Inclusive Care and Education Limited

The ICE Centre

Inspection report

Allendale Youth House
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Carterton
Oxfordshire
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Tel: 01993846240

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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 7 April 2016.

The ICE Centre provides supported living in two homes for people with learning disabilities in the Oxfordshire area. They also provide support for people in their own homes. At the time of our inspection eight people were receiving a personal care service.

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.

We were greeted warmly by people and staff at the service who seemed genuinely pleased to see us. Throughout the day we saw visitors to the service being greeted by staff in the same welcoming fashion. The atmosphere was open and friendly. The registered manager and staff were keen to show us their work and fostered a positive, open and honest culture.

People told us they were safe. Staff understood their responsibilities in relation to safeguarding. Staff had received regular training to make sure they stayed up to date with recognising and reporting safety concerns. The service had systems in place to notify the appropriate authorities where concerns were identified.

Where risks to people had been identified risk assessments were in place and action had been taken to reduce the risks. Staff were aware of people's needs and followed guidance to keep them safe. People received their medicine as prescribed.

There were sufficient staff to meet people's needs. Staff rotas confirmed planned staffing levels were consistently maintained. The service had robust recruitment procedures and conducted background checks to ensure staff were suitable for their role.

Staff understood the Mental Capacity Act (MCA) and applied its principles in their work. The MCA protects the rights of people who may not be able to make particular decisions themselves. The operations manager was knowledgeable about the MCA and how to ensure the rights of people who lacked capacity were protected.

People told us they were confident they would be listened to and action would be taken if they raised a concern. The service had systems to assess the quality of the service provided. Learning needs were identified and action taken to make improvements which promoted people's safety and quality of life. Systems were in place that ensured people were protected against the risks of unsafe or inappropriate care.

Staff spoke positively about the support they received from the registered manager. Staff supervision and meetings were scheduled as were annual appraisals. Staff told us the registered manager was approachable and there was a good level of communication within the service.

People told us the service was friendly, responsive and well managed. People knew the registered manager and staff and spoke positively about them. The service sought people's views and opinions and acted upon them.

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 was safe. There were sufficient staff deployed to meet people's needs.

People told us they felt safe. Staff knew how to identify and raise concerns.

Risks to people were managed and assessments were in place to manage the risk and keep people safe. People received their medicine as prescribed.

Is the service effective?

Good

The service was effective. People were supported by staff who had the training and knowledge to support them effectively.

Staff received support and supervision and had access to further training and development.

Staff had been trained in the Mental Capacity Act (MCA) and understood and applied its principles.

Is the service caring?

Good

The service was caring. Staff were kind, compassionate and respectful and treated people and their relatives with dignity and respect.

Staff gave people the time to express their wishes and respected the decisions they made. People were involved in their care.

The service promoted people's independence.

Is the service responsive?

Good

The service was responsive. Care plans were personalised and gave clear guidance for staff on how to support people.

People knew how to raise concerns and were confident action would be taken.

People's needs were assessed prior to receiving any care to make

sure their needs could be met.

Is the service well-led?

Good

The service was well led.

The service had systems in place to monitor the quality of service.

The service shared learning and looked for continuous improvement.

There was a whistle blowing policy in place that was available to staff around the service. Staff knew how to raise concerns.

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 was 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 the 7 April 2016. It was an announced inspection. 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 in. This inspection was carried out by one inspector.

We spoke with two people, two relatives and two care staff. We also spoke with the registered manager and the managing director. We looked at four people's care records, staff files and medicine administration records. We also looked at a range of records relating to the management of the service. The methods we used to gather information included pathway tracking, which is capturing the experiences of a sample of people by following a person's route through the service and getting their views on their care.

Before the inspection the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give us key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and notifications we had received. A notification is information about important events which the provider is required to tell us about in law.

Good

Is the service safe?

Our findings

People told us they felt safe. One person said "I do feel safe with the staff". Another person who had difficulty verbalising nodded their head and smiled, giving a thumbs up sign. Relatives comments included; "Totally safe" and "Yes definitely safe. We know the staff and we are always consulted".

