

Inclusive Support Limited

The Ridings

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

About the service:

The Ridings is a small scale care home located in a residential setting near community facilities. The service provides personal care and support for up to four people who have a learning disability and/or autistic spectrum disorder. At the time of this inspection there were four people who used the service.

The service has been developed and designed in line with the principles and values that underpin registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

People's experience of using this service and what we found People lived in a service that was safe. Staff understood how to raise concerns about people's safety. Risks to people were understood and there was clear guidance for staff about how to support people to reduce these. People were supported by enough staff who had been recruited safely.

People received their medicines safely from staff who had received the right training. Staff training was up to date and we saw staff used best practice when interacting with people. Communication with other agencies involved in people's care, helped promote consistency and best practice in how their needs were met.

People's needs were assessed holistically, and staff's in depth understanding of what was important to people had resulted in positive outcomes for people. People were supported to remain healthy and encouraged to eat a balanced diet.

The service had been designed and developed to meet people's preferences. Staff and the registered manager regularly reflected on any changes they could make to better meet people's needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were cared for by staff who valued them as individuals and took time to understand them. Staff were constantly developing ways to help ensure people's voice was heard and that staff responded in the way people wanted. People's records contained information about their preferred methods of communication and staff understood and used these. People appeared comfortable with the staff who were supporting them and happily communicated their views and opinions.

People's care plans detailed their needs and the support they required from staff. These were regularly

updated as staff learned more about people and how to meet their needs.

People's views of the staff and service were sought regularly. Staff also had opportunity to influence how the service met people's needs. Checks and audits were regularly completed to help ensure the service continued to improve. For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection: Good (Inspection report published in August 2017)

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well led

Details are in our Well Led findings below.

The Ridings

Detailed findings

Background to this inspection

The 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.

Inspection team

The inspection was carried out by one inspector.

Service and service type

The Ridings is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced and took place on 16th January 2020

What we did:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must let us know about, such as abuse; and we sought feedback from the local authority and other professionals involved with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We reviewed information the commission had received about the service since it's registration. We use all this information to plan our inspection.

During our inspection visit, we met with four people who used the service, however they were unable to share information with us about their views of the service; so we observed how they interacted with staff and their environment. We spoke with four members of staff including the team leader and the registered manager. We reviewed a range of records. This included three people's care records and their medicine records; four staff files which included recruitment, supervision and training details; and a variety of records relating to the management of the service, including audits and checks.

After the inspection we received feedback from one health professional and two relatives who know the service well.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People were protected against the risk of abuse or discrimination because staff knew what steps to take if they believed someone was at risk.
- Staff received training on safeguarding people and understood their own responsibilities to protect people from the risk of abuse. There were clear policies and procedures available for staff to follow and we saw relevant contact numbers were available to staff in the service.
- Safeguarding concerns had been raised appropriately with the local authority. Concerns had been investigated and dealt with appropriately, with findings shared with staff to reduce the risk of re-occurrence.
- People demonstrated they felt safe at the service, we observed people were comfortable with the staff and looked to staff for support and reassurance. Relatives were also confident people were safe and one said, "I certainly see the service as a homely safe environment and we are very assured [relative] is safe at all times."

Assessing risk, safety monitoring and management

- Staff knew people well and had a good understanding of risks associated with their environment and care support needs.
- People's support plans included a range of risk assessments to ensure risks were managed safely. Risk assessments related to mental and physical health and behaviours that may challenge. These were detailed and provided guidance for staff. Guidance was clear and mitigated any risk. For example, one person had behaviours that may challenge when visiting healthcare professionals and risk assessments detailed strategies to use that were effective in managing this.
- The guidance to support people with behaviours that may challenge was clear and included positive behavioural support plans. It identified potential triggers, how the person may present and how staff should support people during and after these events.
- Staff worked with the property owners to promote a safe and attractive environment for service users to live in. Records confirmed maintenance and safety issues were raised and attended to in a timely fashion.
- Staff completed health and safety checks and worked to ensure the safety of people. Fire safety procedures were known by staff and service users. Fire evacuations had been practiced and each person had a personal emergency evacuation plan. These were located centrally with emergency information in case of an emergency evacuation being required.

Learning lessons when things go wrong

- Accidents and incidents were recorded with information about what had happened, such as who was

present and what was witnessed, and any injury noted. The information recorded included any follow up action taken, such as a review of associated risk assessment.

- Trends and themes were identified and discussed with allocated professionals and relevant specialists. In this way risk assessments and guidelines were reviewed and updated to respond effectively to people's needs. For example, a person's actions could lead to inappropriate behaviour. For one person we saw a positive behavioural plan had promoted more positive emotions and feelings, maintaining appropriate boundaries.

