

Review of compliance

<p>Inshore Support Limited Inshore Support Limited - 108 Barnfield Avenue</p>	
<p>Region:</p>	<p>West Midlands</p>
<p>Location address:</p>	<p>Allesley Coventry West Midlands CV5 9FX</p>
<p>Type of service:</p>	<p>Care home service without nursing</p>
<p>Date of Publication:</p>	<p>June 2011</p>
<p>Overview of the service:</p>	<p>108 Barnfield Avenue is located in the Allesley area of Coventry along a quiet residential road and is close to amenities such as shops, places of worship, library, pubs and restaurants. Accommodation and support is provided for up to four adults with learning disabilities. Bedroom accommodation is on the first and ground floor and all have en-suite facilities. Shared space consists of two large lounges, dining</p>

	room and kitchen and a large garden.
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Summary of our findings for the essential standards of quality and safety

Our current overall judgement

Inshore Support Limited - 108 Barnfield Avenue was meeting all the essential standards of quality and safety.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review as part of our routine schedule of planned reviews.

How we carried out this review

We reviewed all the information we hold about this provider and checked the provider's records.

What people told us

People who use the service were unable to express their views to us. There were no visitors at the home on the day of our visit. We spoke to staff on duty and observed people and saw that they were well looked after, had a good relationship with staff who were kind and patient. People appeared to be at ease in their surroundings and the home was comfortable and well maintained.

What we found about the standards we reviewed and how well Inshore Support Limited - 108 Barnfield Avenue was meeting them

Outcome 02: Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Arrangements are in place for obtaining, and acting in accordance with, the consent of people in relation to the care and treatment provided for them.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

People using the service receive care in line with their assessed needs and preferences

Outcome 07: People should be protected from abuse and staff should respect their human rights

People benefit from effective procedures to safeguard them from possible harm. Staff receive training to enable them to recognise signs of abuse and carry out agreed

procedures to prevent abuse and keep people safe.

Outcome 16: The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Systems are in place to monitor the quality of the service provided. We were told that satisfaction surveys are undertaken but were not shown any evidence of this during our visit.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

A **minor concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard.

A **moderate concern** means that people who use services are safe but are not always experiencing the outcomes relating to this essential standard and there is an impact on their health and wellbeing because of this.

A **major concern** means that people who use services are not experiencing the outcomes relating to this essential standard and are not protected from unsafe or inappropriate care, treatment and support.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary improvements are made. Where there are a number of concerns, we may look at them together to decide the level of action to take.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 02: Consent to care and treatment

What the outcome says

This is what people who use services should expect.

People who use services:

- * Where they are able, give valid consent to the examination, care, treatment and support they receive.
- * Understand and know how to change any decisions about examination, care, treatment and support that has been previously agreed.
- * Can be confident that their human rights are respected and taken into account.

What we found

Our judgement

The provider is compliant with Outcome 02: Consent to care and treatment

Our findings

What people who use the service experienced and told us

The people living at this home are not able to communicate verbally. We were told, and care files confirmed, that they make their wishes known by object referencing or by gestures. Care files seen recorded detailed information about people's likes and dislikes regarding personal appearance, personal belongings, work and occupation, leisure and relaxation, food and drink amongst other things. These were reviewed in May 2011 and give staff detailed information about people's likes and dislikes in these areas.

Each care file also contained information regarding 'limitations of choice'. These are actions that staff may take to ensure the safety of the person living at the home, for example people should take medication as part of their care, restraint may be needed to prevent people from harming themselves or others, staff are to manage individual finances, staff are to advise and provide a healthy diet and it was recorded that it may be necessary to make choices on the person's behalf regarding clothing if necessary.

It was also recorded that people are not able to sign documentation or have any involvement in their care plans or understand or have any interest in company policy. This very detailed information, available for each person living at the home, was discussed with the Deprivation of Liberty contact team in 2009 and has been reviewed by the home's manager in April 2011.

Staff told us that people give their consent to care by allowing staff to assist, if they are unhappy with anything they are able to make it known by their actions.

Staff spoken to had a detailed knowledge of people's likes, dislikes and daily routines.

Other evidence

The provider compliance assessment completed by the manager records that all service users have the right to make their own decisions about care and treatment. Where service users do not have the capacity to make decisions a capacity assessment will be completed and multidisciplinary input will be obtained from best interest meetings conducted with the involvement of family members and or an IMCA. Policy and procedure is in place on the mental capacity act including the deprivation of liberty. Service users are involved in the important decisions about their care, treatment and support, through regular multidisciplinary reviews, service user meeting and through resident questionnaires. Service users have a profile in their personal file identifying and providing the contact details of the people involved in their care. There is clear guidance on the process of referral, best interest meetings and deprivation of liberty safeguards. The legislation is covered with the use of mental capacity assessments, consent forms and the two stage assessment process.