People were supported by staff who could explain how they would recognise and report abuse. Staff told us they would report concerns immediately to their manager or senior person on duty. Staff were also aware they could report externally if needed. Comments included; "I'd ensure they were safe, record it and report to the manager. I'd also contact the local safeguarding team. I have been trained in this" and "I would raise any concerns with the staff and the manager. I can also contact CQC (Care Quality Commission) and the safeguarding team". The service had systems in place to investigate concerns and report them to the appropriate authorities.

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. For example, one person was identified as being at risk of burning or scalding whilst cooking in the kitchen. Guidance was provided for staff to keep this person safe. This included supervising the person whilst they prepared their meal. We saw staff supervising this person whilst they prepared breakfast. Staff were attentive but allowed the person to complete the task safely themselves. Other risks assessed included trips, falls and hazards associated with general housekeeping. Risks were regularly reviewed and signed by staff.

Where risks were associated with behaviours that may challenge specialist input had been sought. For example, one person was sexually active and sometimes displayed behaviours that may challenge. A detailed risk assessment was in place to manage the risk. The person was able to understand the risks and had been fully involved in the assessment. The assessment had been completed by a clinical psychologist and the risk was managed by the person's family, staff and the learning disabilities team. Detailed guidance was provided for staff to support this person and keep them and their housemates safe. Staff monitored this person's behaviour and detailed notes were maintained on how the person was being supported whilst maintaining safe boundaries. This risk was regularly reviewed by the team.

Staff were effectively deployed to meet people's needs. One the day of our visit two staff were supporting two people. The registered manager told us "We maintain constant staff levels which allows a lot of one to one time for them (people). This is beneficial to them". Relatives we spoke with told us there was sufficient staff. Comments included; "I do think there is enough staff here" and "Yes there's enough staff, (person) is always well cared for and busy". Staff rotas evidenced planned staffing levels were consistently maintained. Where people received support in their own homes rotas confirmed staff were also effectively deployed.

Staff told us there were sufficient staff to support people. Comments included; "I think we are appropriately staffed. There has never been a situation where we are short staffed and people benefit from the one to one time which is lovely" and "Without a shadow of doubt yes. We've never been short or jeopardised".

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.

People received their medicine as prescribed. Where people needed support we saw that medicine records were accurately maintained and up to date. Medicines were stored securely in line with manufacturer's guidelines. Records confirmed staff who assisted people with their medicine had been appropriately trained and their competency had been regularly checked. We spoke with staff about medicines. Comments included; "Training in medication gave me confidence and the district nurse provided some specific training" and "The training was really beneficial. I've had my competency checked and I feel confident with medicine". A relative said "I am definitely confident medicine is managed safely. They are super careful here, no problems".

Good

Is the service effective?

Our findings

People told us staff knew their needs and supported them appropriately. One person said "The staff are my friends, they look after me". A relative said "[Person] receives high quality care here. We feel every need is catered for, he is safe and protected".

People were supported by staff who were knowledgeable about their needs and interests. One relative told us how a member of staff had identified a person's interest in cycling. They said "[Staff name] took [person] out and allowed him to ride her bike. He hasn't ridden a bike since he was small but apparently he really enjoyed it. The staff called us and told us about this so today we have brought his bike here for him. He is really happy about that". Whilst speaking to this person he constantly told us about his bike and how excited he was to have it. We spoke to the member of staff who said "I took [person] out for a bike ride and as he enjoyed it so much I contacted his parents and they have now brought his bike over. He won't be able to go on the road but we will take to where it is safe to ride".

People were supported by staff who had the skills and knowledge to carry out their roles and responsibilities. Staff told us they received an induction and completed training when they started working at the service. This training included safeguarding, moving and handling, epilepsy awareness and infection control. Staff comments included; "Yes I did induction, it was a long time ago mind, but it was good" and "My previous experience and my training here have prepared me well".

Staff told us, and records confirmed they had effective support. Staff received regular supervision. Supervision is a one to one meeting with their line manager. Supervisions and appraisals were scheduled throughout the year. Staff were able to raise issues and make suggestions at supervision meetings. For example, one member of staff had requested further training and we saw this training had been completed. This member of staff also told us about their career progression. They said "I asked to do level three in care, that's a national qualification. I am signed up to start soon". Another staff member said "I get regular supervisions and they are quite good. I have asked for training and I get it. I also asked for a printer so I could start a newsletter and I have now just got one".

