Inclusion Care Ltd

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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

Inclusion Care supports people with a range of needs including learning disabilities and mental health needs in their own homes in Worcestershire and Gloucestershire. At the time of our inspection they were supporting 42 people with personal care in a mixture of 17 dwellings.

At the last inspection on 10 July 2015, the service was rated Good. At this inspection we found the service remained Good.

People received highly individualised care and support which reflected their personal preferences, lifestyle choices and any routines really important to them. They were cared for and supported by staff who knew them really well. Staff treated people respectfully, with kindness and sensitivity. People enjoyed the company of staff sharing fun and laughter with them. People were given choices about their day to day activities and if they were unable to make decisions about their care and support these were made in their best interests. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's rights were protected and any suspicion of abuse was followed up. They were kept safe from the risks of harm. Any hazards had been identified and strategies were in place to minimise risks. People who occasionally became upset or anxious were supported to manage their emotions. Staff understood how to help people to become calm and how to anticipate what might upset them. They benefited from the support of a behavioural management team who offered guidance and individualised training around people's needs. Medicines were administered satisfactorily and any errors followed up. Action had been taken to improve medicines systems.

People benefited from staff who had access to a robust training programme and individual support to help them gain the skills and knowledge they needed. Staff levels were closely monitored to make sure people had the appropriate levels of support to ensure they lived life to the full. Staff felt supported by the management team who were open, accessible and transparent. People knew how to raise a complaint and staff were confident any concerns would be listened to and the appropriate action taken in response.

Robust quality assurance processes were in place to drive through improvements in the service. Effective and timely monitoring of quality audits meant the provider and the management team were able to make changes in response to accidents, incidents or errors. Quality audits were a vital part of the provider's improvement agenda to guide services towards delivering outstanding care. Actions had been taken in response to national and local issues, sharing learning to promote good and best practice.

The rating for this service was displayed in the head office and on their website.

Further information is in the detailed findings below.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Inclusion Care

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 checked 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 comprehensive inspection took place on 6 and 7 June 2017 and was announced. The provider was given notice because the location provides a supported living service; we needed to be sure that the manager would be in. One inspector and an expert by experience carried out this inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert's area of expertise was people with learning disabilities and autistic spectrum disorder.

Before the inspection, the provider completed 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 also reviewed information we have about the service including notifications. A notification is a report about important events which the service is required to send us by law. We also had feedback from the local authority commissioners of the service and social and health care professionals.

We visited five people who used the service in their homes and spoke with them and their care staff. We had feedback from five people using the service in response to questionnaires we sent out. We also spoke with a representative of the provider, the nominated individual, the manager, a psychologist, a behaviour support assistant and a training co-ordinator. During our visits to people we spoke with two managers, a deputy manager and five care workers. We looked at a range of records which included the care records for five people which included their medicines records, recruitment records for four care workers and training records for staff. We looked at a selection of records in relation to the management of the service.

Good

Is the service safe?

Our findings

People's rights were protected by staff who had a good understanding of how to recognise abuse and what action they should take in response. Clear guidance had been provided about the responsibility of staff to identify and report suspected abuse. Staff confirmed they would report and record any concerns which would be immediately raised with managers and, if out of hours, the on call manager. Electronic systems enabled records to be completed and shared throughout the organisation, to ensure the appropriate action had been taken. Managers of services had raised safeguarding concerns with the local safeguarding teams and notified the Care Quality Commission. Robust monitoring of safeguarding concerns by the manager and provider quickly identified any developing trends and ensured the appropriate support was provided to people to keep them safe. For example, increasing incidents between people identified people were not well suited to live together. Action had been taken to address this. In response to our questionnaire people said staff kept them safe from harm. One person told us, "Of course I feel safe."

