Inspection Report

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

Inshore Support Limited - 108 Barnfield Avenue

Allesley, Coventry, CV5 9FX

Tel: 02476403067

Date of Inspection: 24 October 2013

Date of Publication: November 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

Details about this location

Registered Provider	Inshore Support Limited
Registered Manager	Mr. Andrew David Perkins
Overview of the service	108 Barnfield Avenue provides accommodation and personal care to people with learning disabilities.
Type of service	Care home service without nursing
Regulated activity	Accommodation for persons who require nursing or personal care

Contents

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'.

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 announced 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 October 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with carers and / or family members, talked with staff and reviewed information given to us by the provider. We reviewed information sent to us by commissioners of services.

What people told us and what we found

At the time of our visit there were three people living at Inshore. People who used the service had limited verbal communication skills but were happy to be introduced to us. We observed people moving freely around the home, taking part in activities and making choices about how they wanted to spend their time.

We were able to observe people in the communal areas of the home and we spoke with two relatives of people who lived at Inshore. One relative told us, "My relative is happy, we are lucky we have them there."

People who used the service were protected from the risk of abuse. There were appropriate policies and procedures in place to provide guidance to staff if they suspected abuse. We saw rigorous recruitment procedures were in place to ensure staff were safe to work with vulnerable adults.

There were appropriate numbers of staff present to meet the needs of people who used the service. Staff numbers allowed for individual attention for 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. 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.

Reasons for our judgement

People we met who lived at the home were unable to talk to us about the care and support they received due to their limited communication skills. However we observed people at the home and saw how they interacted with staff and other people around them. We spoke with three members of staff and the registered manager.

We saw a person centred approach had been used in the assessment of support required for each person. People who used the service or their relatives were involved in planning their own care. We looked at the care files for two people who lived at the home. The files included personal photographs and life histories, people's hobbies and interests. Care plans were tailored to meet the needs of each person according to their support requirements.

We spoke with two relatives of people who used the service. They told us their relatives were happy with the service provided. One person told us, "My relative is happy, we are lucky we have them there." Another person said, "My relative always seems happy to go back when he's visited us."

We observed people moving freely around the home, making choices about how they wanted to spend their time and which activities to undertake. Staff told us that one person liked to go swimming and another person enjoyed walking. During our visit people were taken out for activities at their request. Activities for people were tailored to individual strengths and preferences and involved people who used the service in making choices. A relative told us, "They go out every day, and they get on well with the staff."

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 and each person had their own bathroom. This

promoted people's privacy. There were several communal areas that could be used throughout the day. This provided individuals with a choice of room where they could spend their time.

People had personal items in their rooms that reflected the person's taste. One bedroom we viewed had been cleared of all breakable objects and personal possessions. This was designed to assist the person to feel calm and reduce the risk of self-harming. People were treated as individuals.

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.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

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. Plans were regularly reviewed and updated.

People at the home were unable to communicate with us verbally. We observed people for a period of time to see how staff interacted with people who used the service. People were treated with care and consideration. We saw how people who lived at the home got on well with each other, were tolerant of each other and members of staff.

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.

Restraints were occasionally needed due to patterns of self-harming behaviours. We discussed the use of restraints with the manager and staff. We saw they consulted with other professionals appropriately about when restraint should be used and whether this should be categorised as a deprivation of liberty. Sometimes a deprivation of liberty (DOL) decision may be required where a person's movement needs to be restricted to protect them from harm. There is a legal duty on the service to request the local authority for authorization to deprive someone of their liberty. Any DOL where it cannot be avoided should be for no longer than is necessary. Any restraint must be appropriate, proportionate, and in the person's best interests. We saw one person's plan had recently been independently reviewed to assess whether a DOL could be lifted. Staff we spoke with knew what constituted restraint and if restraint was used how this could be carried out. People's rights were protected when restraints were required.

Planned activities met people's interests and hobbies. We saw people were asked what they would like to do and were involved in choosing how to spend their time. People were supported by staff on a 'one to one' basis or a 'two to one' basis to attend activities inside and outside the home. On the day of our visit we saw all the people at the home had been

taken out on separate activities according to their own likes and interests.

Completed risk assessments related to each person and detailed how risks should be managed for that person. We saw risk assessments were regularly reviewed and updated.

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 age and environment.

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 recruitment procedures included the checking of identification documents criminal records, 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 received appropriate training to protect people who use services from abuse, such as the correct administration of medication and managing difficult behaviours.

The home had procedures in place to continuously monitor the behaviour of people who used the service. This was to manage the interaction of people with each other and members of staff. It enabled the service to recognise and defuse situations where potential conflict could occur. This meant that people were safeguarded against the risk of abuse because preventative measures had been taken to reduce 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 appropriate 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 four staff members supporting people in addition to the manager. The staff numbers allowed for individual attention for people whilst others were involved in activities outside the home.

We reviewed staff personnel 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. 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 spoke to staff and asked how they recognised the signs of continuing or escalating distress with individuals who were unable to verbalise their needs. Staff showed a good understanding of the individual's reactions to certain stimuli, and could explain the training they had received in managing challenging behaviours.

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.

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 showed checks were regularly made on records and care plans.

Internal audits were conducted by the provider on a daily, weekly and 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 action plans had been put in place and actions were implemented.

We checked the medical records of people who used the service. Staff recorded all medication they administered on a chart. We saw the charts were audited daily and medication was counted daily. Weekly checks were also undertaken to make sure people were receiving their medication appropriately.

We viewed the complaints policy during our visit. We saw the policy was in an 'easy read' format to make it more accessible to people who lived at the home, and was on display in the home. 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, their relatives and medical professionals involved in people's care. We looked at comments people had made and found that a high percentage of people were happy with the service provided.

We were able to examine a number of policies available to staff which included safeguarding of vulnerable adults, medication administration and accident reporting. Documented policies and procedures which were accessible to all staff formed part of staff induction. We saw staff signed to say they had read and understood them. Policies were regularly updated and were reviewed yearly. These processes were to ensure a consistency of approach in the delivery of care.

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.

Contact us

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