Staff were also supported through 'observation of service' spot checks. Senior staff observed staff whilst they were supporting people to ensure correct, safe practice was being followed. Observations were recorded and fedback to staff to allow them to learn and improve their practice.

We discussed the Mental Capacity Act (MCA) 2005 with the registered manager. The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. The registered manager was knowledgeable about how to ensure the rights of people who lacked capacity were protected. Where people were thought to lack capacity mental capacity assessments were completed. For example, one person's capacity to make a decision about a risk had been assessed by a clinical psychologist

and the learning disabilities team. The person had been fully involved in the assessment.

Staff demonstrated an understanding of the MCA and how they applied its principles in their work. Staff comments included; "It's about making sure people have capacity to make choices and decisions themselves. We make sure they are involved" and "This is whether people can make decisions for themselves and understand the consequences of their action. We support them with this".

At the time of our visit no one was subject to a Deprivation of Liberty Safeguards (DoLS) authorisation. These safeguards protect the rights of people by ensuring that if there are any restrictions to their freedom and liberty these have been authorised by the supervisory body. The registered manager told us they continually assess people in relation to people's rights and DoLS.

We asked staff about consent and how they ensured people had agreed to support being provided. One staff member said "I make sure they understand and ensure they are happy with any decision. We share information and respect their choice". We asked one person about consent. They said, "Staff always ask me and they listen". All care plans had been signed by the person indicating they had been involved in creating the plan. One relative spoke with us about consent. They said, "When I call to speak to my son I ask when I can visit him. He tells the staff when I'm coming but they always ask his housemates if that is okay as it is their home too. They are really good like that".

People were supported to maintain good health. Various professionals were involved in assessing, planning and evaluating people's care and treatment. These included people's GPs, dentists, opticians and district nurses. Details of referrals to healthcare professionals and any advice or guidance they provided was recorded in people's care plans.

People had enough to eat and drink. Care plans contained information about people's preferences and details of how people wanted to be supported. For example, one person had been assessed as being safe to eat alone and did not require one to one support. However, the person had requested that their food should be cut up for them. 'Special information' relating to food and drink was also contained in the care plan. This highlighted any allergies the person had. For example, one person could not eat 'spicy or acidic foods' due to their condition. Another person had cultural dietary needs. Their care plan noted the person could not eat 'pork, ham or bacon'. Staff were aware and followed this guidance. We saw people were involved in purchasing and preparing food and fully supported by staff. One person told us "I get enough to eat and I choose what I want".

Good

Is the service caring?

Our findings

People told us they benefitted from caring relationships with the staff. One person said "I get on really well (with staff). We laugh and have meetings, I am always happy and I laugh a lot". Relatives we spoke with echoed these sentiments. One relative said "This is an excellent and caring service". Another relative said "There are definitely caring relationships here. The staff are very good and [person] tells me he loves the staff".

Staff spoke with us about positive relationships at the service. Comments included; "We have good relationships here with people. We have clear boundaries as this is their home. It's a caring environment. I like it here and the work is enjoyable" and "Absolutely we care and that goes both ways. This is their home and we want them to feel loved, safe and secure".

During our visit we saw many positive and caring interactions between people and staff. People were open and familiar with staff who clearly knew the people they were supporting well. For example, when we left the home two people were going out with staff for a car ride. Staff joked with people who responded with smiles and laughter and were very enthusiastic about the trip. Staff knew what music people wanted played in the car. However, they still offered them a choice of music to be played. When the registered manager walked into the hallway both people greeted her with hugs and smiles and eagerly explained where they were going. We saw there was a natural warmth to these interactions and it was clear staff held genuine affection for people.

People's dignity and privacy were respected. 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. One relative we spoke with said "They (staff) respect them (people) totally. Staff knock on doors and when we visit we find them very respectful".

We asked staff how they promoted, dignity and respect. Comments included; "I involve them every step of the way. I knock on doors, I'm polite and respectful" and "I always knock on doors and remind them to close their door when they get undressed or they have a bath. We prompt them to respect themselves". During our visit one person took a bath. The person had been assessed as safe to bathe independently. However, a staff member frequently knocked on the bathroom door and asked if they were okay. One each occasion the person replied they were. The staff member respected the person's privacy and, by doing so promoted their dignity.