People were kept safe from the risk of harm or injury. Comprehensive risk assessments had been completed which encouraged positive risk taking whilst ensuring people could participate in activities of their choice as safely as possible. For example, people who used wheelchairs were supported to go ice skating. Hazards had been identified and actions taken to minimise these so they could attend the activity safely. People at risk of developing pressure ulcers, choking or epileptic seizures had strategies in place to keep them as safe as possible. Equipment had been provided to reduce risks, such as hoists, air mattresses or sensory alarms. Staff were observed following people's risk assessments to keep them safe. For instance, making sure they were wearing a protective head cover and supporting them to eat and drink safely.

People were supported by sufficient staff to meet their individual needs and to provide a personalised service which reflected their lifestyle preferences. Some people had shared care whereby they were supported by one member of staff and then had individual time with a member of staff at pre-agreed times. Other people had one to one support increasing at times to three to one. Overnight support was provided in the form of staff sleeping in. The manager described how staff often went over and above their contracted hours to ensure if people were awake during the night they stayed up with them. The manager closely monitored people's changing needs and when they needed additional staff support this was recorded, so they could request additional support hours from their commissioners. Staff acknowledged the use of agency staff had significantly reduced and people were benefiting from a consistent staff team. In response to our questionnaire people said they were supported by staff they knew well.

People were supported by staff who had been through a satisfactory recruitment and selection process. A checklist evidenced when information had been received, such as references confirming the reason for leaving former employment with children or adults and a satisfactory Disclosure and Barring Service (DBS) check. A DBS check is carried out before potential staff are employed to confirm whether applicants had a criminal record and were barred from working with vulnerable people. The application form had recently been changed to request five years of employment history. We discussed ways in which this could be made more robust by ensuring a full employment history had been obtained for all new staff. Managers confirmed this would be done. New staff confirmed they shadowed existing staff during their induction programme

and new staff were closely monitored during their probation period.

People's medicines were administered appropriately. Robust records were in place to provide staff with the medicines prescribed to people. There was evidence medicines to be given as needed were used correctly with staff following the guidance in place. Medicines errors were closely monitored and action had been taken to improve systems to reduce the risks of further errors. People were given their medicines when they needed them and in the way they preferred. For example, with food or drink or on a spoon.

Good

Is the service effective?

Our findings

People were supported by staff who had access to comprehensive training and support to develop their skills and knowledge. New staff confirmed they worked alongside existing staff until they felt confident to support people and had completed their induction. This included training the provider considered as mandatory such as safeguarding, food hygiene and first aid. New staff completed the care certificate (a set of national standards that health and social care workers adhere to in their daily working life) as part of their induction. They progressed on to the Diploma in Health and Social Care at levels two up to five. Staff had access to internal as well as external training. They also completed training which specifically reflected people's individual needs, such as percutaneous endoscopic gastronomy tube (PEG) training for people unable to eat and drink orally. Staff were confident about the support they provided to people and confirmed their training was kept up to date. Comprehensive training data was maintained and highlighted when refresher training was required. The manager said they closely monitored staff training and took action to address any training which was overdue. Staff were supported through individual and group meetings as well as annual appraisals. The provider offered staff the opportunities to develop and progress. They held "boot camps" (training sessions) for staff wishing to further their careers in addition to their ongoing professional development. A person commented, "They (staff) do everything well."

People were supported to make choices and decisions about their day to day lives. Clear records had been kept in line with the Mental Capacity Act (MCA) 2005 for people unable to make decisions about their care and support, or with fluctuating capacity. The 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. People's care records clearly evidenced when they had been supported to make choices about their day to day lives such as what to eat, drink, and wear. People were observed being encouraged to make choices about how to spend their time and being empowered to plan their daily activities.

People occasionally had restrictions in place to keep them safe. For example, the front door was locked or bed-sides were in place. The rationale for these had been discussed with others involved in their care and agreed in their best interests. Information had been supplied to placing authorities where people who lacked mental capacity to consent to arrangements for their care were deprived of their liberty. Applications to the court of protection would be made by them.

