

Inclusion Care Ltd

Inclusion 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

Inclusion Care is registered to provide personal care. Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection support was provided to 41 people with personal care needs.

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 felt safe and were protected from abuse and avoidable harm. Staff knew when and how to report concerns. Staff followed guidance to minimise potential risks posed to people within their flat, home or in the local community. Staff worked alongside health care professionals to ensure people remained as healthy as possible.

The service checked new staff to ensure they were suitable to work in people's homes. People received the support they needed to take their medicines. The staff were trained in how to provide people's care in a safe way.

The registered manager completed a range of regular checks on the quality and safety of the service. Staff supported people to keep their homes' clean and tidy. Staff had access to personal protective equipment such as gloves and aprons and followed infection prevention and control policies to reduce the risk of infection.

People's communication needs were identified, recorded and highlighted in care plans and staff communicated with people effectively to ascertain and respect their wishes. Staff knew how to recognise when people were worried even when they may not be able to verbally express this. People were supported to eat and drink enough and staff promoted a healthy balanced diet.

There were enough staff employed to meet people's needs however, staff and relatives told us that staff were not always deployed in a way that best supported people with complex behaviours. Staff received the training, support and professional development they required to meet people's needs.

People had their needs and choices assessed before they began using the service. Care and support was delivered in line with evidence based best practice guidance and care needs were clearly identified in their care plans. The service had a clear complaints procedure. People's views were sought and acted on to

improve the service they received. Incidents were used as a learning tool to improve and prevent a reoccurrence. Systems were in place to monitor the quality of the service people received; action was taken when shortfalls were identified.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection:

The last rating for this service was Good (published 12 July 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up: We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information 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.

Inclusion Care

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

Our inspection was completed by two inspectors.

Service and service type

Inclusion Care provides care and support to people living a variety of 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. The service had two managers 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.

Inspection activity started on 2 October and ended on 10 October. We visited the office location on 2 October.

What we did before the site visit

We reviewed the information we had received about the service since the last inspection. This included previous inspection reports and details about incidents the provider must notify us about, such as abuse, serious injuries and deaths. We used information the provider sent us in their Provider Information Return as part of our Provider Information Collection. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections.

During the site visit

We visited the office location of Inclusion Care on the 2nd October 2019. We spoke with the managing director, two registered managers and the training co-ordinator. On the 4th October we spoke with three relatives of people using the service via telephone. On the 8th, 9th and 10th October we visited five homes where people who were using the service lived, accompanied by the registered managers to receive feedback from people about the service. During these visits we also spoke with four home managers, two senior support workers and five support workers to gain their feedback on Inclusion Care. During our inspection we reviewed a range of records. This included 10 peoples care records, five staff recruitment files and staff training and supervision records. We also reviewed records relating to the management and monitoring of the service.

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

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and they knew who to talk to if they had a concern and had been provided with contact numbers for reporting any concerns. A person told us, "I would talk to the manager or a member of staff if I didn't feel safe."
- Staff knew how to recognise the signs of abuse and how to report it. They told us how they supported less experienced staff to understand what keeping safe means. A staff member told us "I know how to keep people safe and I will always try and inform new staff as much as I can." Staff knew how to recognise when people were concerned or anxious even if the person could not verbally express this. A member of staff told us, "I'd report any concerns around the safeguarding of a service user straight to my manager." Another said, "We have a good relationship with the safeguarding officers at the local authority. We talk things through with them when things go wrong."

Assessing risk, safety monitoring and management

- Before any support was provided an initial assessment was undertaken to make sure the service could meet people's needs.
- The registered managers had identified and managed risks to people's safety. People's care records had guidance for staff about how to support people whose behaviour might challenge in a safe way. A staff member told us "We use our training to redirect the service user away, its more about verbal prompts and guidance than physical intervention."
- People's care files included appropriate assessment of risk, which had been conducted in relation to their support needs. Risk assessments covered areas such as accessing the community, mobility, personal care, medicines, behaviours that might challenge and manual handling.
- Risk in relation to choking were clearly identified and information in relation to the correct consistency of food and drink provided so staff could support people to eat and drink safely.

