

Inclusive Care Limited

Inclusive Care

Inspection report

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Date of inspection visit: 28 May 2015
Date of publication: 28/07/2015

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 

Overall summary

This inspection took place on 28 May 2015. Inclusive Care is a domiciliary care service which provides personal care and support to people in their own home. On the day of our inspection 29 people were using the service.

The service had a registered manager. 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 felt safe and staff understood their responsibilities to protect people from the risk of abuse and had taken action following any incidents to try and reduce the risks of incidents happening again. People received the support required to safely manage their medicines.

Summary of findings

Risks to people's health and safety were managed and people were supported by a sufficient number of staff.

Staff had the knowledge and skills to care for people effectively. People received the support they required to have enough to eat and drink.

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). We found this legislation was being used correctly to protect people who were not able to make their own decisions about the care they received. We also found staff were aware of the principles within the MCA and how this might affect the care they provided to people. Where people had the capacity they were asked to provide their consent to the care being provided.

People were treated with kindness by staff and caring relationships had been developed. People and their family were encouraged to be involved in the planning

and reviewing of their care. Staff supported people to make day to day decisions. People were treated with dignity and respect by staff who understood the importance of this.

People were provided with care that was responsive to their changing needs and staff helped people to maintain any hobbies and interests they had. People felt able to make a complaint and told us they knew how to do so. Whilst there had not been any formal complaints, the manager responded immediately to any concerns.

People and staff gave their opinions on how the service was run and suggestions were implemented where possible. There were effective systems in place to monitor the quality of the service. These resulted in improvements to the service where required. The culture of the service was open and honest and the registered manager encouraged open communication.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People received the support required to keep them safe and manage any risks to their health and safety.

People received the support needed to manage their medicines.

There were sufficient numbers of staff to meet people's needs.

Good



Is the service effective?

The service was effective.

People were cared for by staff who received appropriate support through training and supervision.

Where people lacked the capacity to provide consent for a particular decision, their rights were protected.

People were supported to eat and drink enough.

Good



Is the service caring?

The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

People were involved in their care planning and made decisions about their care.

People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their needs and care plans were regularly reviewed and updated to ensure they contained accurate information.

People knew how to make a complaint and felt able to do so.

Good



Is the service well-led?

The service was well led.

There was an open, positive culture in the service and people were asked for their views about the service.

There was an effective quality monitoring system to check that the care met people's needs.

Good



Inclusive Care

Detailed findings

Background to this inspection

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

We visited the service on 28 May 2015, this was an announced inspection. We gave 48 hours' notice of the inspection because the service is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law.

We contacted commissioners (who fund the care for some people) of the service and asked them for their views. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with seven people who were using the service, nine relatives, three members of care staff and the registered manager. We looked at the care plans of five people and any associated daily records such as the daily log and medicine administration records. We looked at three staff files as well as a range of records relating to the running of the service such as quality audits and training records.

Is the service safe?

Our findings

The people we spoke with told us they felt safe when staff were caring for them. One person said, “I feel very safe, the girls (staff) are very helpful nothing is too much trouble.” Another person said, “Yes I feel very safe with the staff.” The relatives we spoke with also felt their loved ones were safe while receiving care from the staff. One relative said, “I went away on holiday recently and I knew [my relative] was safe with the carer.”

People were supported by staff who knew how to keep them safe and what action they would need to take to report any concerns. Staff knew about the different types of abuse which can occur and told us they would not hesitate to report anything of concern. The registered manager ensured staff were provided with the required skills and development to understand their role in protecting people. Relevant information had been shared with the local safeguarding authority when any incidents had occurred.

Steps had been taken to protect people and promote their safety. People’s care plans contained information about how staff should support them to keep them safe. For example, one person’s care plan noted that they could become confused and not always recognise staff when they arrived. The care plan provided guidance to staff about how they could reassure the person and help them remember who the staff were. The staff we spoke with told us that people were encouraged to speak with staff or the registered manager about any matters of concern.

People told us that any risks to their health and safety were appropriately managed by staff. One person said, “Staff need to use equipment to help me move about and they do so properly.” One relative said, “Staff think about what they are doing.” We were also told that the registered manager visited each person’s property prior to any care being provided to assess any risks to their health and safety.

People’s care plans confirmed that risk assessments were carried out to determine the level of risk of various factors. For example, assessments were carried out of each person’s property and the risk of a person falling. Staff told us they were made aware of different risks to people’s health and safety and knew how to manage these. The care plans we looked at described how to manage risks whilst

also supporting the person to carry out tasks for themselves. For example, one care plan gave staff guidance in how to safely support a person to change their position in bed or into a chair.

