

Inclusive Care and Education Limited

The ICE Centre

Inspection report

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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 ●

Summary of findings

Overall summary

We undertook an announced inspection of The ICE Centre on 22 November 2018.

This service provides care and support to people with learning disabilities living in four 'supported living' settings, so that they can live in their own home as independently as possible. The service also supported people at the day centre and provided care visits in people's own homes. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. On the day of our inspection a total of 19 people were being supported.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service is rated Good:

There was a registered manager 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 2008 and associated Regulations about how the service is run.

People remained safe living in their homes. There were sufficient staff to meet people's needs and staff had time to spend with people. Risk assessments were carried out and promoted positive risk taking, which enabled people to live their lives as they chose. People received their medicines safely and were protected from the risks of infection.

The service continued to provide support in a caring way. Staff supported people with kindness and compassion and went the extra mile to provide support at a personal level. Staff knew people well, respected them as individuals and treated them with dignity whilst providing a high level of emotional support. People and their relatives, were fully involved in decisions about their care needs and the support they required to meet those individual needs.

People's nutritional needs were met and staff supported people to maintain a healthy diet. Where people had specific dietary needs, these were met.

There was a positive culture at the service that valued people, relatives and staff and promoted a caring ethos that put people at the forefront of everything they did.

People continued to receive effective care from staff who had the skills and knowledge to support them and

meet their needs. People were supported to have choice and control of their lives and staff supported them in the least restrictive way possible; the procedures in the service supported this practice. People were supported to access health professionals when needed and staff worked closely with people's GPs to ensure their health and well-being was monitored.

People had access to information about their care and staff supported people in their preferred method of communication.

The service continued to be responsive to people's needs and ensured people were supported in a personalised way. People's changing needs were responded to promptly. People had access to a variety of activities that met their individual needs.

The registered manager monitored the quality of the service and looked for continuous improvement. There was a clear vision to deliver high-quality care and support and promote a positive culture that was person-centred, open, inclusive and empowering which achieved good outcomes for people.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The ICE Centre

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 took place on 22 November 2018 and was announced. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that someone would be available. The inspection was carried out by one inspector and an expert by experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We looked at the PIR and information we held about the service. This included notifications we had received. Notifications are certain events that providers are required by law to tell us about. In addition, we contacted the local authority commissioners of services to obtain their views on the service.

All the people living in the home we visited had varying degrees of difficulty verbalising. However, we spoke with two people, eight relatives, three care staff, the registered manager and the nominated individual. During the inspection we looked at four people's care plans, four staff files, medicine records and other records relating to the management of the service. We observed care practice throughout the morning of our visit.

Is the service safe?

Our findings

At our last inspection in April 2016 we rated Safe as Good. At this inspection Safe remains Good.

People told us and relatives confirmed they were safe. When asked, one person gave a thumbs up sign. Relatives comments included; "Oh God yes, I feel she [person] is definitely safe" and "Yes, completely safe, physically safe and emotionally safe".

Staff had received training in safeguarding adults and understood their responsibilities to identify and report any concerns. Staff were confident that action would be taken if they raised any concerns relating to potential abuse. Staff comments included; "I would report concerns to the manager and if needed call the police or CQC (Care Quality Commission)".

Risks to people were managed and reviewed. Where people were identified as being at risk, assessments were in place and action had been taken to manage the risks. Risks managed included mobility, the environment and choking. Staff were provided with detailed guidance to protect people from risks associated with their conditions, treatment and care.

People were protected from risks associated with infection control. Staff had been trained in infection control procedures and were provided with personal protective equipment (PPE). An up to date infection control policy was in place which provided staff with information relating to infection control.

There were sufficient staff to meet people's needs. Staff were not rushed in their duties and had time to sit and engage with people. One relative said, "There are always staff on hand to respond". Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks. These checks identified if prospective staff were of good character and were suitable for their role. This allowed the registered manager to make safer recruitment decisions.

Medicines were managed safely. Records relating to the administration of medicines were accurate and complete. Staff were regularly checked to ensure they were competent and safe to administer medicine.

Accidents and incidents were recorded and investigated to enable the service to learn from incidents. The registered manager looked for patterns and trends and took action to reduce the risk of reoccurrence. For example, care plans and risk assessments were reviewed and staff guidance was updated. Where appropriate, guidance from healthcare professionals was sought and incorporated into the care plan.

Is the service effective?

Our findings

At our inspection in April 2016 we rated the Effective as Good. At this inspection Effective remains Good.

The service provided effective care and support to people. People were supported by staff who had the skills and knowledge to meet their needs. One relative said, "Staff do an incredible job, they manage my relative very well". New staff completed an induction to ensure they had appropriate skills and were confident to support people effectively. Staff training was linked to the Care Certificate which is a recognised set of national standards for health and social care staff. Staff training covered all aspects of care and included; safeguarding, moving and handling, infection control and medicines. Staff also had further training opportunities. For example, one staff member told us they were completing a national qualification in care. Staff told us and records confirmed that staff received support through regular one to one meetings with their line manager and training. Staff training records were maintained and we saw planned training was up to date. Where training was required, we saw training events had been booked. One staff member said, "I think I am well supported here".

