

Inclusive Care Limited

# Inclusive Care

## 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

The inspection visit took place on 2 May 2017. We gave the registered manager 48 hours' notice of our inspection because we needed to be sure they would be available.

Inclusive Care provides personal care and support for people in their own home. At the time of our inspection 32 people were receiving personal care and support from the service. At the last inspection, in May 2015, the service was rated good. At this inspection, we found the service remained good.

People continued to receive safe care and support. They were protected from abuse and avoidable harm by staff who knew their responsibilities to follow the provider's procedures. Risks to people's well-being were assessed and monitored and the registered manager provided guidance to staff to help people to remain safe. The provider had safely recruited a sufficient number of staff to meet people's care requirements. Where people required assistance with their medicines, this was undertaken safely by staff who knew their responsibilities.

People continued to receive care from staff who had the necessary skills and knowledge. Staff were trained and received on-going support so that they understood their responsibilities. People were offered food and drink based on their preferences and supported to maintain good health.

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 provided guidance in this practice.

People continued to receive compassionate care from staff members who protected their dignity and privacy. Staff knew the people they supported and had information available to them on people's life history and background. People were involved in decisions about their care and their independence was promoted wherever possible so that they retained their skills.

People continued to receive care and support based on things that mattered to them. People had care plans that were individual to them and contained guidance for staff to follow. Their care was reviewed to make sure they continued to receive support that met their requirements. People and their relatives knew how to make a complaint and there were clear procedures in place to handle them should one be received.

The service had an open ethos that encouraged feedback. Staff were supported well by the registered manager and received feedback on their work. The registered manager was aware of their responsibilities. They carried out a range of quality checks to make sure the service was delivering a high quality service.

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?

Good ●

The service remains safe.

### Is the service effective?

Good ●

The service remains effective.

### Is the service caring?

Good ●

The service remains caring.

### Is the service responsive?

Good ●

The service remains responsive.

### Is the service well-led?

Good ●

The service remains well led.

# Inclusive 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 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 was a comprehensive inspection. The inspection visit took place on 2 May 2017 and was announced. We gave the registered manager 48 hours' notice of our inspection because we needed to be sure they would be available. The inspection was carried out by an inspector and an expert by experience (ExE). An ExE is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection visit, we reviewed the information that we held about the service to plan and inform our inspection. This included information that we had received and statutory notifications. A statutory notification contains information relating to significant events that the provider must send to us. We contacted a social care professional who commissioned care to be delivered by Inclusive Care. We received feedback from them which we considered when making our judgements. We also contacted Healthwatch Leicestershire (the consumer champion for health and social care) to ask them for their feedback about the service.

We spoke with seven people who received care from Inclusive Care. We also spoke with relatives of five other people. We spoke with the registered manager and four care staff.

We looked at the care records of three people who used the service. We also looked at records in relation to people's medicines, as well as documentation about the management of the service. These included training records, policies and procedures and quality checks that the registered manager had undertaken. We looked at two staff files to see how the provider had supported and recruited care staff.

# Is the service safe?

## Our findings

People were protected from avoidable harm and abuse. One relative told us, "Oh yes [person] is safe. I support as well as the carer, we do it together. If I didn't feel [person] was safe I would soon say." Staff knew their responsibilities to help protect people. One staff member told us, "I would speak to the person the concern regarded and ask if it was ok to report to the manager. If I was seriously concerned the manager would report it to safeguarding [local authority]. I can go to safeguarding myself if I needed to." Staff knew the signs that abuse might be occurring and there were safeguarding procedures for them to follow. We saw that the registered manager had alerted a social worker where they had concerns about a person's well-being for them to consider any necessary action.

Risks to people's health and well-being were assessed and reviewed. We saw that measures were in place to reduce the likelihood of an accident. There was clear guidance in place for staff to follow to help people to remain safe. For example, there were reminders for staff to make sure a person had their emergency call equipment close to them. We saw that people's homes were checked to make sure that hazards were reduced wherever possible and the provider had considered the support people would require to leave their house in the event of an emergency. We saw that the provider had a safe system for handling accidents and incidents. We also saw that the provider had a continuity plan which was under review when we visited. This detailed the plans the provider had made to respond to untoward events, such as a high number of staff being sick.

