

Inclusive Support Limited

26 Dugard Avenue

Inspection report

26 Dugard Avenue
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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 13 October 2015 and was unannounced. 26 Dugard Avenue provides accommodation and personal care for up to four people who have a learning disability or autistic spectrum disorder. People who use the service may also have a physical disability. At the time of our inspection two people were living in the home.

A registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered

providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The service was meeting the requirements of the Deprivation of Liberty Safeguards (DoLS). Appropriate mental capacity assessments and best interest decisions had been undertaken by relevant professionals.

People were safe because staff supported them to understand how to keep safe and staff knew how to manage risk effectively. There were sufficient numbers of

Summary of findings

care staff on shift with the correct skills and knowledge to keep people safe. There were appropriate arrangements in place for medicines to be stored and administered safely.

Staff had good relationships with people who used the service and were attentive to their needs. The atmosphere in the home was friendly and welcoming. People's privacy and dignity was respected at all times.

People and their relatives were involved in making decisions about their care and support. Their care plans were individual and contained information about how they preferred to communicate and their ability to make decisions.

People were encouraged to take part in activities that they enjoyed and were supported to keep in contact with family members. When needed, they were supported to see health professionals and referrals were put through to ensure they had the appropriate care and treatment.

Relatives and staff were complimentary about the management of the service. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

There was an open and transparent culture in the service. The management team had systems in place to monitor the quality and safety of the service provided.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff understood their responsibilities to safeguard people from the risk of abuse.

The provider had systems in place to manage risks. Staff understood how to recognise, respond to and report abuse or any concerns they had about unsafe care practices.

Staff were only employed after all essential pre-employment checks had been satisfactorily completed.

There were systems in place to manage people's medicines safely.

Good



Is the service effective?

The service was effective.

Staff received regular supervision and training relevant to their roles.

Staff had a good knowledge of the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and how this Act applied to the people they cared for.

People were supported to eat and drink sufficient amounts to help them maintain a healthy balanced diet.

People had access to healthcare professionals when they required them.

Good



Is the service caring?

The service was caring.

Staff had developed positive caring relationships with the people they supported.

People were involved in making decisions about their care and their families were appropriately involved.

Staff respected and took account of people's individual needs and preferences.

People had privacy and dignity respected and were supported to maintain their independence.

Good



Is the service responsive?

The service was responsive.

Care plans were detailed and provided guidance for staff to meet people's individual needs.

There was an effective complaints policy and procedure in place which enabled people to raise complaints and the outcomes were used to improve the service.

Good



Is the service well-led?

The service was well-led.

There was an open culture at the service. The management team were approachable and a visible presence in the service.

Good



Summary of findings

Staff were clear about their roles and responsibilities and were encouraged and supported by the manager.

The service had an effective quality assurance system. The quality of the service provided was monitored regularly and people were asked for their views.

26 Dugard Avenue

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.’

This inspection, which took place on 13 October 2015, was unannounced and was completed by one inspector.

We reviewed the information we held about the service including safeguarding alerts and statutory notifications which related to the service. A notification is information about important events which the provider is required to send us by law.

During our inspection people carried on with their usual routines within the home and going out into the community. Due to their complex needs, we were unable to speak with any of the people using the service. Therefore we spent more time observing the care and support they received. We looked at records in relation to the two people’s care. We spoke with two relatives, the registered manager, the team leader and two care staff.

We made telephone calls to two professionals for feedback about the service. We looked at records relating to the management of the service, four staff recruitment files along with the training matrix.

We also looked at the service’s arrangements for the management of medicines, complaints and compliments information, safeguarding alerts and quality monitoring and audit information.

Is the service safe?

Our findings

People had complex needs, which meant they could not readily tell us about their experiences and communicated with us in different ways. We observed the way people interacted with staff and how they responded to their environment and people who were supporting them. People who used the service were happy and relaxed in the presence of staff. Relatives told us, “We are 100% happy [relative] is safe and secure living at Dugard.”

The provider’s safeguarding and whistle blowing policies and procedures informed staff of their responsibilities to ensure people were protected from harm and abuse. Staff told us they had completed training in safeguarding and this was evident from our discussions with them. For example, they had a good awareness of what constituted abuse or poor practice and knew the processes for making safeguarding referrals to the local authority. The manager had maintained clear records of any safeguarding matters raised in the service. Our records demonstrated that they were clear of their roles and responsibilities with regards to keeping people safe, and reported concerns appropriately.

People were protected from risks and their freedom was supported and respected. People had individual risk assessments which covered identified risks such as self-harm, medication and accessing the local community, with clear instructions for staff on how to meet people’s needs safely. Staff were knowledgeable about the people they supported and were familiar with the risk assessments in place. They confirmed that the risk assessments were accurate and these were reviewed and updated regularly.