We discussed the Mental Capacity Act with the acting deputy manager. The Mental Capacity Act governs decision making on behalf of adults, and is applied when people do not have mental capacity at some point in their lives for specific decisions. We were told that mental capacity is assessed individually if any best interest decisions need to be made. We were shown the paperwork that would be used to assess whether people living at Barnfield Avenue have the mental capacity to make decisions at a specific point in time. We were told that this paperwork has not been used to date but would be used as needed. We saw that for some decisions such as administration of medication, the next of kin or advocate has signed documentation to say that staff at the home are able to administer medication to the individual living there.

A deprivation of liberty representative visits as advocate to one person and is involved in assisting this person to make decisions if needed.

The home's training matrix records that staff have undertaken training regarding the Mental Capacity Act and Deprivation of Liberty Safeguards Legislation. The acting deputy manager told us that this training is undertaken on an annual basis. A poster on the wall in the manager's office gives up to date information to staff regarding best interest decisions, court of protection and other areas related to the Mental Capacity Act.

A copy of the home's Mental Capacity Act policy was available on file. This policy, which had been reviewed in February 2011, gave staff detailed information regarding the Act. All staff had signed a document to say that they have read and understood this policy. This helps to ensure that any decisions made by, or on behalf of people living at Barnfield Avenue are made in their best interests following a suitable procedure.

Our judgement

Arrangements are in place for obtaining, and acting in accordance with, the consent of people in relation to the care and treatment provided for them.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

During the first part of our visit two people were out with staff having lunch. The third person living at the home had not wanted to go out on this occasion. When everyone returned to the home we observed staff interactions with people. We saw that staff were kind, respectful and appeared to have a good relationship with those under their care. We saw that people had been supported to look well groomed in their appearance.

During the afternoon people were involved in activities of their choice, one person had decided to go out for a walk and the two other people were watching television in the lounge.

Other evidence

The provider compliance assessment provided us with information about care plans, this information was reviewed during our inspection. The provider compliance assessment records that each service user has individual care plans and risk assessments which are person centered and structured in pictorial format where necessary. These cover a range of different needs including social, psychological, cultural and health needs which focus on maintaining service user's independence, privacy, dignity which have been based on pre-admission assessments by social workers, manager with additional reviews with multi-disciplinary team. Needs Assessments are reviewed on an annual basis by the home manager. Individual care plans and risks are also reviewed on a monthly basis to ensure all information is kept up to date and staff is consistent with their approach to service user's care, treatment and support. Staff has received training relevant to the needs of individuals.

Staff understand the value of a stimulating environment, meaningful activity and effective communication in preventing behavior that presents a risk. Service users have activities care plans and daily activities plans based on choice. Service users will have a list of their likes and dislikes on their personal file. The company actively encourage service user meeting where service users can express their wishes. Each service user has a challenging behaviour care plan this indicates cues and triggers to behaviours and indicates methods of redirection. Every incident of challenging behaviour is recorded on an ABC staff will record the antecedent the behaviour and the consequence these can be monitored to assist in developing plans to reduce further behaviours.

At our visit we pathway tracked the care needs and support of two people. Pathway tracking enables us to look in detail at records to ascertain the person's experiences of the care provided.

Each person had a care file which contained risk assessments and an individual plan of care and support which had been reviewed monthly. Housing and support information gives staff detailed guidance and information about the person, including a description of their personality, activities they enjoy and how the person shows that they are not happy. Details of support needed, for example, bathing twice daily and support with medical appointments. Very detailed information is recorded regarding any challenging behaviours that the person may display, triggers, and the action that staff should try to reduce/stop these behaviours.

Records are kept of any episodes of challenging behaviour with the action that staff took, including any occasions when restraint was used. Staff also complete a record of physical intervention used. The manager reviews these records and completes a report detailing the number of accidents, incidents, interventions, notifications and safeguarding for each month. This helps the manager monitor people's health and welfare and make appropriate referrals to external professionals such as GP's, Consultants as necessary. Records show that staff have received training in appropriate restraint techniques.

A detailed epilepsy management plan was available on one file. This included a seizure description and diary of events leading up to and following the seizure.

Care files also included a likes and dislikes profile, details regarding limitations of choice, care reviews, client profile and risk assessments amongst other things. Care files were in good order and up to date. Other information available included a copy of the Service User's Guide and Statement of Purpose in an easy read format to help people understand the information. Copies of other relevant policies such as how to make a complaint were also available in an easy read format.

The people living at Barnfield Avenue do not communicate verbally, care files record people's communication needs, staff spoken to were aware of everyone's communication needs.

Information was available to demonstrate that people have access to external professionals such as speech and language therapists, GPs and occupational therapists.

Care plans and daily records showed that people have an active lifestyle. Activities that people enjoy are recorded and an activity menu shows the activities that people have been involved in.

