Inclusion Independence Limited

Inclusion House

Inspection report

22 Woodfield Avenue
Stourbridge
West Midlands
DY9 9DP

Tel: 07980145915

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15 May 2019

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12 June 2019

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:
Inclusion House is residential care home that provides personal care for up to two people. Care and support are provided to younger adults who may have a learning disability or autistic spectrum disorder, sensory or mental health needs. At the time of the inspection two people were living at the home.

People's experience of using this service:
People told us that they were happy living at Inclusion House and felt safe. Staff were trained and knew how to support people from the risk of harm or abuse.

The care service has been developed in line with the values that underpin Registering the Right Support guidance. These values include choice, promotion of independence and inclusion. People using the service were treated as individuals, encouraged to lead active lifestyles and were part of their local community. People felt supported by staff to be independent and positive risk taking was promoted. People were enabled to undertake age appropriate activities with any risks identified and managed with them. Social inclusion was a clear focus of the service provision and people engaged in a range of social, recreational and work related activities.

Medicines were managed safely, and the home was clean and well-maintained. People were positive about the staffing arrangements which enabled them to have support when they needed it. People were actively involved in planning their care and their health needs were supported by care professionals. People described staff as caring and supportive. Staff had a good working knowledge of the Mental Capacity Act to ensure people's rights were protected. There was a positive and enabling culture and systems to monitor the quality of the service were used consistently. People spoke positively about the service and how it was run. The provider notified us of events as required.

Rating at last inspection: 1st Rating

Why we inspected: This was a planned inspection based on the need to rate the service following their registration in September 2017.

Enforcement:
No enforcement action was required

Follow up: We will continue to monitor the service through the information we receive until we return, as part of the inspection programme. If any concerning information is received, we may inspect sooner.

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

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 Safe findings below.

Is the service caring?

Good

The service was caring.

Details are in our Safe findings below.

Is the service responsive?

Good

The service was responsive.

Details are in our Safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our Safe findings below.

Inclusion House

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:
This inspection was carried out by one inspector on 15 May 2019.

Service and service type:
Inclusion House is a care home. People in care homes receive accommodation and nursing or personal care under one contractual agreement. The Care Quality Commission (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:
We gave the service one days' notice of the inspection site visit because it is a small service and people living there are often out and we needed to be sure that they would be in.

What we did:
We looked at the information we had received about the service since it was first registered with us. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority. We used all this information to plan our inspection.

We spoke with both people to find out their views of the quality of the care provided. We observed how staff supported the people they cared for. We spoke with the management team including the registered manager, care manager and two care staff.

We looked at a range of records. This included sampling two people's care records and medication records. We also looked at records relating to the management of the home. These included systems for staff recruitment, managing incidents, and the checks undertaken by the registered manager on the quality of care provided and safety of the premises.

Good

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe living at the home and that staff promoted their safety. A person said, "Staff talk to us about personal safety both in the house and out in the community". Another person told us, "I feel safe living here, the staff are really good".
- Staff were aware of the signs of potential abuse and how to escalate and report any concerns. One staff member told us, "We have all had training and discuss safeguarding regularly, particularly if we think someone is at risk. We raise all concerns immediately with management who would report it to the local authority".
- The management team were aware of their responsibility to liaise with the local authority and had made appropriate referrals to ensure people's safety.

Assessing risk, safety monitoring and management

- Positive risk taking was promoted so that people could follow their lifestyle choices with the right support. For example, risks related to independent travel, safety within the community and safety online had been discussed with people to promote their safety. One person told us, "I have a phone and can text or call staff if I need help, I've done that in the past and staff responded straight away".
- Individual risk assessments had been completed with people to reduce the risk of any avoidable harm. For example, a person with a medical condition described how staff supported them to help keep safe when undertaking aspects of their own care. They said, "I'm quite happy with that arrangement because I know I'm safe when staff are there".
- Staff were well informed about risks and how these should be managed. One staff member said, "As a team we have experience, knowledge and training on how to support people with their behaviour or anxiety. Where needed safe management strategies are in place and agreed with the person". A person confirmed this approach; "I go out and come back late, I text staff they don't need to worry about me".
- Risk assessments were detailed, up to date and provided guidance to staff as to the action needed to support people with their safety.
- Regular checks on the safety of the premises were completed and people were actively involved in this process to develop their awareness and role in maintaining safety. For example, on our arrival one person talked us through the emergency fire procedures. They also told us they were involved in other safety checks such as the 1st aid box.