People's needs were assessed prior to being supported to ensure their care needs could be met in line with current guidance and best practice. This included guidance from healthcare professionals. A relative said, "There was a very thorough assessment". The service worked closely with healthcare professionals, GPs and social workers and ensured people had good access to services to meet their healthcare needs.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorized and whether any conditions on such authorisations were being met. Staff and records confirmed the service was meeting these obligations. One staff member said, "I never assume someone cannot make a decision. I always offer choices".

People had enough to eat and drink. Care plans contained information about people's dietary preferences and details of how people wanted to be supported. Any allergies or special nutritional information was highlighted in people's care plans. People wrote their own weekly menus and, where they were able, assisted in preparing their meals.

People's rooms were furnished and adapted to meet their individual needs and preferences. Posters, pictures, toys and soft furnishings evidenced people were involved in adapting their rooms.

Is the service caring?

Our findings

At our inspection in April 2016 we rated Caring as Good. At this inspection Caring remains Good.

Relatives told us, and we observed that people benefitted from caring relationships with staff. Relatives comments included; "Staff are really good at pulling [person] out of her shell and making her feel comfortable. I've been impressed, the staff are brilliant", "We couldn't wish for nicer people [staff]", "Very caring and very professional" and "Yes they [staff] are caring".

People were supported by a dedicated staff team who had genuine warmth and affection for people. Staff comments included: "This does not feel like a job. I help wonderful people progress and it is great fun" and "It's really good here, these young people make this place".

People's independence was promoted. Care plans guided staff to support people to remain independent. We spoke with staff about promoting people's independence. Staff comments included; "I ask them [people] what they want to do and support to do what they can".

People were involved in planning their care and the day to day support they received. Records showed people were involved in reviews of their care and staff told us, and we observed, they involved people in their support.

People were treated with dignity and respect. When staff spoke about people to us or amongst themselves they were respectful and they displayed genuine affection. Language used in care plans was respectful. People were addressed by their preferred names and staff knocked on people's doors before entering. Throughout the inspection we observed staff treating people with dignity, respect and compassion. One relative commented, "They treat him [person] with kindness, respect, and show that my relative is important to them".

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office. Where office staff moved away from their desks we saw computer screens were turned off to maintain information security. A confidentiality policy was in place and gave staff information about keeping people's information confidential.

Is the service responsive?

Our findings

At our inspection in April 2016 we rated Responsive as Good. At this inspection Responsive remains Good.

People were assessed to ensure their care plans met their individual needs. Staff were knowledgeable about people's needs and told us they supported people as individuals, respecting their diversity. For example, one relative said, "I think [person] is treated as an individual. There is great rapport with staff and what impresses me the most is they don't see the disability, they see the person".

Discussion with the registered manager showed that they respected people's differences so people could feel accepted and welcomed in the service. The equality policy covered all aspects of diversity including race, sex, sexual orientation, gender re-assignment and religion.

The service supported people to have access to information. Care plans were presented in an easy read, picture format with large print where appropriate. People had access to their care records and staff informed people about all aspects of their care. Where appropriate, staff explained documents to relatives and legal representatives.

People knew how to raise concerns and were confident action would be taken. One relative said, "I know how to complain but I'd approach the staff first. If I did complain they would do something about it". Another relative said, "I've never made a complaint, I've made suggestions in the past and it's been listened to and put in place". There were no formal complaints recorded for 2018. Historical complaints had been dealt with in line with the complaints policy.

The service also recorded numerous compliments from people and their relatives, thanking the service and staff for care and treatment provided.

People's opinions were sought and acted upon. The provider conducted regular quality assurance surveys where people and their relatives could express their views about all aspects of the service. People's survey questionnaire was presented in an easy read picture format. We saw the results for the latest surveys which were extremely positive.

People were offered a range of activities they could engage in. People attended classes, swimming, day centres or went shopping. Some people went out socially for drinks. People also engaged in activities in the home such as games, computers and cooking. Staff supported people to arrange weekly planners to structure their activities. This gave the consistency and predictability people desired.

No one at the service was currently receiving end of life care. However, staff told us people were not inclined to talk about end of life as they were of a younger age.

Is the service well-led?

Our findings

At our inspection in April 2016 we rated Well-Led as Good. At this inspection Well-Led Remains Good.

There was a registered manager 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 2008 and associated Regulations about how the service is run.

People knew the registered manager who was present throughout the inspection and interacted with people in a friendly and familiar way. It was clear that positive relationships had been formed between people and the registered manager. One relative commented, "[Registered manager] is great, easy to talk to and she listens. Always gets back to you and is open to suggestions". Another said, "I think the management are forward thinking, very approachable and I can speak to them about anything. They are good at directing parents by helping. The management is very competent".

Staff told us they had confidence in the service and felt it was well managed. Staff comments included; "[Registered manager] is lovely, you can talk to her about anything" and "I always go to the manager, she is really helpful".

The service had a positive culture that was open and honest. Throughout our visit management and staff were keen to demonstrate their practices and gave unlimited access to documents and records. Both the registered manager and staff spoke openly and honestly about the service and the challenges they faced.

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Information from these audits was used to improve the service. Audits covered all aspects of care and action plans were created to drive improvement in such areas as staff training, medicine, care planning and records. For example, one audit identified one particular staff group were due supervision. Records confirmed these meetings were scheduled for December 2018.

The service worked in partnership with local authorities, healthcare professionals and social services. The registered manager told us they were also engaging with the West Oxfordshire Disability Group.

Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service. The registered manager was aware of their responsibilities and had systems in place to report appropriately to CQC about reportable events.