Our judgement

People using the service receive care in line with their assessed needs and preferences

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

During the afternoon we saw that the three people living at this home appeared to be at ease in their surroundings. People were wandering freely around the home, or were watching television in the lounge.

We saw records to demonstrate that staff had been trained in restraint practices which are used only to prevent harm to the person or to others living at the home. We saw records that demonstrate when restraint had been used and in what circumstances. Risk assessments were also in place.

Other evidence

We asked for information to be provided regarding safeguarding of vulnerable adults in the form of a provider compliance assessment. Some of the information forwarded is detailed below.

Clear guidance is available on the reporting of abuse in our abuse policy. The complaints policy is provided to families or advocates giving guidance on who to report to. All reports of abuse are taken seriously and those reporting will be treated with dignity and respect. Support will be given to service users reporting abuse by the appropriate people both within or externally to the organisation. Service users will be included and reported back to on the progress of any investigation. External support will be accessed if needed by social workers or advocates/IMCA. The service user's right to confidentiality will be maintained at all time in relation to company confidentiality policy.

All services have procedures in place on the management of aggression, violence and restraint. It is clearly explained in the policy the different forms of restraint are permitted to be used. All staff are trained in MAPA the management of actual and potential aggression. Staff are trained in diversion and de-escalation to minimise the use of restraint. All service users have challenging behaviour care plans and risk assessments in place clearly indicating cues, triggers and how to manage the behaviours, all staff are aware restraint is a last resort only to prevent harm to service users and others and only to be used for the minimum amount of time.

Risk assessments are developed to ensure safe and appropriate restraint techniques are used. The dignity, privacy and respect of all service users are maintained. Care plans and policies are in place in relation to the use of physical intervention. Service user reviews with consultants and with multi disciplinary teams in advance of restraint and to review challenging behaviour. Psychology input is sought to assist with care plans of preferred measures to minimise the use of restraint. All physical interventions are documented and monitored. Referrals are made under the Mental Capacity Act where there is a deprivation of liberty. Following a restraint any injury will be recorded on incident/accident forms on a body map and monitored. Both staff and service users will be given emotional and physical support where needed. The service has in place the Mental Capacity Act Code of Practice

At our visit we saw that the home has a policy on safeguarding vulnerable adults which was reviewed in February 2011. The policy gives clear guidance to staff regarding what abuse is and the action they should take if they suspect abuse. Staff had signed a document to confirm that they had read and understood this policy. We discussed the safeguarding of vulnerable adults with the acting deputy manager and a member of staff. Both were aware of the procedure to follow if they suspected abuse.

We were told that there have been no safeguarding incidents at the home recently. There is an on call rota for night time, this means that staff on duty have access to senior staff at all times to discuss any issues or concerns.

We were told by the acting deputy that all staff employed have Criminal Records Bureau (CRB) checks. These records are held at Inshore Support Head Office. We looked at a personnel file for a member of staff at Barnfield Avenue and saw that it recorded that the CRB check had been received.

We were told, and records confirmed that people's personal spending money is checked and the balance of funds are recorded twice per day (morning and night). Staff are responsible for managing the money of everyone who lives at Barnfield Avenue. Two staff are required to sign documentation for audit purposes. This helps to ensure that financial abuse does not occur at this service.

Care plans are available regarding challenging behaviour. These give detailed information about what may trigger an episode of challenging behaviour and the action that staff can take to possibly distract the person and either prevent or stop this behaviour.

Training records seen show that a majority of staff have undertaken training regarding safeguarding vulnerable adults and the mental capacity act. Some newly employed staff require this training and some other staff require updates. This had been identified

during a quality assurance audit undertaken by staff from Inshore Support Head office in March 2011.

Our judgement

People benefit from effective procedures to safeguard them from possible harm. Staff receive training to enable them to recognise signs of abuse and carry out agreed procedures to prevent abuse and keep people safe.

Outcome 16: Assessing and monitoring the quality of service provision

What the outcome says

This is what people who use services should expect.

People who use services:

* Benefit from safe quality care, treatment and support, due to effective decision making and the management of risks to their health, welfare and safety.

What we found

Our judgement

The provider is compliant with Outcome 16: Assessing and monitoring the quality of service provision

Our findings

What people who use the service experienced and told us

We saw that the premises were clean and hygienic and had a homely feel and people appeared to be at ease in their surroundings.

Three people currently live at Barnfield Avenue. During the first part of our visit two of these people had gone out to lunch with staff and one person remained in the home. We were told that often all three people go out but are able to choose whether they want to go or not.

Later in the afternoon everyone arrived back at the home. Staff appeared to have a good relationship with those under their care and people appeared to be at ease. Sufficient staff were on duty to meet the needs of those living at the home. Staffing levels were discussed with the acting deputy manager and we noted that there are five staff on duty in the morning, four in the afternoon/evening and two at night.

