

Inclusive Support Limited

26 Dugard Avenue

Inspection report

26 Dugard Avenue
Colchester
Essex
CO3 9EH

Tel: 07717745627

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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

26 Dugard Avenue is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 26 Dugard Avenue accommodates four people in one adapted building.

The care service has been developed and designed in line with the values that underpin the Registering the right support and other best practice guidance. These values included choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

At the last inspection, the service was rated good. At this inspection, we found the service remained good.

There was a registered manager in who was also the provider. They shared their working hours amongst two additional homes in the local area. When they were not at the service the day-to-day running of the home was the responsibility of the team leader. They liaised closely with the registered manager on a daily basis. 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 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 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.

The Care Quality Commission is required by law to monitor how a provider applies the Mental Capacity Act 2005 and Deprivation of Liberty Safeguards (DoLS) and to report on what we find. DoLS are in place to protect people where they do not have capacity to make decisions and where it is considered necessary to restrict their freedom in some way. Management and staff understood their responsibility in this area. Staff were committed to ensuring all decisions were made in people's best interest.

Staff had good relationships with people who used the service and were attentive to their needs. People's privacy and dignity was respected at all times. People and their relatives were involved in making decisions about their care and support.

Care plans were individual and contained information about how people preferred to communicate and their ability to make decisions.

People were encouraged to take part in activities that they enjoyed. Staff supported people to keep in

contact with family members.

When needed, people 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 a management structure in place, which provided clear lines of responsibility and accountability. Staff were committed and supported. Quality assurance checks were carried out to ensure people received a high quality service, which met their needs and protected their rights.

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.

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 took place on 10 April 2018 and 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. The registered manager had completed a Provider Information Return (PIR). The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and any improvements they plan to make.

During our inspection, we observed care practices, and spoke with one person living in the service and one visitor. We also spoke with another relative on the telephone. Not all people were able to talk to us about the service they received because of their complex needs. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us. During the inspection, we spoke with three staff, and the registered manager.

Following the inspection, we made telephone calls to professionals for feedback about the service. We reviewed three people's care records, three medication administration records (MAR) and a selection of documents about how the service was managed. These included, staff recruitment files, induction, and training schedules and training plan.

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.

For a more comprehensive report regarding this service, please refer to the report of our last visit, which was published on 13 October 2015.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse and harm, and risks to people's safety as at the previous inspection and the rating remains good.

The service had effective safeguarding systems, policies, and procedures and investigated any safeguarding concerns promptly. Staff knew how to recognise signs of abuse and they understood their responsibility to report any concerns to senior staff and, if necessary, to the relevant external agencies.

Relatives told us they felt their loved ones were safe living in the service. One relative told us, "We never have any doubt that [name of relative] is safe the staff are all very competent."

The provider had systems in place for assessing and managing risks. People's care records contained risk assessments, which identified risks and what support was needed to reduce and manage the risk. The staff team gave examples of specific areas of risk for people and explained how they had worked with the individuals to help them understand the risks. For example, when out in the community, or accessing the kitchen. Staff worked with people to manage a range of risks effectively. For example, the staff carried a mobile phone and rescue medication for people who were at risk of having epileptic seizures when out in the community.

We saw records, which showed that equipment at this service, such as the fire system and the vehicles, was checked regularly and maintained. Appropriate plans were in place in case of emergencies, for example evacuation procedures in the event of a fire. We were confident that people would know what to do in the case of an emergency situation.

The manager told us how staffing levels were assessed to enable people to have their assessed daily living needs as well as their individual needs for social and leisure opportunities to be met. Relatives and staff told us there was enough staff to meet people's needs and to keep people safe. There was a 24-hour on-call support system in place, which provided support for staff in the event of an emergency.

Staff properly managed medicines. The service had procedures in place for receiving and returning medicines safely. Audits were carried out to ensure safe management of medicines. People who required as and when medicines (PRN) had clear protocols in place giving staff guidelines on how, and when to administer them.

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 staff being recruited, are not barred from working with people who require care and support, and previous employment references. Details of any previous work experience and qualifications were also clearly recorded. New staff received an induction before starting to work with people.

People were living in a safe environment. We saw records of checks that had been carried out on equipment and the premises. For example, checks on hoists and wheelchairs. The provider had an infection control policy in place and staff were able to tell us how they put this into practice. Staff told us they had access to protective gloves and aprons when they needed them.

The registered manager who was also the provider had an overview of the whole service, knew people well and were often a presence in the service so could monitor its effectiveness. Regular audits and review of accidents, incidents meant they were able to see how effective their actions had been. This helped reduce the number of repeated incidents. Lessons learnt were shared with staff through meetings, 1-1 supervision, and handovers.

Is the service effective?

Our findings

At this inspection people continued to be supported by staff that were trained and effective in their role. The rating remains good.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decision 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 make a particular decision, any made on their behalf must be in their best interest and the least restrictive as possible.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person their liberty were being met. We found people were being supported appropriately, in line with the law and guidance.

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 communication. Staff told us that they were supported with regular supervisions and that their professional development was discussed as well as any training requirements. The team leader carried out observations to ensure staff were competent in putting any training they had completed into practice.

The team leader told us how the staff had done some intensive interaction training when they came back to the service and interacted with the people living in the service using this form of communication they couldn't believe how productive it was. Intensive interaction is an approach for teaching communication skills to people who have autism and or a learning disability. The trainers recorded the staff and used this recording for future training sessions, as it had been so positive, as the staff had really embraced the training.

Relatives we spoke with told us they thought the staff met their relative's individual needs and that they were happy with the care provided. Comments included, "I find the staff to be extremely approachable and they all seem well trained and competent in their skills to work with someone with high needs like [name of relative]."