- The registered manager and senior staff were aware of the need to report incidents and accidents to the local authority and CQC if they included abuse or serious injury. Incidents and accidents were discussed with staff individually and at team meetings along with possible resolutions. This demonstrated the culture of the service promoted an ability to learn and develop from any mistakes.

Staffing and recruitment

- There were enough staff working to meet people's support needs in a flexible way. There was a system to identify and review the support hours required for each person and busy times in the service when extra staff were required. The staffing arrangements were tailored to respond to these and individual needs. For example, ensuring key workers were available to support people to attend appointments.

- The staffing arrangements ensured a minimum of three staff were working in the service each day with two staff at night, one of who was a 'sleep-in'. A 'sleep-in' member of staff is somebody who works for an agreed number of hours at the start and end of a shift. They may be called on at any time during the night depending on people's needs.

- There were on call procedures for staff to gain advice and support if needed when the registered manager and senior staff were not working in the service.

- Recruitment had provided a stable and consistent team. Any shortfalls in staffing levels were covered by agency staff. The registered manager confirmed that regular agency staff were used to maintain a consistent team whenever possible.

- Staff were recruited safely. Appropriate checks were in place to ensure staff were suitable to work at the service. This included, references, Disclosure and Barring Service (criminal record) checks and employment histories.

Using medicines safely

- People's medicines were managed safely. Staff had undertaken medicine training and had their competency re-assessed to ensure they had suitable skills to support people with their medicines in a safe way.

- Records confirmed and supported staff to handle medicines safely. Medicine records included individual guidelines outlining how they were supported with their medicines, the level of assistance required and measures to reduce any associated risks.

- The medicine administration record, (MAR) charts recorded accurately what and when medicines were given. For example, when 'as required' medicines were used these were recorded accurately with the times given and a record of how they had worked.

- Medicines were stored in a secure cupboard. This ensured people's medicines were stored safely.

Preventing and controlling infection

- People were supported to live in a clean environment and the risks of infection were minimised.

- Staff received training on infection control and food hygiene and supported people to follow good infection control practice whenever possible. For example, staff prompted people to wash their hands before meals.

- Hand hygiene was promoted with hand washing areas and hand sanitizers were positioned prominently

throughout the service.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- An assessment process was completed before people were accepted for a service provision. This took account of people's needs, and compatibility with other service users. People could be invited to visit, to get to know other service users and staff to make sure they would be happy, and their needs could be met.
- The assessment was person centred with people's choices and needs central to the process. The information gathered gave staff a deep understanding of people's emotional and health needs and what was important to people.
- Staff worked with people to develop support plans that reflected their needs and choices. These often took time to develop and were tailored to reflect people's individuality.

Staff support: induction, training, skills and experience

- Staff had the skills and knowledge to provide support and care for people. People and relatives were confident with the approach and support provided by staff. A relative told us, "[Relative] can be difficult with dramatic behaviour changes and it's amazing how the staff have been with them. We could not be happier with how [relative] is now. In my opinion the reason for this is the well-trained staffing team they have."
- There was a mixture of new and old staff working at the service and the registered manager was committed to developing the skills and competence of the whole team. They told us that staff have a core base of knowledge and training that was continually developed by inductions, supervisions, annual appraisals, training and regular staff meetings. This was confirmed in records seen.
- New staff undertook a full induction that included shadowing and time to review records and develop relationships with service users. Agency staff completed an induction programme. A staff member told us, "The induction was very good. It was a good time to really get to know the people here and work with the other staff."
- All staff received a combination of e-learning and mandatory face to face training, which include regular update and refresher courses.
- Staff were provided with training in a wide range of subjects relevant to their roles and the varied needs of people. For example, all staff completed or had been booked on positive behaviour support training this will ensure consistency when supporting people with behaviours that challenge.

Supporting people to eat and drink enough to maintain a balanced diet

- When people needed support to eat and drink, staff provided this in a sensitive way ensuring as much independence and choice stayed with the person.

- People were supported to understand what healthy eating meant so that they could make informed decisions about what they wanted to eat. Staff told us, "We do home cooking here and support people with healthy eating."
- Staff supported people to be involved with choosing the food shopping and select a variety of fresh food. The staff team encouraged people to choose healthy food options.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The registered manager told us they had good relationships with external healthcare professionals, who communicated well and worked effectively with them, to provide effective and timely care.
- Staff supported people to access healthcare services and receive ongoing healthcare support. People had access to a range of general and specialist care professionals to ensure they received consistent care.
- Staff supported people to complete health appointment records to ensure any follow up actions or changes to support needs were updated on their health action and support plans and shared with staff.