Accidents and incidents were recorded, analysed and management action plans put in place to keep people safe. This assured us that there were systems in place to monitor trends so that action was taken to reduce the likelihood of any recurrence.

We saw records which showed that equipment at this service, such as the fire system was checked regularly and

maintained. Appropriate plans were in place in case of emergencies, for example evacuation procedures in the event of a fire. Staff knew what to do in the case of an emergency situation.

There was an established staff team in place and sufficient numbers to provide the support required to meet people’s needs. People’s needs had been assessed and staffing hours were allocated to meet their requirements. The team leader told us that the staffing levels were flexible and could be increased to accommodate people’s changing needs. For example, if they needed extra care or support to attend appointments or activities. Our observations and conversations with staff confirmed this. There was a 24hour on-call support system in place which provided support for staff in the event of an emergency.

Recruitment processes were robust. Staff employment records showed all the required checks had been completed prior to staff commencing employment. These included a Disclosure and Barring Service (DBS) check, which is to check that applicants are suitable to work with people who require care and support as well as previous employment references. Details of any previous work experience and qualifications were also clearly recorded. New staff received an induction before starting to work at the service.

Medication records and storage arrangements we reviewed showed that people received their medications as prescribed and medications were securely kept and at the right temperatures. The medications received into the service from the pharmacy were recorded and records also showed when people’s medications had been administered or refused. This gave a clear audit trail and enabled staff to know what medications were on the premises. Where medication was prescribed on an as required basis (PRN) for example, when people became anxious, there were plans, guiding staff through the process for deciding whether to administer the medication and what alternative strategies should be attempted before resorting to the use of medication in such circumstances. Staff talked about the different techniques used to manage people’s anxieties before they resorted to administering medication, this included distraction and reassurance.

Is the service effective?

Our findings

People received effective care that was based on best practice from staff that had the knowledge and skills to meet their needs. Relatives told us, “Staff know what is important, they have built positive relationships up with [name of relative] they do meet [relative] needs.” Professionals told us, “The staff approach things positively, I have no concerns since [name of person] moved in, their life has been transformed.”

The provider had systems in place to ensure that staff received training, achieved qualifications in care and were regularly supervised and supported to improve their practice. Staff told us they received the training and support they needed to do their job well. We looked at the staff training and monitoring records which confirmed this. Staff had received training in a range of areas which included, safeguarding, medication and managing behaviours.

Staff told us they felt supported in their role and had regular supervision meetings where they could talk through any issues, seek advice and receive feedback about their work practice. Regular team meetings took place which provided staff with the opportunity to discuss their roles and responsibilities, to discuss best practice and identify ways of how to improve the service provided to people.

The Care Quality Commission (CQC) monitors the operation of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS) which apply to care homes. Staff had a good understanding of the Mental Capacity Act and Deprivation of Liberty Safeguards. These safeguards were in place to protect people’s rights. They ensured that if there were restrictions in place to prevent

people doing particular things, these were fully assessed by professionals who considered whether the restriction was appropriate and required. The manager had made appropriate DoLS referrals where required and was waiting for a response from the local authority. People’s relatives, health and social care professionals and staff had been involved in making decisions in the best interests of the person and this was recorded in their care plans.

People had access to healthcare professionals and received on-going healthcare support where required. We saw records of visits to healthcare professionals in people’s files. Care records

reflected that people, or relatives on their behalf, had been involved in determining people’s care needs. This included attending reviews with other healthcare professionals such as social workers, specialist consultants and their doctor. Health action plans were individual to each person and included dates for medical appointments and medication reviews.

Arrangements were in place that supported people to eat and drink sufficiently and to maintain a balanced diet. There was an availability of snacks, refreshments and fruit throughout the day. Staff encouraged people to be independent and therefore supported them where possible, to make their own meals and drinks. We saw menu plans which contained healthy nutritional meals, these were reviewed and changed regularly to offer a variety of different foods.

Staff maintained people’s weights regularly. Where there was a concern about the weight of a person using the service, we saw records which confirmed the service involved other health professionals to support people who had needs around healthy eating.

Is the service caring?

Our findings

relationships with the people they supported. People were happy and at ease with staff. Relatives told us staff were caring towards their relatives and always treated them with dignity and respect. One relative told us, “The staff are positive and [relative] must trust them, [relative] is always happy to return after a home visit.”

Staff had a good rapport and interacted well with people, they demonstrated warmth, understanding and kindness. Staff explained to people the purpose of our visit and they were alert to any changes in people’s behaviour and provided appropriate reassurance and diverted their attentions, which reduced their anxieties.

Staff we spoke with had a good knowledge about people’s backgrounds, their current needs, strengths and anxieties, how they communicated and the type and level of support they needed.