We observed the lunchtime meal and people looked like they were enjoying the food. Staff told us people were given a choice of what to eat and we were shown menu plans. The menu plans were also in pictorial format to enable everyone to have an informed choice of what they wanted to eat. Staff were able to tell us about each individual's likes and dislikes around food. The service held a house meeting when menu plans were discussed for the forthcoming month.

People's care records showed their day-to-day health needs were being met and they had access to healthcare professionals according to their individual needs. For example, psychiatrists, speech and language therapists, chiropodist, dentist and GP's. Referrals had been made when required. Details of appointments and the outcomes were documented in people's care plans. We saw that people's health needs were reviewed on a regular basis.

The service was bright and spacious and decorated to a high standard. There were homemade decorations and stencils on the walls appropriate to the people living in the home. Two bedrooms were self-contained with a small lounge and ensuite. People's rooms were personalised with posters, photographs, and personal possessions. The staff told us how they had involved people in choosing their décor. People proudly showed us their rooms and the decoration and furnishings they had chosen. Outside there was a secure garden with access to the garage and driveway. This is where the service parked the house vehicles this meant that people could access the vehicles without going near the main road.

Is the service caring?

Our findings

At the previous inspection the service was rated good. At this inspection, we found the service remained good.

Staff were caring towards people and treated them with dignity and respect. This was evident in our observations. We observed lots of laughter and humour. People were relaxed and happy when interacting with staff. Throughout the inspection, there were many positive interactions between people and staff. Some people took time to process information and the staff showed understanding and patience allowing the person the time they needed. One relative told us, "Due to the care and competence of the staff, [name of relative] transition went very well."

Staff were able to tell us about each person's individual way of communicating and how they were able to tell if they were happy or sad, as well as if they liked or disliked something. They were also able to tell us how they knew if anyone was in pain. For example, by them using hand gestures, making noises, or facial expressions. People also had various means of communicating their needs and choices for example, communication boards, and picture books.

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. On the day of our inspection, one person chose to go out shopping for a DVD.

People and relatives told us staff supported people to keep in contact with their family. Staff told us that one person was supported to use Skype. One relative told us, "It is never a problem we visit when we want to and regularly have [name of relative] home on visits." The staff encouraged people to be independent, we observed staff encouraging people to take part in household chores. People were given monthly goals to achieve in independent living skills. For example, making their bed, making a drink and helping with their laundry. People were encouraged to make choices. We observed people communicating to staff in a variety of ways as to whether they wanted to take part in an in house activity.

The registered manager told us that when they interviewed for new staff they carried out the first and second interview at their head office. Only on the third interview would perspective employee's visit the house and meet the people that lived there. People would then be given an opportunity to talk and interact with perspective employee's this helped the management team make a decision if they would be suitable for working in the service and gave an opportunity for the people living in the home to ask questions.

Is the service responsive?

Our findings

At the previous inspection the service was rated good, at this inspection, we found the service remained good.

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 buy a DVD. People had a list of different activities in their care records that they choose from, this included going swimming, Jacuzzi sessions, and attending college courses. 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.

People showed us their pet rabbits, which had been named by the people living in the service. The staff supported them to look after the rabbits, which were housed in a cage and had a separate run in the garden.

Staff told us that they were in the process of organising holidays for people. These were organised taking into account people's individual preferences. People went on 1:1 or 2:1 holidays unless they particularly wanted to go with another person who lived in the service.

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.

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 not been any complaints since our last inspection.

Is the service well-led?

Our findings

At this inspection, we found the service was as well led as we had found during the previous inspection. The rating continues to be good.

There was a registered manager in place who was also the provider. 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.

The registered manager also managed two other small homes nearby. During their absence, the home had a competent team leader who was responsible for the day-to-day running of the home. The team leader told us they were fully supported by the registered manager who visited most days and they spoke to them every day in person or on the telephone. The service had recently had a new admission and the registered manager had worked alongside staff to ensure the transition went smoothly. They told us they had based themselves at the home for the last few weeks to support the staff. The relative of the person told us, "What struck me so much was the amount of time that they both put into visiting and getting to know [name of relative] ahead of their transition. They visited them numerous times all the way out in Leicester where they were placed at the time, just so they could find out as much as they could about them through the provision where they were placed at the time and to get to know [name of relative] personally. This was a wonderful and positive start to [name of relative] move."

Staff had a positive and enthusiastic attitude and knew what was expected of them in their role. They knew how to question practice and raise concerns and were supported to do this. One staff member said, "We all work as a team here we get really good support and it's a good place to work, the manager and team leader are very supportive and approachable."

The provider told us how they had supported new staff to attend English classes to enable them to converse clearly with the people living in the service if English was not their first language. They also gave them any additional support required to prove competency with any training.

The service carried out a range of audits to monitor the quality of the service. Records relating to auditing and monitoring the service were clearly recorded. These were mainly carried out by the team leader and the registered manager then carried out a quarterly audit. The team leader told us how they supported all of the staff to carry out the audits as they felt this gave them a sense of responsibility for the service. Staff told us, "I have done some audits [name of team leader] helps me I enjoy doing them." The registered manager told us how team leaders also swapped with the company's other services and carried out audits as they felt this was a better way of ensuring the quality assurance of each service as the audits were then carried out independently. We looked at records related to the running of the service and found that the provider had a process in place for monitoring and improving the quality of the care that people received. Surveys had been completed on an annual basis by people living in the service and their relatives.

The registered manager/provider told us they kept up to date with good practice and legislation by attending workshops, provider networking, provider forums and using the internet.

Regular meetings took place with the registered manager and the people and staff to talk about any concerns or problems as well as anything they would like to do in the forthcoming month. Everyone had the upmost respect for each other and worked as a team to provide in order to meet the needs of the people that lived in the service.

Care files and other confidential information about people were kept 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.