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

Inshore Support Limited - 88 Broad Street

Foleshill, Coventry, CV6 5AZ
Tel: 02476665329

Date of Inspection: 14 February 2013
Date of Publication: March 2013

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
- Staffing: Met this standard
- Assessing and monitoring the quality of service provision: Met this standard
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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 14 February 2013, observed how people were being cared for and talked with people who use the service. We talked with staff, reviewed information we asked the provider to send to us and talked with other authorities.

What people told us and what we found

On arrival at the home we spoke with the manager. The manager was an interim manager who had applied to be the registered manager. The registered manager shown at the top of this report had recently resigned.

There were three people living at the home. We were able to meet and speak to two people who used the service. People were happy to be introduced to us. Some people spent time chatting to us, one person showed us their room. Rooms were decorated in individual styles and reflected people's personalities and interests.

We asked people who used the service whether they were given choices. People told us "I can choose what I want to do." We observed people moving freely around the home making choices about how they wanted to spend their time.

People told us they were treated with consideration and respect. One person said "I've been here a while now and I like it." Another person told us "I get on well with everyone."

There were adequate numbers of staff present to meet the needs of people who used the service. We saw there were three staff members in addition to the manager. The staff numbers allowed for individual attention for some people whilst others were involved in activities outside the home.

During our visit we asked about the process for monitoring the quality of the service provided. We saw the home had good monitoring procedures in place. Evidence was available to show checks were regularly made on records and care plans.

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. 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 a person centred approach had been used in the assessment of support required for each person. People had been involved in the planning of their own support requirements. Care files included personal photographs and life histories. The information was in an 'easy read' format using graphics and pictures to make the information accessible to people who used the service. This meant care plans were tailored to meet the needs of each person according to their support requirements, skills and wishes. People were asked for their views about their care and treatment.

We observed people moving freely around the home, making choices about how they wanted to spend their time and which activities to undertake. During our visit people were asked if they wanted to go out to lunch, or eat at home. We observed one person playing a game with a member of staff. We were told that another person was currently attending a local college. We observed discussions with staff regarding recent outings and holidays. Activities for people were tailored to individual strengths and preferences and involved people who used the service in making choices about the activities they wanted to undertake.

People were treated with respect. People who lived at the home showed confidence and familiarity with staff and with each other. Staff spoke to people in respectful, positive ways. When they spoke with us members of staff were keen to emphasise the positive attributes of the people who lived there.

All bedrooms were single occupancy. This promoted people's privacy and provided them with a private space where they could spend their time.

People were given choices. Rooms were decorated in individual styles and reflected people's personalities and interests. One room had a number of posters and pictures on the walls. One person told us "I'm planning to re-decorate in dark blue, the colours of my favourite football team."
People were encouraged to clean their own rooms and take part in washing their clothes.
People were treated as individuals and their independence was promoted.
Care and welfare of people who use services

Met this standard

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

Care and treatment was planned and delivered in a way that was intended to ensure people’s safety and welfare. We looked at health and care plans of two people who used the service.

Medical treatment met people’s personal health needs. Care records confirmed that the service referred people to external care professionals such as the GP, dentist and dietician when necessary. We viewed care records and saw evidence of daily monitoring of fluid and food intake for those people that required treatment to maintain their weight. The records showed good communication with other agencies and health professionals.

Planned activities met people’s interests and hobbies. People were involved in choosing their own activities, and were supported by staff on a ‘one to one’ basis to attend activities inside and outside the home.

People told us that house meetings were happening regularly to discuss activity plans or any concerns. People were given a service user guide which contained procedures that were followed by staff, this included activities programme planning and contact with family and friends. This information meant that people who used the service were clear about how they should be included in planning their own support.

Completed risk assessments related to each person and detailed how risks should be managed for that person.

We observed that people who used the service were well cared for. The home was clean and tidy and people appeared clean and were dressed appropriately for their environment.