Staffing and recruitment

- People told us there was always enough staff to support them. One person said, "We know who is on duty 24/7 and there's always staff to support us". Staff told us staffing levels enabled them to spend quality time with people and support them in developing their skills and independence.

● Staffing levels were reviewed to ensure they met people's needs. Examples were evident of where staffing levels had been reduced due to the positive impact of support people had received.
● Records showed that safe recruitment practices were followed to ensure staff were suitable to work with people who lived at the home. In addition, the provider had proactively sourced staff with the right attributes and skills to work with people.

Using medicines safely
● People told us they had their medicines when they should, and they knew what they were taking and why.
● Staff had been trained in medicine management and records showed the receipt, storage, administration and disposal of medicines was managed safely.
● The providers systems had identified serious errors by an external pharmacist and we saw they had taken appropriate action to share this with external agencies.

Preventing and controlling infection
● People told us they were happy with the standards of cleanliness in the house. One person said, "We do our own cleaning and there are checks so that the house is kept nice-cleaning chemicals are locked away-not that we would drink it!"
● We saw that staff followed and encouraged good infection control practices by using personal protective equipment (PPE) and encouraging people to. For example, gloves and aprons were worn whilst supporting people to make their lunch and hand washing was encouraged.

Learning lessons when things go wrong
● Staff reported incidents and accidents which were reviewed by the management team. We saw their systems helped to identify external errors related to medicine management. They had acted to reduce the risk of this happening again.

Good

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

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 told us they had been fully involved in the assessment of their needs and this had included identifying their preferences. For example, one person said, "They [staff] asked if we wanted to live together; we are compatible and it works really well'.
- People's diversity was explored with them to ensure there was no discrimination, including in relation to protected characteristics under the Equality Act (2010). For example, people said how their cultural and religious needs were supported and how social and inclusive opportunities were developed with them to follow their personal interests.

Staff support: induction, training, skills and experience

- Staff had been recruited based on their previous experience, knowledge and shared vision for the home. Staff told us that the registered manager promoted a culture of equality and person-centred care. Staff told us they had previous care experience and qualifications so their induction into the service consisted of the aims/procedures and vision. Staff felt prepared for their role.
- Staff received regular support and supervision in which they could reflect on their practice and training needs and progress on supporting people to achieve their goals and lead self-fulfilling lives.
- There was a training plan in place which reflected staff received training to meet the individual needs of people who lived at the home. We saw this benefitted people because staff used their skills to support people effectively. One staff member told us, "We've had training in autism awareness, behaviour management, medical conditions and how to manage them". Staff had also achieved professional recognised qualifications to support them in their role.

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

- People told us they were supported to devise their menus, shop for food and cook their meals. We saw they were actively supported to do this. A person who lived at the home said, "It's good food; we plan the menu and cook. We also get a free takeaway meal once a week; my choice is a pizza. It's nice food."
- People were supported to maintain a healthy diet. One person said, "I try lots of new dishes with staff, it's good, I like trying new things". Staff were aware of people's nutritional needs and how to support them in this area.
- We saw staff were supporting people with their cooking skills. People had free access to the kitchen to make their own drinks.

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

- People had discussed their health needs and new how these should be met. We saw links to a variety of

healthcare services were evident and that these were relevant to people's specific healthcare needs so that people had the right support.
● People had health action plans which identified relevant health information and the support they needed. We heard examples of how this had benefitted people to the point they were discharged from health services.
● Staff were aware of how to support people's anxiety when attending health appointments. A person told us how staff supported them which had enabled them to tolerate treatment.

