

# Inclusion Care Ltd

# The Bank House

## 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 

### Overall summary

This inspection took place on 22 July 2015 and was unannounced.

The provider of The Bank House is registered to provide accommodation with personal care for up to five people who have a learning disability. There were five people living at the home when we visited and 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 received safe care and felt supported by staff who knew how to keep them safe. Staff knew the steps they would take to protect a person from the risk of harm and how to report any concerns.

When people required assistance they looked to staff to help them. Staff were available when people needed them and staff felt they had time to support people as required. Staff provided people with their medicines and recorded when they had received them.

Staff were confident about how to care for people and that their training and support provided them with the

# Summary of findings

skills needed. Staff listened and respected people's decisions about their care and treatment. Staff showed they listened and responded to people's choice to choose or refuse care.

The registered manager had consistently applied the Mental Capacity Act 2005 (MCA). The assessments of people's capacity to consent and records of decisions had been completed. Where needed staff had followed the legal process when considering a decision where a person had not had the capacity.

People enjoyed the food and had choices regarding their meals. Where people required a specialist diet or wanted a particular choice this had been arranged. People had access to other health and social care professionals to support their health conditions. They had regular visits from their GP when needed and were supported by staff to attend appointments in hospital.

Staff knew people's care needs and people felt involved in their care and treatment. Staff were able to tell us about people's individual care needs. People's dignity had been respected and were supported to maintain relationships with their families who also contributed in planning their care.

The registered manager was available, approachable and known by people and relatives. Staff also felt confident to raise any concerns of behalf of people. The management team had kept their knowledge current and they led by example. The management team were approachable and visible within the home and people knew them well. The provider ensured regular checks were completed to monitor the quality of the care that people received and looked at where improvements may be needed.

# 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.

The provider had looked at protecting people's safety and well-being. People received their medicines where needed and were supported by enough staff.

Good



### Is the service effective?

The service was effective.

People had been supported to ensure their consent to care and support had been assessed correctly. People's dietary needs and preferences were supported by trained staff. Input from other health professionals had been used when required to meet people's health needs.

Good



### Is the service caring?

The service was caring.

People received care that met their needs. Staff provided care that met people's needs whilst being respectful of their privacy and dignity and took account of people's individual preferences.

Good



### Is the service responsive?

The service was responsive.

People were able to make choices and were supported in their personal interests and hobbies. People were supported by staff or relatives to raise any comments or concerns with staff.

Good



### Is the service well-led?

The service was well-led.

People's care and treatment had been reviewed by the registered manager. Procedures were in place to identify areas of concern and improve people's experiences. People and staff were complimentary about the overall service and felt their views listened to.

Good



# The Bank House

## 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 unannounced inspection took place on 22 July 2015. The inspection team comprised of two inspectors. We reviewed the information we held about the home and

looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law. We also spoke to the Local Authority.

During the inspection, we spoke with two people who lived at the home, three care staff and two senior care staff. Following the inspection we spoke with three relatives and the registered manager on the telephone as they were not available on the day of the inspection. We looked at two records about people's care, medicines records, risk assessments, falls and incidents reports and checks completed by the provider.

# Is the service safe?

## Our findings

People were supported to remain safe in their home. People approached care staff and staff knew where people were to ensure they were safe. Staff knew how to recognise that people were unhappy and listened to people when they raised a concern.

Staff had received training in safeguarding procedures and what the types of abuse were. They told us the training provided them with the confidence they needed. They were able to tell us about the types of abuse and that they would be confident to report any concerns to the registered manager. We saw that where required any concerns had been reported the local authority for support or further investigation. One staff said, “We are here for them”.

People were supported by staff that were trained and knew when and how to use distraction to help people maintain and manage their emotional well-being. Any medicines that were administered to moderate behaviour required a member of senior care staff to authorise this. All staff that we spoke with told us that they were able to recognise a change to a person and help them with distractions. Plans to help people with their emotional well-being and techniques for staff to consider were individual to each person and reviewed at least every twelve months.

People were encouraged to take part in daily living tasks and activities. Staff knew how to keep people safe and reduce their risk as they had a good understanding of each person’s abilities. We saw that staff encouraged people to take positive risks. For example, throughout the day we saw that one person enjoyed spending time in their room alone. Staff respected people’s choice to be on their own

once staff had checked them to ensure people were safe. Staff were able to monitor people’s safety from a suitable distance and respected people’s choice of where they wanted to go. One relative said, “I feel that staff balance her choice with the risks”.

Plans were in place so staff had the information available to them to keep people safe. Where a risk had been identified it detailed how to minimise or manage the risk. For example, we saw that one person’s eating had been identified as a risk. The plans in place told staff how to support them and staff confirmed the support that person had needed.