They described the likes and dislikes of each person they supported. Detailed communication plans helped develop effective understanding between people and staff. This included information about the aids people used such as pictorial cards and their facial expressions, vocalised sounds, body language, gestures and other indicators such as their demeanour and what changes could represent. For example, how a person appeared if they experienced pain or anxiety.

We observed people communicating with staff using gestures, body language and behaviours to communicate their needs. People were relaxed with the support they received from staff.

People were proactively supported to express their views through various forums such as house meetings, questionnaires and key worker meetings. Staff provided people with information, explanations and the time they needed to make decisions and choices. We saw that staff involved people and facilitated choice on how they spent their day, where they wanted to go out and what they wanted to eat. People had choice over their daily routines and were supported to change activities and plans when they decided to.

People’s independence was promoted and staff provided active personalised support that enabled them to participate, where they were able, in day to day living activities such as shopping, cleaning, laundry, cooking and changing their bed.

A staff member told us how people were supported with regular opportunities to maintain contact with their family and for one person regular overnight visits were organised. Relatives told us they could visit and phone whenever they wanted to.

Is the service responsive?

Our findings

People received care and support that was planned and centred on their individual and specific needs. A relative told us that the manager and staff understood their family member's needs and were alert to their behaviours. Staff gave us examples of situations that people disliked and how they would support them to cope in those circumstances, for example noisy and crowded environments.

The service was responsive to people's needs for care, treatment and support. Each person had a support plan which was personalised and reflected in detail their personal choices and preferences regarding how they wished to live their daily lives. Support plans were regularly reviewed and updated to reflect people's changing needs.

Staff knew people's individual communication skills, abilities and preferred methods and they were able to communicate effectively by interpreting gestures, signs and body language. A relative told us that staff were able to communicate effectively with their family member and how this had improved their quality of life because being understood reduced their frustration.

Support was provided to enable people to take part in and follow interests and hobbies. This included regular access to the local community and access to community social activities. We saw people going about their daily lives popping to the shop, out for a walk and going into town to do some clothes shopping. People had a list of different activities in their care records that they chose from, this included going swimming, Jacuzzi sessions and dancing.

Staff told us they completed an 'activity analysis form' after each activity; this was to record to show whether people had enjoyed the activity and wanted to participate again. We saw records of key workers meetings that had taken place and discussions had been held around what activities they would like to do the following week.

Staff were kept aware of any changes in people's needs on a daily basis. Daily records contained information about what people had done during the day, what they had eaten and how their mood had been. There were also verbal handover between shifts, when staff teams changed and a communication book to reflect current issues. These measures helped to ensure that staff were aware of and could respond appropriately to people's changing needs.

People's bedrooms were personalised and people were encouraged and supported to individualise their rooms with pictures, posters and transfers of their choice.

The provider's complaints policy and procedure was made freely available in the service and contained details of relevant external agencies. Staff were able to explain the importance of listening to or recognising when people were concerned or upset and described how they would support people in these instances.

Professionals and family members told us that they had a good working relationship with the manager and staff and any comments made were dealt with promptly and addressed. We looked at the complaints records and saw that there had been one complaint, the complaint had been investigated and formally responded to. The manager confirmed that the service was not dealing with any complaints at the time of our inspection.

Is the service well-led?

Our findings

The service was well organised and had effective leadership. The registered manager also managed two other similar small services provided by the organisation which were in close proximity of Dugard Avenue. The registered manager visited each service daily and provided day to day leadership. Staff told us, “[manager] is always there for support, if she is not available we have [team leader] who is very supportive.”

Staff told us the service was well organised and they enjoyed working at the home and that the manager had a visible presence within the home and in the daily running of the service. They also told us that she treated them fairly, listened to what they had to say and that they could approach them at any time if they had a problem.

Staff said they had regular supervisions where they had the opportunity to discuss the support they needed, guidance about their work and to discuss their training needs.

The manager carried out a range of audits to monitor the quality of the service. These audits included daily medicines checks and monitoring areas relating to health and safety such as fire systems, emergency lighting and testing of portable electrical appliances. Records relating to auditing and monitoring the service were clearly recorded.

A relative told us that they were fully involved in the care and support of their family member and were regularly consulted on any issues or concerns that may arise, either to do with their family member or the service provided. They told us, “[manager] is approachable, knowledgeable and really cares.”

The provider used a range of ways to seek the views of people who used the service. They had sent surveys to relatives and professionals to seek their views and opinions. We noted from the most recent surveys that there was positive and complimentary feedback from relatives and professionals. Comments included, “Staff have worked wonders with [person] in such a short time and helped them to achieve so much.” Professionals we spoke with told us that the staff and management communicated effectively and worked in partnership with them to provide a positive outcome for the people who live in the home.

Care files and other confidential information about people were kept securely in the main office. This ensured that people such as visitors and other people who used the service could not gain access to people’s private information.