We saw how people who lived at the home got on well with each other and were tolerant of each other. People told us that they enjoyed living at the home. One person said “I like it here.” Another person told us “It’s more like a home than other places.”
Safeguarding people who use services from abuse  ✔ Met this standard

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

People who used the service were protected from the risk of abuse. We saw rigorous recruitment procedures were in place to ensure staff were safe to work with vulnerable adults. Staff files included identification documents, evidence of criminal records checks, references and employment history.

The home had a policy in place for safeguarding vulnerable adults. Staff we spoke with knew the policy and told us that they had received training in safeguarding vulnerable adults. We saw training records that confirmed training had been delivered. Staff we spoke with showed a good awareness of what to do if they had safeguarding concerns.

Training records demonstrated staff had also received appropriate training to protect people who use services from abuse such as the correct administration of medication, managing difficult behaviour and financial procedures.

The home had procedures in place to monitor the behaviour of people who used the service, and their interaction with each other. This was to manage the interaction of people where there had been previous incidents between people who lived in the home. This meant that people were safeguarded against the risk of abuse because preventative measures had been taken to diffuse conflict between people.

We saw a system was in place to record and report any issues that could be considered as safeguarding. The manager was clear about what to do when reporting safeguarding concerns.
Staffing

Met this standard

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

There were adequate numbers of staff present to meet the needs of people who used the service. There were three people living at the home at the time of our visit. We saw there were three staff members supporting people in addition to the manager. The staff numbers allowed for individual attention for some people whilst others were involved in activities outside the home.

During our visit we met with the registered manager and two members of staff. We also reviewed staff files for two members of staff. Training records we examined showed staff had received appropriate induction and training. Some examples of the training being delivered included safeguarding, deprivation of liberty and medication administration.

We saw the provider supported staff to attend further training such as an NVQ qualification. This meant staff had suitable experience and skills to meet the needs of people they supported.

We saw staff worked alongside the manager and senior staff members who observed their working practices. One member of staff told us that they could ask for a meeting with their manager at any time if they needed to. We were told that regular meetings between managers and staff took place including yearly appraisals. This monitoring of staff performance identified training requirements and areas where the quality of care could be improved.

Staff we spoke with showed good knowledge of the skills and abilities of each person who lived at the home. We observed staff had a good rapport with people who used services which encouraged good communication and interaction with people. One person told us "We all get on really well." One member of staff told us "I love it here, we all get on well together."
Assessing and monitoring the quality of service provision

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.

Reasons for our judgement

During our visit we asked about the process for monitoring the quality of the service provided. We saw the home had good monitoring procedures in place. Evidence was available to show checks were regularly made on records and care plans.

Internal audits were conducted by the provider on a monthly basis. External audits were also completed. We viewed the latest audit report by the local authority. We saw where areas had been highlighted for improvement an action plan had been put in place and actions were being implemented.

We viewed the complaints policy and the complaints log during our visit. The log was available but the service had not received any recent complaints.

We were shown copies of customer satisfaction survey forms. Customer satisfaction forms were sent annually to people who used the service, relatives of people who used the service and other professionals. We looked at comments people had made regarding the service and found that a high percentage of people were happy with the service being provided. We saw the results had been analysed to enable the continuous improvement of the service.

We were able to examine a number of policies available to staff which included; protection from abuse, good practice guidance and mental capacity. Documented policies and procedures which were accessible to all staff ensured a consistency of approach in the delivery of care.

We checked the medical records of people who used the service. Staff recorded all medication they administered on a chart. We were told the charts were regularly reviewed by the manager to check that medication was being administered appropriately. We saw there was a gap in the recording of medication for one person on one recent occasion. We discussed this omission with the manager and another member of staff who explained that the records had not yet been audited. Staff confirmed they should have been recording medication every time or recording why medication had not been given. During audits all gaps would be followed up to discover the reason for the gap, and charts would be updated promptly to record accurately what had occurred. Where necessary staff would receive appropriate training.
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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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:

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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.