Ensuring consent to care and treatment in line with law and guidance

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.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- 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.
- Staff had received training about the MCA and DoLS and offered people information in a way they could understand, to help them make their own choices and gain their consent. Staff understood and worked within the principles of the MCA and DoLS.
- Mental capacity assessments were completed. When a person did not have capacity to make a decision, staff consulted them, their families and relevant professionals to ensure decisions were made in the person's best interests.
- Consent to care was sought in line with relevant legislation and guidance.
- The registered manager had submitted DoLS applications to the local authority for review and approval appropriately.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by staff who were kind in their approach and committed to providing a high standard of care and support. Staff supporting people knew them well and how to respond to their individual needs.
- There was a pleasant atmosphere in the service. Staff engaged with people in a positive, friendly and approachable manner. One person looked to staff for support and confirmation they were doing the right thing. Staff responded to any questions answering with positive solutions.
- Staff demonstrated that they genuinely cared about people and their well-being. Staff responded to gestures of affection appropriately and warmly. One staff member described how important it was to them to ensure people's well-being and health. Staff spent time talking with each other to look for ways to improve people's lives. Staff recognised what improved people's well-being. For one person it was regular contact with their family.
- Staff promoted equality and diversity and treated people equally irrespective of age, belief, disability, sex or race.
- Staff had an understanding of any cultural and religious backgrounds that needed to be considered. We were told people's sexuality could be explored when appropriate and discussions around safe relationships encouraged.
- Relatives were confident and impressed with staff approach and how they treated both them and their relative. One said, "We are now very relaxed as a family and quite frankly we think we won the lottery finding this service. We could not be happier with the care."

Supporting people to express their views and be involved in making decisions about their care

- Staff enabled people to share their views and have control over their lives, support and care provided.
- There were positive relationships between staff and people, within which people were able to share their thoughts, feelings and problems. Each person had an allocated key worker who had training and coaching to form trusting relationships that allowed them to work in partnership with people.
- Key workers met regularly with people, spent time getting to know and understand their specific individual needs and ensured people were listened to and central to any decision. The key worker system worked effectively and promoted a meaningful understanding of people that supported their level of wellbeing. The key workers priority was ensuring the person was supported to represent themselves in the way they wanted.

- Staff could tell us about people's needs, choices, personal histories and interests. They knew what people liked doing and how they liked to be supported.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, maintained their dignity and promoted their independence.
- Staff ensured people's accommodation was only entered with people's consent. Staff respected the way people wanted their rooms to look and supported them to maintain healthy and safe environments.
- Private time was respected, and staff were observant with people if they did not want any support or company at a particular time. For example, one person had their own lounge room they used.
- Staff recognised the importance of how people's appearance impacted on people's wellbeing. People were dressed in clothes that were of their own choice and reflected their individual personalities. Staff supported people to maintain their own personal hygiene and provided support when needed. When personal care was provided this was provided in a private and dignified way with staff enabling people to do as much for themselves as possible.
- Private information was kept confidential and only shared when necessary and agreed to by people. Records were held securely in locked cupboards which were restricted only to staff. Support staff had been provided with training and guidance about the importance of managing confidential information in the right way.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received personalised care and support. Support plans were written with people and tailored to them as an individual. They included people's preferences and reflected what was important to them. People's life histories were shared with staff to help them know and understand the people they supported.
- People's support plans included information about people's learning disabilities and health conditions and how these were met in a responsive, effective way. For example, one person had a behaviour support plan to reduce inappropriate behaviour. Another person had a noise sensitivity and the plan detailed clear and consistent strategies to support this person. For example, a mood chart was in place. This enabled this person to reflect and express themselves in a more positive way, reducing any harmful behaviours.
- People had regular meetings with their keyworkers to discuss what was important to them. This included any goals they wished to achieve and recognising individual achievements.
- Staff knew people well and understood their needs, wishes and interests. Staff shared how they had worked with people to achieve goals and looked at ways of improving people's well-being. For example, one key-worker had worked with a person to reduce any pressures on them emotionally therefore reducing their levels of anxiety and stress.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff ensured people could communicate their individual needs and wishes and any communication needs were assessed and met.
- People living at the service could not all read and write and did not routinely use easy read material. However, it was used to reinforce information sharing.
- Information on people's specific communication needs were reflected within support plans. For example, one person needed time to process information to facilitate a good level of communication. Another person communicated their feelings using their own form of sign language and this enabled them to communicate and express themselves.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to maintain and develop new relationships with people of their choice to reduce any risk of social isolation. For example, group house activities took place sometimes and everyone in the service got on well.
- People were supported to maintain everyday relationships with family friends and staff. For example, staff cooked and ate with people at lunch time in the dining room as a social activity if they wanted to.
- Overnight stays, holidays and trips out with relatives were facilitated with staff ensuring people were fully prepared. For example, staff ensured any required medicines were available.
- People were supported to follow their interests and hobbies and to secure employment when possible. Staff encouraged and supported people to be active, to plan and organise their own activity and leisure time. This ensured they had active and fulfilling lives, spending time doing things that they enjoyed.
- Staff provided additional support if needed, and this had included farm trips to pet animals, outings to the local shops and cafes, bus trips, walks, swimming, trips out to a trampoline facility and the zoo.