People were supported by staff who knew how to safely operate any equipment they had in their home. Staff received individualised training in how to operate different equipment people used, such as a hoist. People told us that the registered manager ensured all parties were happy that equipment could be safely used prior to a care package starting.

People told us there were sufficient numbers of suitable staff to meet their needs and staff were punctual. One person said, “The staff are always on time and have never missed a call.” Another person told us, “I get the same group of staff and they are on time.” The relatives we spoke with told us there were enough staff and that rotas were planned in advance so they knew which staff would be coming.

The registered manager used a computerised system to calculate how many hours of care were required each week. This information was used to devise a rota to ensure that there were sufficient staff available to meet people’s needs each week. The registered manager ensured there were always enough staff available to meet people’s needs and to cover for staff absence. The staff we spoke with told us that they felt there were enough staff and they were able to provide the required support in the allocated time.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks, through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions. The staff we spoke with told us appropriate checks were carried out before they started work.

People told us they received the support they required to safely manage their medicines. One person said, “Staff remind me when it’s time to take my tablets.” Another person told us that, whilst they administered their own medicines, staff would check that they had done so on each call. The relatives we spoke with confirmed that staff provided the support their loved ones required to safely manage their medicines.

Is the service safe?

Staff provided the level of support each person needed to manage their own medicines. People's care plans contained information about what support, if any, they required with their medicines. Staff completed medication administration records to confirm whether or not people had taken their medicines. Staff were able to correctly

describe to us the different levels of support people required and the procedures they followed when assisting people. The registered manager ensured that staff received training and support before administering medicines and this was provided on an on-going basis to ensure staff remained competent.

Is the service effective?

Our findings

The people we spoke with told us they were cared for well by staff who were competent. One person said, “They know what they are doing and it’s the best (care) I have had.” Another person told us, “Yes they have had training, they know what they are doing and are quite confident in the way they do it.” The relatives we spoke with also confirmed that staff were well trained and regularly supported by the registered manager. One relative said, “The manager comes to our house every so often to observe the staff.”

People were cared for by staff who were provided with relevant training and regular support. The staff we spoke with told us they received all the training they needed to carry out their duties competently and were positive about the quality of training provided to them. One staff member said, “We do get a lot of training and I have found it all to be helpful.” Training records confirmed that staff received training relevant to their role, such as safeguarding and infection control, and this was refreshed at regular intervals. The registered manager told us they placed great importance in providing in depth and good quality training. A high proportion of staff were also undertaking a vocational qualification in social care at a local college.

Staff told us they received regular support through supervision and the registered manager also observed their practice. Records confirmed that staff received regular supervision meetings where they could discuss any support they required. The registered manager carried out periodic visits to people’s homes to observe staff practice and obtain feedback from people about the competency of staff. New staff were provided with an induction which included training and shadowing more experienced staff. A member of staff told us the induction had prepared them well for their role.

People told us they were asked to provide their consent before any care was provided. One person said, “The manager down with me and we went through everything to make sure I was happy.” Another person told us, “The staff always check with me before they do anything.” The relatives we spoke with told us that staff always asked for consent from their relation before delivering any care.

The registered manager told us people and their relatives were fully involved in the creation of their care plan and were asked to provide consent. The care plans we viewed

had not been signed by the person or their appointed representative. Previous versions of people’s care plans had been signed but had since been replaced by newer versions. However, the registered manager was aware of this and was in the process of developing an electronic system to better record people’s consent.

Where people lacked the capacity to make a decision the provider followed the principles of the Mental Capacity Act 2005 (MCA) and ensured their best interests were considered. The staff we spoke with had a good understanding of the MCA and described how they supported people to make decisions where possible. We looked at the care plans of two people who had been deemed to lack capacity to make a decision. We saw that appropriate people had been involved in the process of making a decision in people’s best interests and a care plan put into place which reflected the decision.

Some people received support from staff to prepare their meals for them. These people told us they were happy with the way in which their meals were prepared and that staff ensured they had enough to eat and drink. One person said, “The carers make sure I get enough to eat and drink and they prepare the meals, they make sure I get a choice.” The relatives we spoke with told us that staff supported their loved one to eat and drink sufficient amounts. One relative told us that staff had been very supportive of their loved one, who at times was reluctant to eat.