Staffing and recruitment

- There were enough staff in each person's home to meet their needs.
- Care staff were recruited safely, and we saw checks had been completed prior to employment including checks for satisfactory conduct in previous care roles. This helped to ensure only people of suitable character were employed to work with people.

Using medicines safely

- People's medicines were managed safely. We saw they were stored and administered as prescribed. Medication policies and procedures were followed and robust audit systems were in place to ensure medicines management was safe.

- Staff received training in medication management and administration. Staff were competency assessed once a year, to ensure they maintained the skills to administer medicines safely.
- Where things had gone wrong the service reviewed processes to ensure risk of re-occurrence was minimised. For example, if a member of staff made a medicines error this was reported, staff were re-trained and their competency re-assessed to ensure they were safe to continue administering peoples medicines.

Preventing and controlling infection

- People were protected by the risk and spread of infection. Staff understood the importance of the use of personal protective equipment (PPE)) and had received training in the prevention and control of infection.
- Staff who were required to support people with the preparation of meals had received the relevant food hygiene training.

Learning lessons when things go wrong

- Accidents and incidents were recorded and analysed to show trends and patterns. Incidents could not be closed without learning and actions being added. There were clear processes in place for making changes in response to accidents. For example, follow up information such as GP appointments, Occupational Therapy assessments and use of crash mats following a person's fall were clearly recorded and the persons support plan had been updated to reflect an increased risk in this area.
- The manager completed a monthly audit to ensure any lessons were learned and action was taken to minimise the risk of further accidents and incidents occurring.
- The managing director had implemented changes (such as the type of techniques used) to the recording systems where any form of behaviour management was required. This was as a result of a televised documentary around some high level abuse of people living in a different care setting. In addition to this the training for staff around safeguarding had been updated in response to the documentary, which was shown to staff as part of the training process.

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

- People's needs were assessed, and care and support were person-centred and delivered in line with people's choices and preferences.
- People's diverse needs were met in all areas of their support. Therefore, protected characteristics under the Equalities Act 2010 such as age, culture, religion and disability, were taken into consideration.
- Staff we spoke with were knowledgeable about people's needs and choices. People confirmed that staff met their needs and knew them well. A staff member told us, "when I first started, people's behaviours were quite intense. Over the years, service users behaviours have reduced and they respond well to me."

Staff support: induction, training, skills and experience

- People were supported by suitably skilled staff however, relatives and staff told us that staff were not always deployed to work with people in the most effective way. A staff member said, "Sometimes we get some new staff that aren't particularly suited to working here. Staff turnover has always been high but the team now is more regular." Another said, "More work needs to be done to match the skills of staff to the people they are supporting." We discussed this with the senior management team at the service who told us they were already working on a plan that ensured that staff were better allocated to support the best outcomes for people.
- Staff received training to fulfil their roles and responsibilities. Staff told us they felt supported and worked well as a team. Each of the home managers we spoke with told us how they wanted to get the best from their staff and to ensure the best outcomes for people. One home manager told us, "I'm one of life's nurturers."

People received food and fluid which supported them to maintain a healthy balanced diet.

- People were supported to have a healthy diet. We observed people having lunch. Choices were given and times people ate varied depending on their choice. The food looked fresh and appetising and people told us they enjoyed the food.
- People's care plans clearly identified risks to people when eating and drinking, (such as choking and allergies to caffeine). Staff confirmed they understood how they supported people to manage these risks.
- People's diabetes were managed effectively. Staff were clear about what they needed to do to support individuals with diabetes. People told us their diabetes management was effective. One person told us, ""Staff help me manage my diabetes by helping me to buy the right food. I have a weekly menu that I shop for."

Staff working with other agencies to provide consistent, effective, timely care; supporting people to live

healthier lives, access healthcare services and support

- People had access to health care professionals when required. This included GP's, dentists, podiatrists and mental health professionals. A member of staff told us "The GP knows the service users inside out."
- We looked at a selection of care plans and saw that when healthcare advice had been given, staff had followed it to ensure people were supported appropriately and as agreed.
- The service was looking at different ways to ensure agency carers were consistent and effective in their roles. For example, the service was looking at providing free transport for agency carers who lived further away or who wanted to work at locations which were not accessible via public transport. This had ensured that agency staff were available should they be required.
- Handover records were in use to ensure important information was passed between staff. At one of the services we visited we saw that there was a requirement for staff signatures to be added to the record to evidence a handover had taken place. A summary of the care and support given was recorded for each shift.