Improving care quality in response to complaints or concerns

- Complaints raised were taken seriously and responded to, with an emphasis on improving outcomes for people. Relatives told us, "We have no complaints at all, communication is fantastic." And, "We always know what is going on, staff tell us everything, and have never had to raise a concern."
- There was a complaints procedure and systems to record and investigate any complaint received.
- Staff supported people to raise complaints, they understood it was important for people to feel they were listened to and were heard.
- Relationships between people in the service were monitored with staff providing people with time and opportunity to raise any concerns. These were recorded, and staff sought to resolve any issues quickly to reduce any anxiety. Resolutions and mediation between people to resolve any concerns were given a priority with people being asked 'what they would like to happen'. In this way people and staff worked to find solutions to any problems.

End of life care and support

- People living at the service were younger adults and were not receiving end of life care at the time of this inspection.
- People and their relatives were asked about any end of life wishes and preferences and had the opportunity to have these recorded within their individual support plans. For example, choices around funeral arrangements.
- Staff completed some basic end of life training and staff were aware of people's health care needs and where to go for advice and guidance.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- There was a clear management structure within the service that staff understood. The registered manager was supported by a team leader who had worked in the service for a long time and had provided a stability and consistent presence for people and staff.
- We received positive feedback about the registered manager from people, relatives and staff. One staff member said, "I wouldn't work anywhere else now, the manager is very open and approachable."
- Staff felt valued and enjoyed working at the service. One member of staff told us, "I actually left to try a new career but missed this place so much I came back."
- A number of quality monitoring and quality review and improvement processes were used. This included internal audits completed by the registered manager who maintained a strategic oversight of the service. Quality auditing covered staff training, incidents and records.
- The registered manager completed reports on the service delivery. They also used staff supervision to follow up staff training audits to ensure staff had completed relevant training as required. Staff performance and understanding of roles and responsibilities were reviewed during supervision sessions.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted an inclusive culture in the service where people and staff were listened to and felt empowered.
- Staff told us they felt valued and appreciated. One staff member told us, "It is really like a big family atmosphere here, I love working here, I feel I really make a difference for people." Staff meetings were used to share successes and any suggestions.
- The registered and senior staff were visible, approachable and accessible and led by example. They spent time with staff and people and demonstrated inclusive values and an openness. Staff were encouraged to discuss concerns and errors rather than to ignore them. The registered manager told us they 'operated a no blame culture.'
- Relatives and professionals knew the registered manager and senior staff well and were positive about their management abilities and style. One relative said, "[Team Leader] is amazing, they go above and beyond. That is very important for us as parents too." Another relative said, "We are never left out of anything. I have always found the registered manager very approachable and responsive."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

- The registered manager was aware of their responsibilities including those under duty of candour and had submitted relevant statutory notifications to the CQC promptly as required.
- The registered manager acted in an open, honest and transparent way. Any concerns and experiences were reflected on, to identify what went well, and what did not. For example, when dealing with incidents, accidents and complaints within the service. Findings and outcomes were discussed with staff at team meetings to learn and change practice and approach when needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager understood the importance of receiving regular feedback from people, staff and relatives as well as visiting professionals.
- Feedback was sought from people and relatives and used to improve and develop the service.
- Day to day contact and discussion with people, relatives and professionals secured regular, immediate and frank feedback. During the inspection people were comfortable providing their own views on care and support.
- Staff views were seen as important and staff were given opportunities to share these. The notes of meetings held confirmed staff were encouraged to speak up and share their views. Staff meetings were also used to inform staff of changes at the service.

Working in partnership with others

- The home worked in partnership with key organisations to support care provision.
- Records showed the registered manager had involved professionals in the development of people's care and support, to help ensure any changes were always in people's best interests.