

Inclusion Care Ltd

The Bank House

Inspection report

Bretforton Road
Badsey
Evesham
Worcestershire
WR11 7XG

Tel: 01386834989
Website: www.inclusioncare.com

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

The Bank House provides accommodation with personal care for up to five younger adults. There were three people living at the home at the time of the inspection. At the last inspection, the service was rated Good. At this inspection the service remained Good.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People told us the support from the staff helped to keep them safe in their home and manage their risk to health and safety. All staff understood the potential for risk of abuse and told us about how they kept people safe and how they had reported any concerns. During our inspection people were supported by staff that were available, offered guidance or care. People told us they received their medicines from staff or looked after their own medicines. People were able to request additional medicines for pain relief or other medicines as needed. The staff team were able to assess and know when a person may need these if they had not been able to communicate themselves.

People told us they staff knew them and the care they needed. All staff told us the training was in their role and helped them understand the needs of the people they looked after at the home. The staff team were supported with regular supervision with the registered manager to assist them in their role and responsibilities.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People told us there was always a choice of meals and drinks which they enjoyed and kept them healthy. People had access to other healthcare professionals that provided treatment, advice and guidance to support their needs.

People were comfortable with the staff that supported them and enjoyed their company. All staff knew people's individual care needs and respected people's dignity and independence. People's privacy was maintained and staff were considerate not to impose on people who spent time in their room. People received support to have their choices and decisions respected with their day to day care.

People's care needs were reviewed and assessed regularly and care planned and delivered to meet those needs. People and where requested families had been involved in the planning of their care. Family member told us they were asked for their opinions and input. People were supported with planned activities and the freedom to decide daily on how they spent their day.

People had the opportunity to raise comments or concerns and these were addressed. There were

processes in place for handling and resolving complaints and guidance was available in an accessible format for people in the home.

People and staff told us management team were approachable and visible within the home which people and relatives liked. The registered manager and provider had completed regular checks to monitor the quality of the care that people received. Any improvements or changes had been recorded and actioned by the registered manager.

Further information is in the detailed findings below.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

The Bank House

Detailed findings

Background to this inspection

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

This inspection took place on 6 September 2017 and was completed by one inspector. We reviewed the information we held about the home and looked at the notifications they had sent us. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with three people who lived at the home and spoke with two relatives on the telephone following the inspection visit. We also used observation to help us understand the experience of people who could not talk with us.

We also spoke with two staff, the registered manager, the area manager and the Chief Executive Officer. We reviewed one plan of care and their medicine records. We also looked at audits for environment and maintenance checks, Deprivation of Liberty authorisation, compliments, incident and accident audits and two staff meeting minutes.

Is the service safe?

Our findings

At our last inspection in July 2015 we rated this question as Good.

People we spoke with felt safe living in the home and their relatives had confidence in the staff to monitor and maintain their family member's safety. Staff at the home knew where people were and who may need assistance with their personal safety. For example, when walking around the home, or going outside.

Staff were able to tell us the action they would take if they suspected a person was at risk of abuse. The actions included reporting to the management team to ensure the person receive the correct support. One staff member told us, "I know how to protect a person and the company check-up".

People were individually helped to identify and understand what their potential risks were and who or what may place them at harm. For example how to reduce the risk of injury or how to look after their finances. Records we looked at showed these risks were reviewed regularly by the registered manager to ensure the person remained as safe as possible. Staff we spoke with told us they reported any changes with a person's risks or safety to the registered manager for action and review.

People were supported by staff that were available and when they wanted them. We saw that people were immediately responded to and had no delay in getting the staff to assist them with care or support needs. We saw that staff supported people to remain safe and supported with the necessary level of guidance.

The provider had robust recruitment practices in place and we saw the relevant checks had been completed. This information supported the provider to ensure suitable staff were employed, so people using the service were not placed at risk through their recruitment practices.

People in the home were able to look after their own medicines and potential risk had been assessed to ensure the person would be able to take their medicines safely. One person told us, "I do my own medication". Where people required further support from staff to take additional medicines for pain management or emotional well-being we found staff supported people in a timely way.

Staff on duty who administered medicines told us how they ensured people received their medicines and checked weekly through recording and monitoring system. Staff told us they checked the medicines when they were delivered to the home that they were stored securely.

Is the service effective?

Our findings

At our last inspection in July 2015 we rated this question as Good.

People were supported by a staffing team that understood their health and care needs. Relative's told us the staff team were good at communicating if there were any changes in their family member's care.

Staff told us they were supported with supervision and training and were knowledgeable about how to provide care to people. The staff training reflected the needs of people and care staff confirmed the training had enhanced or embedded their current knowledge. The registered manager worked with people to ensure the staff were able to continue to meet people's needs.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS).

People were provided with choice and decisions which staff were seen to act on. One person told us how they made their own decisions and the staff supported those decisions. People who had been assessed as not having capacity to make a decision were supported with a best interest assessment which was recorded in their plan of care. Staff knew where people had capacity for some decision and where a best interest decision had been made they had been involved in the process.

The registered manager had submitted DoL applications to the local authority where the person had been assessed as having the deprivation of liberty restricted. All staff had received training and understood the requirements of the Mental Capacity Act in general, and who was living with a DoL authorisation in place.