Adapting service, design, decoration to meet people's needs
● People told us they were comfortable in the house and that it met their needs. People had personalised their bedrooms and said they had privacy when they wished.
● The facilities met people's needs and did not require adaption or specific equipment.
● The house was comfortable, well maintained and had easy access to communal and bathing areas. People had access to a rear garden which included a patio area and outdoor seating.

Ensuring consent to care and treatment in line with law and guidance
● The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decision and are helped to do so when needed. When they lack mental capacity to make decisions, any made on their behalf must in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority in care homes, and some hospitals, this is usually through MCA application procedures called The Deprivation of Liberty Safeguards (DoLS).
●Staff had training in and understood the MCA and how this impacted on the people they supported. One staff member said, "No one lacks capacity but we know the MCA is about protecting people's rights, choices and decisions. If people lacked capacity, we would make best interest decisions and involve them and other professionals".
● People confirmed they were always asked for their consent and involved in decisions affecting them. One person said, "I can make my own decisions, staff might give me additional information, but if I refuse something, that's it".
● Staff confirmed they always asked people's consent. For example, we saw people had signed consent for us to access their care records on the day of inspection. We saw examples of where people had been empowered to make decisions about their care, showing staff worked within the principles of the MCA. For example, refusing available medical screening.
● No one was subject to a DoLS.
● We saw people had been provided with information in an appropriate format as to the role of CQC. This ensured people were informed about the inspection process and made decisions about their role in it.

Good

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

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 had positive relationships with staff and described them as friendly, helpful and respectful.
- People said staff listened to them and supported them to make their own choices. One person said, "I love it here, I'm treated like an adult; staff understand I'm young and want to do lots of things and help me with that".
- People had trust in staff and told us they were confident to speak to staff about their thoughts and feelings. One person said, "As you can see today, we talk about all sorts, there's no embarrassment here".

Supporting people to express their views and be involved in making decisions about their care
- We observed there was an open and supportive culture within the home. For example, people were comfortable expressing their personal views to staff about such topics as religion, sexuality, discrimination, disability and anxieties. Account was taken of people's protected characteristics under the Equality Act 2010, such as race, religion and sexual preference and how staff supported people in these areas.
- People had access to regular meetings with staff to discuss their wishes and goals. Regular house meetings took place in which people made decisions about daily routines, holidays, and events important to them.
- People were actively supported to access and understand information in line with the Accessible Information Standards. These standards aim to provide people with information which they can easily understand. For example, written information regarding health appointments and processes in the home such as reporting repairs, were provided in suitable formats. This enabled people to take an active role in things important to them, such as identifying and reporting repairs.
- People advocated on their own behalf. We saw that advocacy services had recently visited the home to hear from people living there about their positive experiences and how this could be shared as best practice in other homes. An advocate is someone who can represent people's views where they are unable to do this for their self.

Respecting and promoting people's privacy, dignity and independence
- People were satisfied that their needs in relation to dignity and privacy were upheld. One person said, "I am happy with the arrangements for staff to support me with personal care. I have a choice about gender care [male or female staff] which is met". We heard from staff that they were clear about protecting people's dignity and ensuring people were not in a vulnerable position.
- Staff had supported people's dignity by ensuring they engaged advice and support from external professionals.
- People confirmed their privacy was respected; they could spend time in their room, had access to a mobile phone and their personal mail.

● People's independence was promoted. For example, we saw people participating in cooking their meals, preparing drinks and helping with domestic tasks. One person said, "We are involved in everything in the house, maintaining cleaning, safety, repairs, anything that needs doing we are encouraged to do". Staff told us by involving people in all aspects of the home this promoted their independence and self-help skills.
● People's confidential information was stored securely. Staff were aware of and followed the procedures in accordance with General Data Protection Regulation (GDPR). This included explaining to people where information may need to be shared and seeking people's consent.

Good

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

● People told us they were fully involved in planning their care and support. One person said, "I discuss my plans with staff monthly, we discuss the things I want to do, and staff agree with me how they will support me to do things".