People were supported by staff that had time to respond to their individual needs and care for them. We saw that there were enough staff to monitor people and assist people with tasks and leisure activities. People were supported by staff to maintain their independence so that they could clean their home, have lunch out and go with staff on walks to the local shops. One person told us there were enough staff to meet the social and care needs.

People were supported to take their medicine when they needed it and staff provided guidance and reassurance. One person said, “I can ask for medication if I need it”. Staff on duty who administered medicines told us how they ensured that people received their medicines at particular times of the day or when required to manage their health needs.

People’s medicines had been recorded when they had received them and we saw records had been completed. Where people required ‘when needed’ medicines staff told us and we saw guidance for when and how to administer them.

# Is the service effective?

## Our findings

People were supported by staff that demonstrated that they understand people's needs and had the knowledge to respond accordingly. People were involved when new staff were recruited and one relative said, "[Person] helps to interview (prospective) staff".

Staff received regular training and future training courses had been booked, which reflected the needs of people who lived at the home. For example, subjects included epilepsy care. One staff member said, "I know how to look after the people here, we also work together well to share our knowledge".

All of the staff we spoke with told us that they felt supported in their role and had regular discussions with the registered manager. One staff member told us, "The support is good here and I am happy to ask for support if I feel I need it". This helped to ensure staff felt supported in delivering care to people.

We looked at how the requirements of the Mental Capacity Act (2005) were being implemented. This is a law that provides a system of assessment and decision making to protect people who do not have capacity to give their consent. People had capacity assessments completed where people they did not have the capacity to make a specific decision that related to their care or welfare needs. People were then supported and meetings had been held to included relatives, social workers, health care professional and staff to reach a decision about what was in the person's best interests.

Four people who lived at the home had a Deprivation of Liberty Safeguards (DoLS) in place. Staff knew the restrictions people had in place and the reasons. Training had been provided to all staff in understanding the Mental Capacity Act. All staff we spoke with told us they knew to refer any concerns regarding people to the registered manager.

Staff ensured that people had a choice of food and showed people visual choices to help them make a decision about what they wanted to eat. One person was asked what they would like to have for their tea although menus for the week were displayed in the kitchen. Staff confirmed that they followed this, however were able to change a meal at the person's request. Two people were supported to have their lunch out rather than at home.

People's care records detailed information about each person's food preferences and staff told us they referred to this as needed. Staff told us about the food people liked, disliked and any specialised diets. For example, the support people required to have their meals.

People were supported to attend consultant reviews, opticians, social workers and other health professionals in support of the care received at the home. One person told us that staff could arrange appointments, however they, "Rearranged them if I want to". Staff told us and we saw that they recorded and took appropriate action if they were concerned about people's health. For example, contacting the doctor for an appointment when required. All relatives we spoke with told us they felt confident that people's health needs had been met.

# Is the service caring?

## Our findings

People looked happy, comfortable and relaxed in their home. We saw that people were confident when approaching staff for requests or support. Staff held conversations with people whilst being mindful of people's humour and preferred communication style. For example, using objects for reference and hand gestures. Relatives we spoke with felt that all staff were approachable, friendly and were good at providing care and support to their family member. One relative said, "It's a home from home"]".

Staff were aware of people's everyday choices and were respectful when speaking with them. Staff ensured they used people's names and staff had a kind and caring approach towards people they supported. For example, the staff provided constant checks and reassurance to people. Staff were seen to listen to people's choices, respond to them and engage people in their daily lives and chores. One care staff said, "It's their home. We pride ourselves on this". One relative said, "They have been very, very good, they do care"

We listened to staff as they provided care and support to people who lived at the home. We saw that some people had difficulty in expressing their needs. However, throughout the inspection we saw and heard staff respond to people in a patient and sensitive manner. One person

said, "I will speak to staff if I feel a bit down". Staff also sang to people whilst providing care and support which the person helped one person to relax. Relatives we spoke with told us they felt the staff were caring. One relative said, "I am very happy with the staff" and "This has been the best place [person] has been".

We saw that people were supported in promoting their dignity and independence. For example, staff respected how much assistance people needed. We saw that staff always knocked on people's doors before entering and ensured doors were closed when people wanted to spend time in the bathroom or in their room. One person said, "Staff knock before they come into my room, but they don't come in at night as I have asked them not to".

People were supported to express their views and be involved as much as possible in making decisions about their care and treatment. Whilst reviewing records we saw people had expressed choices about their care or information had been obtained from relatives or staff who knew the person well. People had been involved in their monthly reviews and had made decisions about what had worked well and what they would like to change next month. For example, people had been supported to make changes in how they spent their time and obtain new belongings for their rooms.