Where staff were responsible for supporting people to eat and drink this support was provided in a way which met people’s individual needs. The registered manager told us one person had been reluctant to eat prior to their care package commencing. However with support and encouragement from staff this person had begun to eat more. Staff also made sure that this person had access to food that they enjoyed and took them out for meals. Records were kept of people’s food and fluid intake where staff had concerns their intake may not be sufficient. The registered manager analysed this information to see if people’s intake was increasing or not and contacted the relevant healthcare professionals for support and advice.

Where staff were responsible for assisting people to make healthcare appointments, this support was provided. One person said, “Staff have called the doctor when I’ve not been well.” Another person said, “I make my own

Is the service effective?

appointments, but the staff will always suggest if they think I need to call the doctor." One relative said, "The staff will either phone the doctor or let me know if this was needed, I have a good relationship with the team."

People were supported to maintain good health because staff were conscientious and supported people to have access to healthcare professionals. Staff told us they

sometimes made doctor's appointments for people who were unable to do so themselves. Staff also responded quickly in emergency situations and contacted the appropriate service. For example, one person had fallen in between visits and staff called for paramedics as soon as they arrived at the person's property.

Is the service caring?

Our findings

Every person we spoke with was highly complementary about the staff and told us that all staff were caring and compassionate and took the time to build positive relationships. One person said, “I can’t praise them enough.” Another person told us, “They are like friends, I get on well with all staff.” A third person told us, “I don’t think you could find a nicer bunch of ladies (staff).” The relatives we spoke with told us staff were genuinely caring and had developed positive relationships with their loved one. One relative said, “They seem to understand [my relative] who looks forward to their visits.” Another relative told us, “I have always found them to be caring.”

Staff could describe the different ways people preferred to be cared for and spoke warmly about people. Staff told us they valued the relationships they had built up with people and were aware of differences in people’s preferences about their care. Where possible, the same staff were assigned to care for people so that relationships could be developed over time. Staff told us they appreciated this consistency and found it helped them build relationships with people.

People and staff told us there was sufficient time available on each call for staff to be able to develop positive relationships and carry out any tasks in an unhurried manner. The care plans we looked at described people’s needs in an individualised way. Care plans contained information about people’s likes and dislikes and how this impacted on the way they preferred to be cared for.

People and their relatives were involved in making decisions and planning their own care. One person said, “I have seen the care plan and I agree with it.” Another person told us, “I was involved in providing information for my care plan. The manager still checks that I am happy with my

care now.” A relative said, “I am involved in decisions for my relative and the manager respects our wishes.” People had a copy of their care plan in their home and we saw these were reviewed with people on a regular basis.

Staff described how they involved people in day to day decisions relating to their care and gave people choices. For example, staff supported one person to choose what clothes they wished to wear by offering different choices. Records confirmed that people and their relatives had been involved in providing information for their care plans. Care plans were reviewed with people if they wished to be involved in this process. The relatives we spoke with confirmed that the registered manager communicated well with them if they felt any changes were required to the care plan. Staff told us the information in people’s care plans was accurate and helped them to understand the way people wished to be cared for.

The people we spoke with told us they were treated with dignity and respect by staff. One person said, “The girls (staff) respect my privacy when I am going to the toilet.” Another person said, “The girls (staff) make sure I am clean and they respect my privacy.” The relatives we spoke with felt their loved ones were treated with dignity and respect by staff. One relative said, “I have peace of mind knowing [my relative] is treated properly.”

People were cared for by staff who understood the importance of protecting their dignity and respecting their privacy. Staff displayed a clear understanding of how to provide personal care in a way which protected people’s dignity, such as by ensuring people were appropriately covered when being given personal care. People were encouraged to maintain independence by carrying out tasks for themselves where they were able to. For example, staff told us one person needed help to get to the shower but was able to wash themselves. Staff also received training and guidance on the importance of providing care in a dignified manner.

Is the service responsive?

Our findings

The people we spoke with told us they received the support they wanted in line with their needs. One person said, “I get the care I need and staff are always on time.” Another person told us the manager had been able to commence their care package at short notice to enable their release from hospital, commenting, “The best team I have ever had.” Relatives told us that their loved ones received the care they needed, one relative said, “It is first class.”

Before people started to use the service the amount and length of calls they needed was agreed. The registered manager endeavoured to schedule each call at people’s preferred time whilst also giving staff a realistic rota which allowed time for them to travel between addresses. The registered manager told us that calls were occasionally rescheduled, cancelled or additional support requested. When this happened the registered manager responded by arranging for people to receive care at a time more suitable to them or arranging for the additional support to be provided. One relative told us that the registered manager had arranged for additional support to be provided to enable them to take a break from their own caring responsibilities.