● People's plans were personal to them and contained details of their preferences, goals and interests as well as their care needs. One person said, "I came [to live here] by choice; I wanted to do more with my life and here I can say what I want to do, and staff will arrange it".

● We saw that people had been supported to achieve their personal aspirations. These included opportunities to engage in educational, vocational and leisure activities. One person told us, "I like the Miners Club, I go there for loads of socials and I know everyone, even the taxi driver".

● Another person told us they were regularly asked about their interests, they said, "I don't want to go to college as I was fed up of that. But I have done voluntary work in a shop which I liked".

● People told us they had a positive community presence; getting involved in gardening projects at the local school, holding fund raising events, using amenities such as libraries, swimming, local shops. A person had been supported to join a local club to support their health needs. This had led to them developing an interest in different cooking styles which they told us they enjoyed trying out and eating. We saw that people were regularly involved in dog walking which they told us they thoroughly enjoyed. It was evident that staff worked with people to explore their interests and support them to participate in a variety of activities.

● People confirmed they were supported to plan and achieve their goals. For example, a person told us about their saving plan so that they could visit places that interested them.

Improving care quality in response to complaints or concerns

● People we spoke with had been provided with information about complaints procedures. One person said, "I have a folder with all the information and contact numbers, so I know what to do". Another person said, "I know about how to complain". People said they were confident their complaints would be listened to and looked at.

● Systems were in place to manage and respond to complaints, with a record of the investigation and feedback.

End of life care and support:

● The home was not supporting anyone who was receiving end of life care. We were informed in such an event people's needs and wishes would be assessed.

Good

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

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- People who lived at the home said they felt supported by the registered manager and staff team and felt they could raise any issue with confidence. One person said, "They are all very good; I feel I can say anything".
- People confirmed they felt very involved in the way the service was run. One person said, "We meet every week, we talk about food, menus activities holidays anything really. If something can be improved they will do it". Another person said, "I've been involved in audits, talking to advocates, planning my targets, I really like it here because they [staff] help me do the things I want".
- People said there was a positive culture in the home which was friendly, and everyone got on well.

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

- Staff were clear about their roles and responsibilities and told us team work was very good.
- Staff understood what was expected of them in their roles and felt motivated to improve the quality of lives for the people they supported. Staff understood and clearly worked towards the vision for the service which is described in their Statement of Purpose as; 'To enable social inclusion and progression towards greater independence'.
- Staff were aware of the provider's whistle-blowing procedures and knew where contact information was located should they need to raise a concern. A whistle-blower shares any concerns about people's care within an organisation.
- The provider understood they needed to inform us of certain events at the home, so that we can take any follow up action that may be needed.
- The provider had developed their quality monitoring tools and was consistently auditing aspects of the service. This included reviewing any accidents, ensuring records were up to date and checking the safety of the service in relation to premises, equipment and medicine arrangements. We saw from these they had an overview of the service and action was taken to address any areas for improvement.

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

- The management team positively encouraged feedback. The latest quality survey results showed that people and their representatives expressed a high degree of satisfaction with the service and support provided by the home. We saw feedback from professionals that stated the service was well run and person centred. One comment read, 'I'm very impressed with a true person-centred approach'. Another stated,

'Particularly impressed with social inclusion'. Results of the surveys were shared with people and staff.
●The registered manager showed a commitment to being open and honest when managing situations. They understood the duty of candour requirement to be honest with people and their representatives when things had not gone well. We saw they had followed this process when external factors had affected them.

Continuous learning and improving care
● Staff had regular staff meetings, handovers and supervision. They felt well-informed and described the culture as one that put people first. Staff felt this helped them to reflect on practice and proactively look for opportunities that would present positive outcomes for people.
● A structured training schedule was in place and staff felt this helped them to keep up to date with knowledge and skills.

Working in partnership with others
● Staff worked proactively with a range of professionals and agencies related to the health and social care needs of people. We saw they did this in a timely way so that people were linked with services that could support them and lead to better outcomes.