People were supported to stay healthy and well. They were encouraged to eat a healthy diet. Each person's likes and dislikes as well as allergies were recorded in their care records. People were supported to plan their meals and to help prepare them. Healthy snacks were provided such as fruit and yoghurt. People's weights were monitored when needed for both weight gain and weight loss. Fortified supplements had been prescribed, if required, to supplement people's diet to prevent further weight loss. People had access to a range of health care professionals in their local communities. Each person had a health action plan and hospital passport which described their health care needs. Staff supported them to attend appointments

and also to go to outpatient appointments. If people needed to attend hospital, staff liaised with health care professionals, to make sure appointments or treatments went ahead smoothly.

Good

Is the service caring?

Our findings

People were supported by staff who treated them kindly and with care and sensitivity. Staff were passionate about the care they provided and about people's health and wellbeing. They said, "The girls are our world" and "We have very caring, empathetic staff." "People told us, "We have a lot of laughs" and "We have fun." Staff enthusiastically and affectionately engaged with people encouraging and empowering them in their day to day lives. We observed people initiating laughter and excitement. Staff joined in with them responding much to people's enjoyment and pleasure. Other people liked to have periods of quiet and calm and staff helped them to maintain this using the space in their home and sensory environments. People who at times became anxious were supported to manage their emotions. Staff gently supported them to relax in a sensory room and unwind with low-profile support and guidance.

People were involved in making choices about their care and support. Their care records clearly stated how they had been involved and how information should be shared with them. Each person had a communication profile which stated how to make information accessible to them. Staff used sign language, touch, pictures and objects of reference as well as explaining or reading information to people. Easy to read information using pictures and photographs was provided. For example tenancy agreements and the complaints procedure. People had access to social stories to help them understand certain situations or aspects of their daily lives. These were provided in a format using pictures and photographs. Good use was made of photographs to help people make sense of their lifestyle and home. Staff knew people well and described how they interpreted people's moods, gestures and vocalisations they made if they were unable to speak. People's communication care plans identified these prompts for staff. Staff were observed encouraging people to express themselves, giving them the time and space they needed. People had access to independent lay advocates to help them to express their views.

People were supported to be as independent as they could be. Their right to dignity and privacy was respected. The provider information return stated, "We use assistive technology to enable service users to have a more independent life and also allow them privacy and dignity." For example, people had personalised access to their property using fobs rather than keys and epilepsy matts and monitors to remove the need for constant supervision.

People's diversity and human rights were respected. People were supported to access meaningful, age appropriate activities in their local community. Their right to a family life and developing friendships were supported and encouraged. People's cultural and spiritual beliefs were considered. People's right to privacy was respected and their personal information was kept securely and confidentially. Staff were observed using age appropriate language and open effective communication skills to engage with people. People's individuality was celebrated. One person told us, "I love having my hair dyed, even though we made a mess."

People's end of life wishes were respected. New care plans were being developed with people to provide an overview of how they would wish to be supported at the end of their life. The manager described how end of life care would be provided to people in their homes, if this was their wish. A funeral plan for one person described their choice of religious service.

Good

Is the service responsive?

Our findings

People received individualised and personalised care which reflected their personal wishes, preferences and routines important to them. People told us, "I feel supported and they let me plan my life with their help" and "My keyworker is like a friend." The manager described how thorough assessments had been completed before people received a service. They made sure sufficient time was provided to allow people to successfully transition between services. Another important part of the assessment process was making sure people's personalities complemented each other and they wanted to live together. The manager said it was about "the right person being in the right place".

People's care records described the way in which they wished to be supported. They were monitored and reviewed to make sure they continued to reflect people's changing needs. For example, changes in the understanding of a person's response to their environment led to changes in their behaviour management plan, care plan and risk assessments. There was a significant decrease in the number of incidents for this person. Staff discussed their understanding about possible triggers which could unsettle people. Staff were positive about the impact for the people which resulted in them being much more settled and engaged in daily activities. Daily records were kept which highlighted any changes in people's care or support. Staff maintained monitoring records for instance for unexplained bruising or people's food and drink intake.