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

- Staff had received training on the MCA. Staff told us they understood the importance of promoting people's rights and told us how they consulted people and asked for their consent before providing care and support.
- Peoples care records were clear in relation to capacity and there was clear documentation about what decisions people could make as well as those they could not. Where people lacked the capacity to make day to day decisions there were clear assessments in place.
- The service had ensured court appointed deputies were in place where this had been assessed as required.

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

- There was a welcoming, happy and friendly atmosphere at each home we visited. We spent time observing staff interacting with people who used the service. We observed that staff were sensitive to people's needs and that care was individualised and person-centred.
- People and relatives, we spoke with told us the staff were caring. A person told us, "Staff are brilliant." A person told us, "I don't think I would ever get any better carers than those here." A relative said, "I couldn't praise [name of staff] enough. She's a salt of the earth type. She's pleasant and very good at her job."
- Each person had an equality and diversity care plan completed for them. The provider had an equality and diversity policy and staff were trained in relation to equality and diversity.

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

- During our visits we saw people were involved in decisions about their care. Staff explained the tasks they carried out and gave reassurances during any care and support provided. We saw staff giving people time to make decisions and assisting with choices where people were struggling, but still promoting independence.
- Care plan documentation reflected people's choices and decisions and showed they had been involved in creating their plans of care.
- Staff were led by home managers that encouraged staff to support people in directing their care. One home manager told us, "Staff are really friendly with service users as its important to keep people happy, but staff know they need to respect service users and there are boundaries. I instil in staff that we are here for service users and really 'they' are the boss."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was maintained. We saw staff knocked on bedroom doors before entering and kept bathroom and toilet doors closed when carrying out personal care.
- Staff told us how they respected people's privacy and supported them to maintain their dignity and independence. A member of staff told us, "I'm very sensitive to their needs when providing personal care, I talk them through what I'm doing, give them the choice of what to wear and what they want to do."
- The service ensured they maintained their responsibilities in line with the General Data Protection Regulation (GDPR). GDPR is a legal framework that sets guidelines for the collection and processing of personal information of individuals. They did this by ensuring that records were stored safely which maintained the confidentiality of information about people.

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

- Staff demonstrated a person-centred approach which was reflected in the care and support people received. For example, we observed a group of people sat in the lounge watching television with a number of staff. Each staff member was working interacting with each service user in a person-centred way. Some staff were laughing and joking with people who liked this type of approach, whilst other staff were calm and reassuring to people who required this.
- People's care plans were outcome focused. We looked at a range of care plans and found they reflected the care and support people required. Care plans included people's life history, important relationships, their strengths, things they enjoyed and things they didn't like and what they wanted to achieve.
- The care plans we reviewed contained essential information for hospital staff should a person be admitted, such as how people preferred to be supported, what makes them happy and comfortable and unhappy or uncomfortable. There were also clear overviews on medicines and health conditions (such as allergies) to ensure care and treatment could be continued in the most effective way possible with the least disruption to the person.
- People had access to an independent advocacy service. This ensured they were supported to make decisions around their care such as their healthcare options and hospital treatment. One person had been visited by an advocate and hospital consultant at their home to discuss a significant operation the person required and supported them to make a decision about whether to go ahead with this operation. The registered manager told us they were proud about how the service had involved a range of professionals to support the person to make the decision and the positive difference the operation had had on the young person's quality of life following the operation.

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 received appropriate social stimulation and accessed the community. We saw people going out during our inspection as well as in house activities taking place. The service had recently recruited activity co-ordinators to assist people to do things they wanted to do. We reviewed a range of records which confirmed people were socially active.
- People were supported to secure voluntary opportunities should they desire or were supported and encouraged to maintain paid employment. For example, working in charity shops, which reduced reliance on formal support and resulted in improved self-esteem. People's comments included "I go to Youth Club on a Monday. On a Tuesday I work in a pet shop and I go to a day centre on Wednesdays and Thursday. I am kept busy." and "I had a job but I was made redundant. Now I work voluntarily at a charity shop."
- The registered manager told us how they were looking at innovative ways to involve service users in the

running of the service. They said, "We are setting up a workshop where we are training service users in general maintenance, gardening and painting." We have spoken with the housing provider and they have agreed to let us employ service users to make improvements under a maintenance program."