Records show that individual meetings are held with people living at Barnfield Avenue on a weekly basis. These meetings are held to plan meals and to record any health or other issues that may have occurred during the previous week. Activity plans are completed at the same time.

Relatives are invited to an annual review meeting and are able to discuss the care received and raise any comments that they may have regarding the quality of service at Barnfield Avenue.

Other evidence

A provider compliance assessment was requested to give information regarding how the quality of the service provided is monitored. Some of the information given was reviewed during our inspection. The provider compliance assessment records that the provider has systems in place for gathering information about safety and quality of the service from all relevant sources which include sending questionnaires by the quality manager to people who use services who are able to express their views.

Questionnaires are also sent annually to family members who act on behalf of people who use the service if unable to express their views themselves, also questionnaires are sent annually to other providers e.g social workers and community nurses. These questionnaires when returned are analyzed and sent to each location for improvements to be made. Last survey was conducted in 2010 at organisation level, these were analysed and areas for improvement identified. The quality assurance report indicated that we had made improvements the previous year, these included people being called by the name of their choice, complaints procedure being sent to relatives, improved menu choices and increased social activities. Monthly visits are done by the Quality manager to monitor the Quality of the service and a report is given to the service and improvement plan if improvements have been identified during the visit. People who use the service are involved in meetings where they are able to express their views on their care. The service has in place policies and procedures on how to complain or raise any concerns with regards to the service, there is an easy format procedure in place for people to understand more easily. Staff meetings and service users meetings take place where applicable where service users can have input with regards to their care and treatment.

We saw records of monthly visits undertaken by two staff members from Inshore Support Head office. One person audits the premises and facilities and the other reviews records and policies. A report is then produced with action points for the manager to complete. Reports were available for January and two visits were undertaken in March. A visit had also taken place in May but the report was not yet available. The report for March 2011 highlighted some action to be taken by the manager such as training updates for staff, staff supervision and appraisal to be undertaken and an environmental risk assessment to be completed. An improvement plan was in place which recorded dates that the issues identified are to be completed and comments made by the manager to record whether the action has been completed, started or mostly completed.

Training records demonstrated that over 50% of staff at this home have undertaken a national vocational qualification in care at level two and a further 15% have undertaken this qualification at level three. Records also show that varied training is offered to staff on a regular basis but some staff require update training. This has been identified at the home and some training sessions have been booked. Regular training of staff helps to ensure that the care they provide meets people's needs and expectations.

We saw records of medication audits which take place on a weekly basis. Care plans and risk assessments are reviewed and updated, if necessary on a monthly basis. Accidents and incidents are reviewed monthly. Spending money records and funds available, are also checked twice per day.

The acting deputy manager was not aware of any satisfaction surveys being undertaken with stakeholders involved in the home such as GP, District Nurses,

Consultants. We were told that people living at the home would not be able to complete survey's without assistance from staff but surveys are sent to their families and then returned to Inshore Support Head office. The acting deputy was not able to produce any satisfaction surveys or the results from any surveys recently undertaken but felt sure that these are completed and available at Head office. It was therefore difficult to evidence that the views of stakeholders are sought and any areas for improvement which have been identified are acted upon.

We discussed any complaints and were told that one complaint had been received in February 2011 but this was not in relation to the service provided at Barnfield Avenue. We were told about the action taken to resolve the issue raised.

We were told that Inshore Support pay an amount towards an annual holiday for everyone living at the home and also pay a weekly amount of "social training" money which people are able to spend when out of the home with staff.

Overall systems are in place to monitor the quality of service provided, however we were not shown information whilst at Barnfield Avenue to demonstrate that people's views are sought. The provider compliance assessment records that satisfaction surveys are undertaken, however staff at the home were not aware of the results of these surveys and could not provide evidence that surveys had been undertaken.

Our judgement

Systems are in place to monitor the quality of the service provided. We were told that satisfaction surveys are undertaken but were not shown any evidence of this during our visit.

What is a review of compliance?

By law, providers of certain adult social care and health 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 Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

When making our judgements about whether services are meeting essential standards, we decide whether we need to take further regulatory action. This might include discussions with the provider about how they could improve. We only use this approach where issues can be resolved quickly, easily and where there is no immediate risk of serious harm to people.

Where we have concerns that providers are not meeting essential standards, or where we judge that they are not going to keep meeting them, we may also set improvement actions or compliance actions, or take enforcement action:

Improvement actions: These are actions a provider should take so that they **maintain** continuous compliance with essential standards. Where a provider is complying with essential standards, but we are concerned that they will not be able to maintain this, we ask them to send us a report describing the improvements they will make to enable them to do so.

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. Where a provider is not meeting the essential standards but people are not at immediate risk of serious harm, we ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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