

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Inshore Support Limited - 10 West Street

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Date of Inspection: 24 April 2013

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We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services

✓ Met this standard

Care and welfare of people who use services

✓ Met this standard

Safeguarding people who use services from abuse

✓ Met this standard

Supporting workers

✓ Met this standard

Assessing and monitoring the quality of service provision

✓ Met this standard

Details about this location

Registered Provider	Inshore Support Limited
Registered Manager	Mrs. Christine Bridgwater
Overview of the service	The home can provide accommodation and personal care for one person who has a learning disability.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 April 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

There was one person living at the home on the day of our visit. The person was not able to communicate with us for any length of time, due to their learning disability, so we observed their care and how staff interacted with them throughout our visit.

We saw that staff treated the person with respect and dignity and understood how to communicate with them. We spoke to the person about the home and they put their thumbs up indicating that they were happy living there. We spoke to a relative who said, "Our family is very happy with the care here."

We saw that records provided clear and up to date information for staff to follow so they could assist the person to meet their individual needs in the way that they preferred and encouraged to maintain their independence and develop new skills. A relative said, "He has improved so much since he has been here."

The person was supported to maintain activities that were interesting and stimulating so that they had a meaningful lifestyle. We saw that the person was safe in the environment they lived in. The person had a good rapport with staff and staff knew their individual needs.

Staff received a range of training so that they had up to date knowledge and skills in order to support the person who lived there. A relative said, "There are never any problems with the staff, they are great." There were robust systems in place to monitor the home, to ensure the person received a quality service.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected and people's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We saw that the person who lived there was given appropriate information and support regarding their care or treatment. They had a copy of the homes statement of purpose and service users guide. This was in a picture format making it easier for the person to understand. Information about the persons medicines had been written in an easy read format and contained pictures. Care plans and activity plans also contained pictures. We saw that staff discussed care with the person at meetings so they had a choice about their care and activities.

We saw that the person who lived at the home, moved around various areas of the home as they chose. When we arrived we were told the person was going out with their family for the day. They told me, "I'm going home." We saw that the person wore clothing that was appropriate for their age gender and weather.

We saw staff communicating with the person in the way that they could understand. Staff told the person what was happening and involved them in everything they did for the person. One staff told us, "I always make sure they are happy with what is going on." This meant people were supported to make choices when able to but also given support when they could not.

We looked at the person's care records. Information was recorded in their care plans to ensure staff had the information they needed to meet their care needs. The care plans were detailed with information about their preferences and choices. The provider had a system that ensured all staff read care plans and signed to confirm they had done so. We observed staff delivering care in line with the persons care plan. This meant that staff had the information to support people in the way they wanted to be supported.

Staff we spoke with were aware of the Mental Capacity Act 2008 (MCA) and Deprivation of Liberty Safeguards (DOLS) and could access information about this. Staff explained how

they supported and encouraged the person to do things for themselves. This meant the person was given choices about their care. A relative said, "They have been very well cared for."

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

The person's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. The assessment and care planning process takes into account people's age, disability, health care and communication needs. Care plans were in pictorial format making them accessible to people. The care plans provided good information for staff to follow so that they would know how to support the person to meet their needs. The plans were broken down into steps and gave short and long term goals to achieve. Risk assessments were available to support the person's individual needs. Staff spoken to were able to tell us about the person's needs and their behaviours.

We saw that the person interacted well with the staff. Staff encouraged the person to do things such as washing up their cup and going to get their coat and shoes. This means that the person was encouraged to maintain independence. A relative told us, "The staff has supported him to be much more independent."

We saw records that showed that the person had been seen by external healthcare professionals such as the GP, dentist and optician. We saw that their care plans were updated to incorporate treatment prescribed by healthcare professionals. This means that professional advice was sought and acted upon.