- The service had worked with service users to plan and go on a trip to Disneyland. The registered manager told us "The service users were involved every step." They told us how the home managers, registered managers, staff and people had made this a successful event. A person told us, "I went to Disneyland Paris and we are hoping to go on holiday to Tenerife next year."
- The registered manager told us how people in one home had changed perceptions of the local community around disability. They told us, "To begin with the neighbours were quite confrontational. The service users had a party to which neighbours were invited and attended. Now our neighbours are involved in events and the service users are part of the community. I think the neighbours were fearful of the unknown and there has been a real change of attitudes to bring the service users into the local community. "

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.

- People's communication needs were met. Staff we spoke with understood how to communicate with the people they supported. We saw detailed communication care and support plans in people's files. Our observation evidenced staff understood people and communicated effectively.
- A variety of information was available in an alternative format. For example, the services complaints procedure was available with a larger font with pictures for those who required information presented in this way. One person's care plan contained a pictorial document for respecting choice of gender of staff for their personal care. For other people, their care plans stated that they needed information read out loud to them.

Improving care quality in response to complaints or concerns

- People and their relatives knew how to complain and felt able to. Relatives said, " I know we can always phone the new manager if we had a concern."
- Relatives we spoke with were clear that the service was improving. Comments from relatives included, "There have been vast improvements since the new managers have been in post" and "[name of home manager] is brilliant, she's got the service up to scratch."
- Staff were clear in the process they would take if they received a complaint. One staff member said, "If we receive a complaint or concern we can talk to managers and the HR department on the phone if we need to. I can call my manager at the weekend, she doesn't mind. I'm lucky with the managers I have."

End of life care and support

- No one was receiving end of life care at the time of our inspection. Staff however had supported service users who had lost close relatives and helped them through their grieving processes. The registered manager explained how staff provided a nurturing role in the young person's life since they had lost their close relative.
- The provider had a policy in place which gave staff guidance in how to respect and care for those people whose lives have ended. The guidance explained how support people from different ethnic and religious backgrounds, detailing how people should be cared for in line with their beliefs.

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.

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

- The registered managers had ensured people's needs were met through ongoing review of their care and referenced current legislation and best practice guidance to achieve good outcomes for people.
- Staff told us there was a supportive, friendly, open and honest culture which brought out the best in everyone. One member of staff told us, "The manager has an open door policy, if we need to talk about anything she's welcoming, we can just go in to the office." A relative told us, "We can always phone the new home manager."
- The registered managers spoke knowledgeably about fulfilling their requirements on the duty of candour. For example, they told us that they knew they would be required to proactively contact people and relatives if something had gone wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Relatives and staff told us they felt the service was improving under the new management structure. A relative told us, "There have been vast improvements since new managers have been in post."
- Staff spoke knowledgeably about their responsibilities within their role and said they worked effectively together as a team. Staff were confident in the quality of care, support and guidance they were able to offer people which gave a strong focus on person centred, individualised care for people. A staff member told us, "I absolutely love my job. I've been here for 5 years and enjoy the service user's company and giving them a fulfilled life."
- There were effective systems in place to ensure views from visiting health professionals, people, relatives and staff were fully considered and acted upon.
- Notifications had been sent to external agencies such as the local authority safeguarding team and CQC, which ensured the service was meeting legal requirements.
- There were robust quality monitoring systems in use which focused on improving outcomes for people. For example, there was evidence that learning from incidents and investigations took place and appropriate changes were implemented. There was also a system of out of hours spot checks completed to ensure standards were upheld.

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

characteristics; Working in partnership with others

- The managing director told us they were in the process of setting up a system of annual quality assurance questionnaires to obtain the views of people, relatives and health professionals. Results from these questionnaires were to be analysed and any areas of concern identified and acted upon.
- Staff told us they felt valued and fully involved in the running of the service. A home manager told us, "As staff we all have our strengths and weaknesses. It's about finding what works."
- The service worked closely with all relevant external stakeholders and agencies. Staff told us the support and guidance they had received had made positive impacts on the lives of the people they supported.