The service ensured people's care plans and other personal information was kept confidential. People's information was stored securely at the office and we saw copies of care plans were held in a secure, lockable cabinet at the home. Staff were provided with guidance in relation to confidentiality. A poster depicting the 'seven rules for sharing information' was displayed on a staff notice board. This included information about the Data Protection Act, honesty, consent and 'seeking advice if unsure whether to disclose'. Staff were aware of this information.

People were involved in their care. We saw people were involved in reviews of their care and had signed reviews and changes to their support plans. For example, one person was invited to attend a review of their care every eight weeks. However, we saw the person refused to attend review meetings. Following reviews, staff updated the person with the results of the review and recorded their reaction. The person had signed the reviews. Where people attended their reviews records confirmed they were fully involved in the process.

People's independence was promoted. Staff actively encouraged and supported people to be independent. For example, one person was supported to work in the kitchen at a local day care centre. Another person had stated 'I would like to work in an office'. The service had obtained a voluntary position at a local estate agents where the person shredded paper and generally helped in the office. One person's care plan highlighted they sometimes had a 'coughing fit' whilst eating. The care plan went on to state '[Person] deals with this herself by sipping water. Please make sure she has some water when this happens'. One member of staff said "People are fairly capable and we offer support if it is needed but we try to promote their independence". Another staff member said, "I try to do as little as possible and encourage them to help themselves to promote their independence". We saw one person making a sandwich. Staff encouraged them and were available if support was needed. The person made the sandwich themselves.

Good

Is the service responsive?

Our findings

People's needs were assessed prior to accessing the service to ensure their needs could be met. People had been involved in their assessment. Care records contained details of people's personal histories, likes, dislikes and preferences and included people's preferred names, interests, hobbies and religious needs. For example, one person's care plan stated 'I like to watch TV and the internet'. Another care plan noted the person liked 'arts and crafts, drawing and making models'. One relative said "[Person] has his preferences and these are most definitely respected". Staff we spoke with were aware of people's preferences.

People's care records contained detailed information about their health and social care needs. They reflected how each person wished to receive their care and gave guidance to staff on how best to support people. For example, one person's plan contained guidance on how the person wished to be supported with hygiene. The plan stated 'please remind me to use shampoo and shower gel'. Another plan guided staff to 'support the person to tie their boot laces when they go out'.

Care plans also contained details of significant people and events in the person's life. For example, family members birthdays. The plan gave contact details and dates with prompts to remind the person of these dates and allow them to maintain meaningful contact with their family and friends.

People had made 'house contracts' with each other and staff to promote a harmonious home culture. Contracts were produced in an easy read format and set out house rules. For example, 'I will not text my housemates between ten pm and seven am'. Another rule stated 'I will respect others privacy'. One member of staff said "We respect their preferences and involve them in shaping how the home runs. This includes boundaries that make this home such a nice place to live". All the house contracts were signed and dated by the person.

People received personalised care. Care plans were personalised reflecting their needs and preferences. For example, one person had stated 'I make my own breakfast and occasionally I cook for the house'. Where people had specific needs staff were guided on how to support the person and respond to their needs. For example, one person could sometimes have difficulty verbalising. The person used Makaton signs (a form of communication method) to communicate and staff were provided with guidance to support the person. Symbols and pictures were used and the support plan noted the person could also write down what they wanted to say. Staff were aware and followed this guidance.

People were supported by staff who understood, and were committed to delivering, personalised care. Staff explained to us how they tailored people's care to suit their personal preferences. Staff comments included; "Personalised care is just individual care for that person. It's about involving them and doing things their way" and "This is an individual service for individuals. Each person is different and is treated accordingly". One relative spoke with us about personalised care. They said "Oh yes our sons care is personalised. He often breaks his glasses and staff are very quick to get him to the opticians for replacements".

People knew how to raise concerns and were confident action would be taken. Everyone we spoke with

knew how to raise a complaint and felt they were listened to. One person said "If I was unhappy I would talk to the staff, or the police". One relative said "I have no concerns but if I did I'd discuss things with the staff and the manager. Our service user guide has complaint details but I know we would be listened too". Details of how to complain were held in the 'service user guide' given to all people and their families when they joined the service. The guide was written in an easy read picture format so that people would be able to understand and raise a concern.

