member of staff. Another person was encouraged to join them and all three sat together, laughing and joking and enjoying each other's company. After a little while, staff encouraged the other person to sit outside, whilst they [the person] carried on with an activity they enjoyed. This slow introduction of each person to this setting worked well and each person clearly enjoyed sitting outside in the company of others.

We observed staff treat people with dignity and respect. One person told us how they liked to spend time in their own lounge area and staff respected this. We observed a number of occasions where staff supported people to make their own choices and staff respected the decisions made. One member of staff said, "I will pick out two jumpers but if [person] doesn't want to wear them they will choose another – I'll choose options that are appropriate to the weather". We saw one person point to where drinks were kept to indicate they wanted a drink. A member of staff selected a variety of drinks to enable the person to make their own choice.

People were supported to maintain their independence. One person proudly showed us their lounge area. They told us how they liked to dust and vacuum in order to keep the room clean and tidy. We saw another person was encouraged and supported to clean their room and do their own washing.

For those people who required the support of an advocate, this was arranged. An advocate can be used when people have difficulty making decisions and require this support to voice their views and wishes.

Is the service responsive?

Our findings

At our last inspection on 2 February 2016, we rated this key question as ' Good'. At this inspection, the rating remains unchanged.

People were supported by a small, consistent group of staff who were aware of what was important to them, their likes and dislikes and what made them happy. A member of staff said, "It works well [having the same staff group]. There's no new faces all the time, people are quite settled with us".

Care plans reflected how people wished to be supported, what was important to them and what they liked to do. People had been asked about their dietary preferences, their family, whether they needed any particular equipment to support them and also their needs in relation to any protected characteristics under the Equality Act, such as age, disability and religious needs. It was evident that people were involved in the development of their care plans and through regular meetings with members of staff, they were updated to reflect people's current wishes. Staff provided a good account of each person living at the home and what they told us was reflected in records seen. Staff explained how they were able to communicate effectively with people who could not communicate verbally, by observing their body language or by particular sounds they made in given situations and we saw evidence of this. For example, a member of staff said, "If you give [person] a shoe, they will tap it to tell us they want to go out. When you work with [person] you pick up their own language and way of talking".

People were supported to take part in a variety of activities that were of interest to them. A relative commented, "They [care staff] do keep trying [new things] all the time and they give [person] choices". On the day of the inspection, people were supported to access the community to do some shopping. One person proudly showed us some new bed linen they had chosen for their bedroom. They told us they were planning to go on holiday soon with staff and we observed conversations taking place regarding this. Staff listened attentively as the person told them where they wanted to go and what they wanted to do. They showed us photos of their last holiday and how much they enjoyed the experience. A relative said, "Staff try to take [person] out as much as they can. They love going out in the car and they do that. That's quite good".

The registered manager told us, "I want to be there for them [families] and I want to help [maintain relationships]". We noted that people were encouraged to maintain contact with their loved ones and this included supporting them to visit family in their own homes. One person told us how they visited a relative in a care home on a regular basis and a relative told us, "Staff support [person] to visit us at home every Thursday".

There was a system in place to record and respond to any complaints received. We found the last complaint received was in 2017 and was dealt with appropriately. Relatives spoken with told us they had no complaints about the service and the complaints process was on display in a pictorial format. Relatives told us they were aware of the complaints process to follow and if they did have any concerns they would speak to a member of staff or the registered manager. We saw that people's views of the service were routinely

sought and staff supported people to do this. One person told us they were very happy with the service and if they we worried about anything they would speak to a member of staff.

Is the service well-led?

Our findings

At our last inspection on 2 February 2016, we rated this key question as ' Good'. At this inspection, the rating remains unchanged.

Relatives and staff alike, all told us they would recommend the service. One relative reflected on the care their loved one received and told us, "If [person] is happy, then I'm happy". From our observations, we could see that people were happy in the company of the staff who supported them.

There was 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 2008 and associated Regulations about how the service is run.

Relatives and staff told us that despite the registered manager being responsible for another service, they had no problem getting hold of them and they had a visible presence in the home. Each relative told us, "I've got [registered manager's name] number. They will always get back to you". The registered manager told us they felt supported by management and were in discussions with them about creating a deputy role to provide additional support.

Staff told us they felt supported and listened to. A member of staff said, "[Registered manager's name] is available for advice" and another said, "[Registered manager's name] is very approachable. They support me and listen to my opinion. They do a really good job". We saw that the registered manager continue to work on shifts to support people and work alongside staff in order to provide guidance and support and monitor staff performance.

People were supported by a group of staff who were motivated and enjoyed their work. One member of staff said, "It's good because you never know what you are going to walk into. We all know what we are doing, know all the service users. It's the consistency that I like; there's never any issues". A relative also commented on this and told us, "It would be hard to find somewhere that would be better suited to [person]. Staff rotate slowly and it seems to be a happy place. No bickering between people or staff. Staff seem very content".

We saw that surveys were sent out both to relatives and staff on an annual basis. Where areas for improvement were noted, action plans were put in place and reports produced to confirm the actions taken.

The registered manager told us, "If I feel something isn't working I will change it". We saw there were a number of audits in place to monitor the quality of the service and drive improvement. The service was inspected by the provider's quality team on a monthly basis and any areas for improvement that were identified were added to an action plan which was then checked at every monitoring visit. The registered manager showed us a new computer based auditing system that was currently being introduced and was

able to analyse information collected on a weekly basis rather than previously being collected monthly. They told us, "Instead of leaving things for a month, it enables us to be more pro-active and act more quickly". For example, where information was collected regarding behaviours that may challenge, this was now reviewed on a weekly basis for any trends or actions that may need to be taken. We saw evidence of this and the actions taken resulted in a reduced number of incidents taking place the following month, as the areas for action that had been identified were implemented. The registered manager told us, "The system is all about identifying 'flags' and alerting us to them so we can act on them". We saw the system identified actions to take and an action plan was then put in place and implemented by the registered manager.

The registered manager worked closely with other professionals in order to meet people's care needs. One professional had very recently commented in the visitors book, "Both the social worker and I are very pleased with the exceptional level of care being delivered to [person] and the attention to detail in their notes and care plan. All positive, a fantastic team and manager".

The provider had notified us about events that they were required to by law and had on display the previous Care Quality Commission rating of the service.