People told us they enjoyed the food and commented how much choice they had and about how involved in the cooking they were. People were supported by staff where they needed assistance and were not rushed. Care staff regularly monitored people's food and drink intake where needed to ensure people received a healthy balanced diet. People got together weekly to discuss the menu choice for the week ahead. One person told us that they were also able to choose on the day if they had wanted something different to what they had planned.

People's health care needs had been recorded and regular appointments with opticians, dentists and annual test were up to date. Other professionals had been involved to support people with their care needs, such as social workers, consultants and specialist. One person told us how their social worker had recently been to see them to review their care needs.

Is the service caring?

Our findings

At our last inspection in July 2015 we rated this question as Good.

People we spoke with told us that they enjoyed living at the home and had developed friendships with the staff and felt they knew them well. We saw that people were relaxed with staff and approached them for comfort or reassurance. People were supported by staff if they became upset. All staff responded with smiles and unhurried approach and would sit so they were able to make eye contact and looked for visual or physical responses. One relative told us, "They care for [person name] very well and we all have a very good relationship with staff".

We saw people direct staff with their day to day care needs and maintained their level of independence. We saw staff were careful not to take over a task from a person and involved people and offer encouragement and guidance if needed. Staff supported people with their privacy and dignity and ensured doors were closed for personal care and information was not shared from staff to other people living in the home. One person told us, "I have my own key to lock my room".

People were treated compassionately and with dignity and respect. We saw staff with people living at the home and they were friendly, sharing jokes and laughing with people. Relatives told us their family member was treated with compassion and they were involved in decisions where asked by their family member. One relative told us, "You can't fault the care".

People were supported by staff to maintain their preferences and daily routines and staff responded to people's requests. Information was provided, including in accessible formats, to help them understand the care available to them. The management team and staff ensured people were supported with natural waking times, alongside any care and support needed. This was reflected with people we spoke with and one person told us, "I am happy here".

The registered manager and staff team involved people in making the environment into a caring and pleasant one for people. We saw that a new kitchen and decoration had been completed in some of the communal areas which people told us they liked. One person told how they had moved rooms and the staff had surprised them by decorating it for them in their chosen colour whilst they were away on holiday. The registered manager told us they were most proud of the redecoration work and how they ensured people were at the heart of choosing how their home looked.

Is the service responsive?

Our findings

At our last inspection in July 2015 we rated this question as Good.

People told us they received support in the way they preferred and in response of their feelings and well-being. Our observations showed staff had time to talk to people and spend time listening to what they had to say. One relative told us staff were, "Very attentive to [person's] needs".

People's plans of care were structured and developed around their own needs. One person told how they were involved in updating their care plan. They told us how the use of pictures helped them to understand and make the choices they had wanted.

All staff and management told us that they regularly spoke with people about their care. There was a designated staff member for each person who maintained the care plan in partnership with the person, their family, and other professionals. People's families had helped to support their relative and had shared information about their relative's personal history and lifestyle. Some relatives continued to take an active role in ensuring that their family members received the support they required. The care plans we looked at included personal care preferences, specialised care needs, and any cultural or spiritual needs and wants.

People spent their day in their room or the communal areas. We saw that people were supported to try new things. For example, crafts linked to their current preferences and experiences. One person commented that they particularly enjoyed being part of their local community and their voluntary roles. Each person had an activity planned a week ahead, which helped them to structure their week and budget where needed.

All people and relatives we spoke with said they would talk to any of the staff or the registered manager if they had any concerns. One relative told us, "No cause to complain". The registered manager told us and we saw that they asked people how they were or if they wanted to talk about anything. All staff and the registered manager said where possible they would deal with issues as they arose or noticed. There was a formal process in place for people to use and people were able to raise concerns or complaints each month when reviewing their care.

Is the service well-led?

Our findings

At our last inspection in July 2015 we rated this question as Good.

People and their relatives we spoke with told us the staffing team were supportive and approachable. One person told us, "I am happy here". People, their relatives had contributed by completing questionnaires so the provider and registered manager would know their views of the care provided. One relative told us, "This is the best place for [person's name]". The registered manager said they saw people regularly, and this was evident in interactions we saw and the conversations we heard.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff we spoke with told us the home was well organised and run for the people living there. Team meetings also provided opportunities for staff to raise concerns or comments on people's care. The management team supported the registered manager who told us they felt able to approach the regional manager with any concerns they may have. The regional manager was present in the home on the day of the inspection and it was clear they had developed relationships with people and knew them well.

The provider had continually reviewed people's experiences to ensure the quality of service they provided could continue to develop. The provider demonstrated how people had been supported to get the right level of care. This had been demonstrated as they recognised where a person required an alternative service provision, as they increased their independence. The registered manager had worked with staff on human rights and inclusion and recognised that continued information and guidance would support people further.

The provider had continually ensured that the quality and safety aspects of the home and people's care had been checked. Audits were completed frequently and involved the regional manager and an internal inspection department. Examples of audits completed were medicines, infection control, health and safety and reviews of care planning documentation. Where shortfalls were identified as a result of the audits, they had been combined into the registered manager's action plan to ensure the improvements were made.

The registered manager sought advice and best practice from the provider's internal resources and other professionals to ensure they understood and knew good quality care. The registered manager felt they were supported by other professionals locally, such as GP surgeries and social work teams.