Staff told us they would assist people and their families to raise a concern. One staff member said, "I would help them follow the procedure and I'd also advise them to contact CQC (Care Quality Commission). We actually deal with things long before the complaint stage, we help them ourselves". A complaints policy was in place; however, the service had not received any complaints.

People's opinions were sought through regular house meetings. People were able to raise concerns and make suggestions from which action plans were created to improve the service. For example, people had requested changes to the one to one days where they spent all day with one member of staff. An action plan was created and we saw at the next meeting the changes were discussed and people said the changes were going 'very well'. One member of staff said "They have views and express them all the time. We record these in the communications book and minutes of house meetings".

People were protected from the risk of social isolation. People's care plan contained a weekly planner of activities they wanted to engage in. This detailed the coming week's activities. For example, trips out, hobbies, and work. One person had a job at the local supermarket and their attendance at work was highlighted on the planner. Another person liked gardening and going to church. Their planner showed periods of gardening planned and we saw they regularly attended church on Sunday. People regularly attended the day centre where activities were provided. For example, games, computers, arts and crafts, and music. The day centre provided musical instruments and also had a sensory room with a range of sensory stimulating equipment. People were also taken on trips out by the staff. A list of activities was also displayed in the kitchen and included shopping trips, bowling, cooking and games. One relative we spoke with said "They are always doing something with him. They pay attention to detail".

People's rooms were personalised and decorated to the style of their choice and contained personal items making the room homely. People's doors had name plaques to identify the rooms. One person was a fan of a particular football club and their door was decorated with symbols and slogans from their club.

Good

Is the service well-led?

Our findings

People and their relatives knew the registered manager. One person said "[Registered manager's name] is lovely, she is my friend". Relative's comments included; "She is quite switched on and open to suggestion", "She is approachable and available. We are very pleased there is so much cooperation and we solve all problems" and "I think this is a well-run service".

Staff told us they had confidence in the service and felt it was well managed. Comments included; "This is a good service. The manager is lovely, easy to speak too and open to any suggestions" and "The manager is approachable and honest. We are open to suggestions so we get things right. There are always things you think you could do better but you can say that about every service".

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, managing director and staff spoke openly and honestly about the service and the challenges they faced. Staff told us about the positive culture at the service. One staff member said "We work as a team to resolve things. If a mistake is made we do not look for blame".

The managing director spoke about their vision for the service. They said "I aim to provide a level of care I would expect my daughter to receive". One member of staff said "This house is run in an open and honest way with the emphasis on care. This is very much their home".

Accidents and incidents were recorded and investigated. The results of investigations were analysed by the registered manager to look for patterns and trends. For example, one person had sent inappropriate and unwanted text messages. This person's care was reviewed and they were referred to a psychologist for assessment. Risk assessments relating to this behaviour were updated and we saw the person and their family was fully involved in the process.

Staff told us that learning from accidents and incidents was shared through staff meetings and briefings. One member of staff said "We share learning at staff meetings and handovers. We have a communications book we keep up to date which gives continuity for people". Records confirmed regular staff meetings and handovers took place.

The registered manager monitored the quality of service provided. Regular audits were conducted to monitor and assess procedures and systems. Audits covered all aspects of care including risk assessments, care plans, training and medicine records. Audit results were analysed and resulted in identified actions to improve the service. For example, staff supervision records were monitored. One audit identified a staff supervision meeting was overdue. Records confirmed the registered manager had taken action and the supervision meeting had now taken place. The registered manager created action plans from audits, meetings and reviews to look for continuous improvement with the service. For example, where people raised suggestions or issues at house meetings these were carried forward onto the action plan and action was taken. The registered manager said "We look to improve where we can and I make sure where issues are

raised we deal with them promptly".

Questionnaires were regularly sent to people and their families to obtain their views about the service. The questionnaires were produced in an easy read format depicting smiley faces for people to tick. This allowed people to fully engage with the process. Questions asked included, 'are you happy with the way you are supported' and 'do you feel safe'. We saw the latest results which were extremely positive. Were necessary staff supported people with their responses and people had signed and dated the questionnaires.

There was a whistle blowing policy in place that was available to staff across the service. The policy contained the contact details of relevant authorities for staff to call if they had concerns. Staff were aware of the whistle blowing policy and said that they would have no hesitation in using it if they saw or suspected anything inappropriate was happening.

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.