The provider had recruited a sufficient number of staff to make sure that each person's care calls could be met. One person told us, "I have had the agency for about three years I have had enough carers in that time." We found that people received care when they required it. The provider's recruitment process was safe. One staff member told us, "They checked my background, criminal records and my previous work. I got asked lots of questions." Records we saw confirmed these checks were carried out for each new employee.

Where people required support, they received their medicines from staff when they needed them. One person told us, "I have a blister pack [with medicines in] and when the staff are writing up their notes they watch me take the medication. The staff put the cream on my legs and my back." The recording by staff of when they had assisted people to take their medicines was not always accurately recorded in January and February 2017. We saw that since then, the provider had put measures in place to make improvements and we found that this was working. We also saw that the provider had safe systems for supporting people with their medicines including guidance for staff. We found that staff knew their responsibilities for the safe handling of people's medicines. One staff member told us, "It's about reminding people to take them and getting it ready for them if needed. Some have a physical disability so we offer more support if required." Staff were trained in handling medicines and had their competency routinely checked to make sure their practice remained safe.

## Is the service effective?

### Our findings

People received care and support from staff who were knowledgeable and had the required skills. One person told us, "The staff certainly have training and they sometimes tell me they are going to a review [of their training]." We saw that staff received a comprehensive induction before they started to support people and they received on-going guidance from the registered manager. Staff received training in a range of topic areas including assisting people to move position and first aid. Staff were complimentary about the training they were offered. One staff member told us, "I get the information I need. I'm going to be a train the trainer for moving and handling which means I will be able to train staff myself."

People were asked for their consent to receive care. One person told us, "The staff discuss what they will be doing before they start". Staff knew their responsibilities to obtain consent. One staff member said, "We ask them [people] for consent. They can all make decisions and agree to it. If someone did refuse I would inform the office and they would look at it."

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 told us that everyone that used the service had the mental capacity to make their own decisions to receive care and support. They had concerns about one person's declining mental health and were working with the person's family and social care professional to gain additional guidance and support. Staff knew their responsibilities under the Act. One staff member told us, "If I had concerns about a person's [mental] capacity I would get in touch with the family first or the health centre to see if something was wrong. They may need an assessment [to determine their mental capacity]."

Where people required support to prepare a meal, the support they received was based on their preferences. One person told us that their preferences were met and said, "The staff make my porridge in the mornings and make me a cup of tea." People's food and drink preferences were recorded in their care plan so that staff had guidance. Where there were concerns about a person's eating, this was monitored so that staff could adjust their support where needed. A staff member explained, "I monitor one person's weight. They need to put on weight and they have since I have been helping them. I just sit with her and laugh and joke, they respond well to that and start to eat."

People were supported to monitor their health. One person told us, "I am sure the staff would get someone for me if needed." We saw that health care professionals were contacted where staff had concerns about people's health and well-being.

## Is the service caring?

### Our findings

People received care in kind and compassionate ways and had developed good relationships with staff. One person told us, "The staff treat me very nicely. We have built up a rapport and the staff are like old friends." Another person said, "The staff give me respectful and gentle personal care." People's dignity and privacy needs were respected by staff who knew their responsibilities. A staff member told us, "When I am in someone's home there can be other family present. I make sure I draw the curtains and close the binds and door. I never do personal care in front of the family." Another said, "I always make sure the curtains are closed and doors and that towels are ready straight away."

Staff knew the people they provided care for. One staff member told us, "I often ask colleagues about people as I don't work often for the agency. They give me information. I'm directed to read the care plan as well which includes people's preferences." We saw that people's care plans contained details about their life history including where they had worked and their family. This was important so that staff could develop good relationships with people.