People were supported in a range of meaningful activities of their choice. People told us about what they enjoyed doing such as going out for coffee, helping around the house and baking. They were observed enjoying music from a favourite radio station, having their nails manicured, using a sensory room and planning trips out. People were scheduled to attend college, day centres and leisure centres. Some people were on holiday at the time of our inspection and other people had planned theirs for later in the year.

People's complaints and concerns were listened to and action had been taken to address any issues raised. The complaints policy and procedure was accessible to people and in response to our questionnaire 80% of people knew how to make a complaint. Staff encouraged service users to express any concerns or questions. In one group home they held a meeting each Friday to talk about the week ahead. Six complaints (three of which were linked) had been received in the last 12 months which had been resolved satisfactorily. Three compliments had also been received. The provider information return stated, "We promote an open and transparent culture and take each concern raised very seriously." A person told us, "I could tell her (manager) anything."

Good

Is the service well-led?

Our findings

People benefited from a service which was monitored closely by the provider (Eden Futures) to assess the standards of care provided. A representative of the provider described their vision for the service as a "truly caring organisation" promoting people's independence through outcomes agreed with them. They said the values of the organisation "distinguish us from others" because "we try things others might not try". This was endorsed by the manager who passionately described their drive for improvements to establish a culture whereby the staff felt really supported to deliver person centred care. They described how communication had improved; staff were working closely together, respecting people and working with them to improve their experience of their care and support. The manager said, "Each house is unique; everyone does what they want as long as it is done safely." A person confirmed, "It's OUR home" and another person said, "I'm very happy here."

People, in response to the questionnaire, said they knew who to contact in the organisation and their views had been sought. A new customer service questionnaire was being introduced to enable people to give feedback about their experiences of their care. The provider information return also stated more face to face contact would be created. People and staff had access to the manager who visited them frequently and also to the representative of the provider who had also visited them in their homes. There were a variety of ways in which people and staff could keep in touch with the provider such as forums, round ups, internal conferences, newsletters and training/support sessions. Feedback could be given via the website, email or an independent whistle blowing forum.

At the time of the inspection the manager had applied to the Care Quality Commission (CQC) to become registered and an interview had been arranged. A registered manager is a person who has registered with the CQC 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 had a positive relationship with the manager and were friendly and animated in his presence. Staff said he had made significant positive changes since his appointment six months previously. They recognised the benefit of having a manager who visited staff and people in their homes, promoted good communication and knew people really well. Staff said the manager was "really supportive" and "has given us direction" as well as "creating more structure and making us more professional".

People's experience of their care and support was closely monitored through quality assurance audits carried out by staff, the manager and on behalf of the provider. Audits could be input electronically into systems as they were completed. This enabled the provider to quickly analyse such areas as accidents, incidents, medicines errors and safeguarding. They were then able to share learning across the company to improve people's experience of their care and support. The manager spoke about the positives of working closely with a management team across the country. They were able to share and compare their quality assurance outcomes and experiences to drive through improvements in their own service. Health and safety systems were also monitored to make sure safe environments were maintained. The service had been assessed against CQC's Key Lines of Enquiry and actions identified had been implemented. For example,

reviewing the administration and management of medicines and improving care records to include people's capacity to make decisions about their care.

The provider had ISO 9001accreditation (a quality assurance management system) and was accredited with the National Autistic Society. The manager attended meetings with a local care providers' group and commissioners of services to maintain their knowledge of local and national best practice and changes in legislation. People had recently been involved in the World Autism Awareness Day and a national Mental Health Awareness Day as well as attending local Special Olympics and health awareness events. The manager said they had invited a voluntary organisation to help them organise football sessions for people over the summer period. A member of staff had also been shortlisted for a national award recognising their skills and values. A visitor commented, "They pass the son's test. Managers are knowledgeable and passionate about providing the best outcomes for service users."