The staff we spoke with told us they were provided with sufficient information about people’s needs before visiting them for the first time. Whilst staff were aware of the information in care plans, they told us they would adapt the support depending on what people wanted. The registered manager and staff demonstrated their willingness to ‘go the extra mile’ for people in difficult circumstances. For example, one person’s health had suddenly deteriorated and staff contacted the emergency services for assistance. The registered manager arranged for somebody to stay with the person for as long as was required so that they were not alone.

Staff supported people to carry on with any hobbies and interests they had to avoid social isolation. One person enjoyed spending time in their garden and staff supported them to access their garden. Another person told us they enjoyed using various electronic devices and staff ensured they were within reach. Staff told us that they did not feel under any time pressures and could stay longer than the allotted time if the person needed additional support.

People had care plans which were reviewed on a regular basis and changes and additions were made when required. For example, one person’s care plan had been updated to reflect the fact that they were more independent and did not require as much support as previously. Staff told us they were always updated by the registered manager when there had been any changes to a person’s care.

The people we spoke with felt they could raise concerns and make a complaint and knew how to do so. One person said, “The service is very good so I have no cause to complain. But I’m sure the manager would deal with it properly if I did.” The relatives we spoke with also felt they could make a complaint if required, but had not needed to do so. People and their relatives had been provided with information about how to make a complaint as well as the manager’s direct contact number.

Whilst there had not been any formal complaints made, we saw that where people and relatives had contacted the manager with a concern, prompt action was taken to improve the service. The manager had made some changes to staff rotas following feedback received from a relative and this had resolved the matter to their satisfaction. The manager told us they would take any complaints seriously and use them as an opportunity to improve the service.

Is the service well-led?

Our findings

The people we spoke with told us they felt comfortable approaching the staff or manager and that there was an open and honest culture within the service. One person said, “I would feel very comfortable speaking with the manager about anything.” Another person told us, “The manager is very easy to talk to, she wants to know everything is alright.” The relatives we spoke with told us the registered manager was approachable and they felt they could contact them at any time. One relative said, “I feel I can contact the manager whenever I need to. I really do appreciate the regular communication I have with her.”

People and their relatives received regular phone calls and visits from the registered manager to check they remained satisfied with the service. This ensured that communication remained on-going and the registered manager acted on any issues that were raised. The staff we spoke with told us there was an open and honest culture in the service. Staff felt able to raise issues and make suggestions and told us they felt like a valued member of the team. There were occasional staff meetings and records showed that staff were encouraged to contribute to these. The manager was planning to increase the frequency of staff meetings to enable more staff to attend.

The staff we spoke with told us they had regular communication with the registered manager and were encouraged to raise any concerns or ideas they may have. Staff told us they also felt comfortable in saying they had made a mistake and that the registered manager would support them to learn from this and improve. Staff had also completed a survey and the responses were very positive. People were supported to maintain links with their local community by staff and the registered manager. For example, a member of staff created a regular newsletter which contained news about the service as well as events and services available in the local community.

The service had a registered manager and they understood their responsibilities. The people we spoke with told us the

registered manager demonstrated good leadership skills and strived to improve the service. One person said, “Firm head on her shoulders.” Another person told us that the registered manager dealt with any queries they had efficiently and this demonstrated good management to them.

There were clear decision making structures in place, staff understood their role and what they were accountable for. Sufficient resources were provided to maintain the quality of the service. For example, the manager ensured that staff always had access to sufficient personal protective equipment. Records we looked at showed that CQC had received all the required notifications in a timely way. Providers are required by law to notify us of certain events in the service.

The person and relatives we spoke with told us they had been asked for their opinion of the quality of the service. One person said, “I received a survey a little while ago which I filled in.” Another person told us, “The manager phones me to check I am still happy with everything.” The relatives we spoke with also confirmed they had been asked for their views about the service either by being sent a survey or over the phone.

People and relatives benefitted from effective systems which were in place to obtain their feedback about the quality of the service. Satisfaction surveys had been sent out to people and we saw that many had been returned. These showed that there was a high level of satisfaction with the service and any issues raised had been resolved by the registered manager.

The quality of the service people received was regularly assessed and monitored. The registered manager completed regular audits and observations of staff practice. For example, we saw a recent record keeping audit which had identified some areas for improvement. The registered manager had ensured that the improvements were carried out and embedded across the service. Accurate and up to date records were maintained in respect of people who used the service and staff.