# Is the service responsive?

## Our findings

People knew staff well and their care needs were met. One person told us that their health had been monitored and had been supported to choose a healthy life style. They told us that staff provided the care and support they wanted. They felt able to direct staff and make changes if they had wanted and felt staff knew when their health needs changed. All relatives told us they were kept informed and updated when their relatives health needs changed. One relative told us, “[Person] has been a lot better here than they have ever been”.

Staff were knowledgeable about the care and welfare needs of the people who used the service. All staff we spoke with told us about the care they provided to people and how this met their individual health needs. Two staff members told us about how they discussed people’s needs when the shift changed to share up to date information between the team. Any changes to people’s care had been noted and where required action had been taken. For example, contacting the GP or other health professional.

People’s health and social care needs were supported by their ‘key workers’. The registered manager explained that a ‘key worker’ had responsibility to provide continuity of care, lead on the person’s care and review and update the care plan for that person. Staff felt this worked well and were able to advocate on behalf of the person. This was supported by a recent health review for one person where staff input had assisted other health professionals to look at alternative ways to improve their outcome. One relative told us that staff, “Look at [Person] needs, they have been marvellous with her”.

During our inspection we observed people involved in pursuits that reflected their interests. Their activity objectives recorded within their care plans and reviewed each month to see what the person had enjoyed or if changes were needed. For example, evening discos, shopping trips, day trips and meals out. People were seen doing things they liked and spent time with staff or on their own. People’s individual interests had also been supported within the home and garden and people had purchased their own outdoor games to use.

People’s views about the home, their care and treatment were asked for individually at the end of each month. One relative told us the registered manager, “Has always said to contact her if there are any problems. They have been very, very good”. Comments had also been sought from relatives from surveys and annual reviews. People’s needs had also been considered during staff appraisals and supervisions. Relatives also told us that the registered manager and staff were approachable and would action any request they may have. One relative said, “I go every month, staff are all friendly” and “I would be happy to raise any concerns and would ring the manager”.

Although the provider had not received any written complaints staff and relatives told us that they knew how to raise concerns or complaints on behalf of people who lived at the home. The complaints policy was also available in an easy read pictorial format to make them more accessible for people.



# Is the service well-led?

## Our findings

People were supported by a consistent staff team that understood people's care needs. Two relatives that we spoke with knew the registered manager and staff at the home and were confident in the way the home was managed. One relative we spoke with told us: ““If I am concerned about anything I can contact (manager) she is a good leader and caring”. Staff told us that even though they had worked with people for a long time they, “Found it reassuring” that the registered manager carried out our regular observations.

People were listened to and had been involved in their reviews. People's feedback had been used to develop their goals and care needs. Relatives that we spoke with told us that their views and opinions had been considered. For example, they had been part of the annual review of their relative. One relative told us, “[Person] has a good relationship with the manager and things have gone well”.

One staff member said, “We can speak to the manager at any time”. All staff we spoke with told us that the registered manager was approachable, accessible and felt they were listened to. The registered manager told us that they had good support from the provider, and the staffing team.

The provider had a clear management structure in place and the registered manager had access to information and support. The registered manager spoke highly of their staffing team and felt they all worked well together to ensure people were treated as individuals living in their own homes. Staff told us the registered manager was visible in the home and that they “Loved to see people going out”. The staff were clear about the standard of care they were expected to provide. One relative told us, “(Manager) is fantastic and there is good communication with the amazing staff”.

We saw the provider had systems to monitor the quality of care. They had their own internal quality monitoring team which undertook their own inspections in the home. We saw any gaps identified from these inspections were recorded and passed to the registered manager for action. In addition, the registered manager provided their own monthly report that included when and how they had made the improvements. However, staff told us they felt that repairs to people's belongings or their home took time to action. For example they had been waiting for over one month to get a replacement wardrobe door. The registered manager confirmed at times they had limited access to maintenance staff which caused the delays.

Audits were undertaken to monitor how care was provided and how people's safety was protected. For example, care plans were audited to make sure they were up to date and had sufficient information that reflected the person's current care needs. The registered manager had then been able to see if people had received care that met their needs and review what had worked well. Staff told us they felt able to tell management their views and opinions at any point. One staff member person said, “You can talk about anything. We are always discussing the service users and their care”.

The manager and senior staff sought advice from other professionals to ensure they provided good quality care. For example, they had followed advice from district nurses and the local authority to ensure that people received the care and support that had been recommended. The manager told us that the provider supported them and they shared knowledge with the provider's other managers.