Staff treated each person as an individual and listened to them and involved them in decisions about their care. One staff member told us, "I ask them if they are ready for the care. They may want something different and I listen." Where it was important to people, they were supported by staff to maintain their independence. A staff member told us, "People will wash their front [of body] because they want to. I only offer the help if needed." A social care professional told us, "[Registered manager] and their carers are very caring, they work with service users to enable them to maintain their current level of independence and work with services users in a enablement manner where appropriate." This meant that people were encouraged to do things for themselves wherever they could to maintain their skills.

## Is the service responsive?

### Our findings

People received care and support based on their preferences and things that mattered to them. One person told us, "I have no complaints, they do everything I ask of them." The registered manager had completed assessments on each person's care requirements which were available for staff with guidance for them to follow. One staff member explained, "We go out to do a pre-assessment. We meet the potential new client and family. We do the care plan and risk assessment then and make sure the equipment is okay and will order more if needed." Routines that were important to people were detailed in their care plans as well as things that mattered to them. We saw that the care that was planned was carried out at each call that people received which was reflected in the care notes we viewed.

People were satisfied about the consistency of staff offering their care and support and that they arrived on time. One person told us, "The staff come on time no problems. There is the usual hold up [traffic] but if the staff are going to be late they let me know." Another person said, "I have a regular staff member, when they have a day off other people come. I am happy with that, sometimes it is a male carer and that I am totally happy about." Staff told us that they had enough time to complete the calls that people required. One staff member said, "There's enough time given. I cannot believe how good it is." We saw that the registered manager monitored the timings of people's calls and we found that staff were punctual and there were no missed visits.

People's care requirements were reviewed with them to make sure that they continued to receive support that met their needs and preferences. We saw that the registered manager made sure that people were satisfied with the care offered and considered with people if any changes were required. A staff member told us, "They [manager] review the care two or three times a year. They always ask me and I take part in reviews as I know the people best. People and their families are involved too."

People and their relatives knew how to make a complaint should they have needed to although no one had needed to make a formal complaint. One person told us, "I would speak to the manager." One person told us that they had a concern which they had raised with the registered manager. The registered manager told us that they had checked the quality of care provided and were satisfied with the standards staff demonstrated. We saw that there was a clear complaints policy in place to be followed should the provider receive a complaint.



## Is the service well-led?

### Our findings

The service was open to ideas and suggestions. We saw that people and their relatives had opportunities to give feedback on the quality of the care provided. We saw the results of a recent quality questionnaire that the provider had issued. The comments were complimentary and praised the approach of staff. We read, 'We have seen a big improvement in [person's name] general health and state of mind.' People told us that they would recommend the service to others. One person told us, "Yes I would recommend it to anyone who likes a friendly helpful agency, who do all they can for you, and have a chat with you."

Staff members told us that they enjoyed working for the service and that they were enabled to deliver good care to people because they had the resources they needed. One staff member said, "It's the first time I feel I have time to make a difference compared to where I have worked before." Staff received positive feedback and incentives to deliver good care and we saw that this was driving improvement. This was underpinned by having a registered manager in place that was respected and offered good support. One staff member told us, "[Manager] is the best manager I've had yet. This company has been second to none. It runs smoothly."

There was a registered manager in place. It is a requirement that the service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (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. The registered manager understood their responsibilities. We saw that the rating from the previous inspection had been published on the provider's website. This is required by us to ensure the provider is open and transparent with people, their relatives and those who are considering using the service.

Staff knew their responsibilities and the ethos of the service because the registered manager had processes in place such as staff meetings and 'spot checks' where the delivery of care was assessed and monitored. Staff knew what action to take should they have concerns about the performance of a colleague. This included 'whistleblowing' to the registered manager or other agencies, such as the local authority. One staff member told us, "If the manager did not deal with my concerns I would report it to the union or to the council. I can report it to you as well [CQC]."

The registered manager carried out a number of checks on the quality of the service to drive improvement. This included checking people's care records, testing the knowledge of staff through questionnaires in topic areas such as professional boundaries and observations on the practice of staff. This helped them to drive improvement. The registered manager also visited people in their home to check that they were satisfied with the service. One person told us, "The manager checks up that all is well, they visit on a regular basis." This meant that people could be sure that they would receive a service that was striving to deliver high quality care.