

# Inclusive Support Limited

# The Ridings

## Inspection report

52 Spring Lane, Fordham Heath  
Colchester Essex CO3 9TG  
Tel: 01206 241041  
Website:

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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 

### Overall summary

This inspection was unannounced and carried out on 11 March 2015.

The Ridings is a residential care home that provides personal care and support for up to five young adults who have a learning disability and/or autistic spectrum disorder. At the time of our inspection there were three people who used the service.

A registered manager was in post at the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. As

like registered providers they have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was last inspected on 8 October 2013 and at that time requirements in the Health and Social Care Act 2008 and associated Regulations were met.

People were protected from bullying, harassment, avoidable harm and potential abuse. This was done consistently so that people were safe whether they were in the service itself or out in the community. Management and staff had a positive attitude towards managing risk and keeping people safe. Potential risks of harm to the

# Summary of findings

individual or others in their daily lives were assessed and identified. Detailed management strategies provided guidance for staff on what actions to take to minimise the risk and provide appropriate and individualised support to people that enabled them to participate in activities of their choice and access the community safely.

The provider had a thorough recruitment and selection process in place to check that staff were suitable to work with people who used the service. People were supported by sufficient numbers of staff. Staffing levels were flexible and supported people to follow their interests and take part in social activities and, where appropriate, education.

Medication was stored safely and administered correctly. The provider had robust systems in place to ensure medication was managed safely and appropriately.

Staff had developed good relationships with people living at the service and respected their diverse needs. They were caring and respectful and had the required knowledge and skills they needed to meet people's needs appropriately and safely. Staff knew each person's individual care and support needs well. People's privacy and dignity was respected and upheld and they were supported to express their views and choices by whatever means they were able to. Staff clearly understood each person's way of communicating their needs and anxieties.

Management and staff understood the requirements of the Mental Capacity Act (2005) and the Deprivation of

Liberty Safeguards which meant they were working within the law to support people who may lack capacity to make their own decisions in some areas of their care, treatment and support.

People had a choice of balanced, healthy and nutritious meals and were able to eat their meal where they wanted. Nutritional assessments were in place which identified what food and drink people needed to keep them well and what they liked to eat.

People received personalised care specific to their individual needs; their independence was encouraged and their hobbies and leisure interests were supported. They received continuing specialist help with an existing medical condition and had prompt access to healthcare professionals when they became unwell. Each person had a health action plan which detailed how they were being supported to manage and maintain their health.

The provider had arrangements in place to routinely listen and learn from people's experiences, concerns and complaints. There was a strong emphasis on promoting good practice in the service and there was a well-developed understanding of equality, diversity and human rights and management and staff put these into practice. The registered manager was very knowledgeable and inspired confidence in the staff team, and led by example.

Quality assurance systems were robust and helped to ensure the service delivered was of a high quality and safe, and continued to improve.

# 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 were protected from abuse and avoidable harm.

Risks associated with people's care and support were managed positively and appropriately.

There were sufficient numbers of suitable staff to keep people safe and meet all their needs at all times.

People medicines were managed properly so that they received them safely.

Good



### Is the service effective?

The service was effective.

People's needs were met consistently by staff who had the right competencies, knowledge and skills to carry out their role and responsibilities and promote best practice..

People's best interests were managed appropriately under the Mental Capacity Act (2005). The Deprivation of Liberty Safeguards (DoLS) were understood and appropriately implemented to ensure that people who could not make decisions for themselves were protected.

People were provided with a choice of nutritious food at all times.

People were supported to maintain good health; they had access to healthcare services and received on-going healthcare support.

Good



### Is the service caring?

The service was caring

Staff had developed positive caring relationships with people who used the service.

People were treated with respect and their privacy and dignity were promoted.

Staff put into practice effective ways of supporting people to exercise choice, independence and control, wherever possible.

Good



### Is the service responsive?

The service was responsive.

People received personalised care and support that was responsive to their diverse needs. Their care and support needs were regularly assessed and kept under review.