Staff told us and records we looked at showed that the person went out for meals, played football and went swimming. The person also went to the gym, went on the trampoline and on walks. This was to encourage a healthy lifestyle and to help the person to manage their weight. We saw that activity rotas included household chores such as dusting, vacuuming and the laundry. This would encourage the person to develop independent living skills.

We saw that Medication Administration Record (MAR) sheets were completed to ensure the person received their prescribed medication. We saw that the MAR sheets had been completed correctly and that the person's medication was stored securely.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

The person who lived there was protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

We saw that the person was safe in the environment they lived in and we saw that they seemed relaxed and comfortable in the presence of staff. A relative told us, "We are happy with him been here and we know he is safe."

There have not been any safeguarding referrals made by the home, or about care received by the person living at the home.

Training records showed that staff had received training in adult safeguarding and whistle blowing. We saw that staff had received training in the Mental Capacity Act and Deprivation of Liberty Safeguarding. We spoke to a care worker who confirmed that they had received this training. They were able to give us examples of things that may deprive people of their liberty and what they would do to act in their best interests. The member of staff was able to tell us what they would do in the event of witnessing or an allegation of abuse to keep people safe. This meant staff had the knowledge and skills to recognise signs of concerns and take the appropriate actions.

Staff told us and records showed that a meeting had been held with family and appropriate healthcare professionals. This was to discuss the needs of the person who lived at the home, to ensure they received care that was in their best interests.

We looked at records relating to monies the service held on behalf of the person using the service. The money was used for the person to purchase personal items, leisure activities, and to buy clothes and toiletries. We looked at the records. There was a clear audit trail of the monies coming into the home and what the funds were spent on. There were receipts in place for all expenditures. This meant the person could be confident that their finances were looked after appropriately on their behalf.

The person who uses the service was protected against the risk of unlawful or excessive control or restraint because the provider had made suitable arrangements. Staff told us that they did not have to use restraint as they were able to use verbal redirection to manage behaviour. We saw that staff had received training in the management of actual and potential aggression (MAPA) and received an update every year. This meant that they would have up to date knowledge and skills should the need to use restraint arise.

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We saw that the person who lived at the home had a good rapport with the staff. A relative said, "There are never any problems with the staff, they are lovely."

Staff received appropriate professional development. We looked at the training matrix and this showed what training staff had received, when it was due for a refresh and when it was booked. The matrix was colour coordinated making it easy to see when staff needed further training. We saw that staff had received training that was relevant to their roles and included first aid, infection control, food hygiene, health and safety, moving and handling and equality and diversity. The training included relevant topics such as Makaton sign language, management of actual and potential aggression (MAPA), epilepsy awareness, autism, asperger syndrome and attention deficit hyperactivity disorder (ADHD). We spoke to one member of staff who confirmed that they had received this training. This ensured people were been looked after by appropriately trained staff.

Staff told us they received regular supervision and are encouraged to discuss at any time issues with the manager or deputy manager. Staff told us they found the supervision and the manager's accessibility helpful. This meant staff were trained, supervised and supported to meet people's care needs safely.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive and the provider had an effective system in place to identify, assess and manage risks to the health, safety and welfare of people who use the service and others.

Reasons for our judgement

We spoke to the person who lived at the home and they put their thumbs up when we asked about the home, indicating that they were happy living there. We spoke to a visitor who said, " The care here is excellent. "

We were told that people who use the service, their representatives and staff were asked for their views about their care and treatment. In June, every year surveys were sent out to relatives, staff, GP's and other people involved with the home. These were to seek the opinion of people about the home, how it is run and what could be improved. From this an action plan was devised.

Each month the organisations quality assurance manager visited the home and completed an in depth audit that covered numerous aspects of the home. From this an action plan was devised for any areas that needed improvements and included information about who needed to make the improvements and timescales. This meant the provider was regularly checking service quality and that they were providing a safe home for people to live in.

Care plans, incidents, and accident records were monitored. This meant areas of concerns about people's health or care were identified and addressed in a proactive way.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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