People were supported to participate in meaningful activities and were provided with a range of opportunities, according to their individual wishes and preferences, including support to access the community.

The provider had arrangements in place to routinely listen and learn from people's experiences, concerns and complaints.

Good



# Summary of findings

## Is the service well-led?

The service was well led.

The service promoted a positive culture that was person-centred, open, inclusive and empowering.

The service had good management and leadership and staff were well supported to carry out their roles and responsibilities.

There were systems in place to assess the quality and safety of the service provided, drive improvement and deliver high quality care.

Good



# The Ridings

## 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.

This inspection took place on 11 March 2015 and was unannounced. One inspector carried out the inspection.

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. We reviewed the information in the PIR along with information we held about the service.

During our inspection people carried on with their usual routines within the home and going out into the community. Due to their complex needs, we were unable to speak with any of the people using the service. Therefore we spent more time observing the care and support they received. We looked at records in relation to three peoples care. We spoke with one relative, the registered manager and three care staff. We also looked at records relating to the management of the service and staff recruitment and training.

# Is the service safe?

## Our findings

People were protected from bullying, harassment, avoidable harm and abuse. A relative told us that they were assured that their family member was protected and safe at The Ridings and they knew this by how they expressed themselves through their behaviours and interactions with staff. It was evident from interactions observed and from verbal cues expressed that people felt safe and comfortable within their environment.

Staff demonstrated a good understanding of their responsibilities in relation to safeguarding vulnerable people and protecting them from harm. They were aware of the provider's safeguarding and whistle blowing policies and procedures which informed them of the procedures to follow if a person who used the service raised issues of concern or if they witnessed or received an allegation of abuse or poor practice. The policies had been regularly reviewed and provided step by step guidance and a flowchart for staff to follow. Staff told us, and records showed that they had undertaken relevant and current training in these areas. The manager told us that they would recognise when individuals were concerned or unhappy by their behaviour and that they would use a problem solving approach to identify them. A relative told us that the registered manager and staff had taken a satisfactory and supportive approach to address and resolve the anxieties displayed by their family member.

People either had an externally appointed person; parent or guardian to manage their financial affairs. Staff supported people in the management of their day to day expenses and records showed that this was managed appropriately and safely. The registered manager was fully aware of their responsibilities and had suitable arrangements in place to ensure that people were safeguarded against the risk of abuse and harm.

Risks to individuals were managed well so that people were protected and their freedom was supported and respected. Risk assessments were undertaken which identified any actual or potential risks to the individual or

others in their daily lives. Detailed management strategies provided clear guidance to staff on how each individual should be supported in a safe and consistent way which protected their dignity and rights. The management and staff had a positive attitude towards managing risk, people's opportunities were expanded with good support and management systems enabling them to maintain a normal lifestyle, participating in activities they liked and accessing the wider community.

Staff had attended training to recognise what could cause people's behaviour to change and techniques they should use to manage these behaviours. Staff explained the techniques they used to reassure people and divert their attention without having any physical contact. We saw that staff responded well when supporting a person who was expressing anxiety through their behaviour; they acted in a calm manner giving the individual personal space and reassurance in accordance with their behaviour and risk management plan. Other people using the service were supported by other staff and protected from harm.

There were sufficient numbers of suitable staff to keep people safe and meet their needs. Staffing levels fluctuated on a day to day basis. They were based on people's needs and the type and level of support each person required throughout the day in relation to going out and planned activities. Staff were deployed in a way that was consistent with personalised care. On the day of our inspection there were four staff supporting three people; one staff member took one person out to attend a therapeutic activity in the community.

The service provided a family home environment. Access to the community was arranged for individuals at different times which enabled the other people using the service to enjoy personal time and space in the communal areas of the service.

People received their medicines as prescribed and medicines were stored, administered and disposed of safely in line with relevant professional guidance. The provider had robust systems in place to ensure medicines were managed safely.

# Is the service effective?

## Our findings

The needs of people were met by staff that had the right competencies, knowledge, skills and attitude they needed to carry out their role and responsibilities. People using the service had a learning a disability and moderate to severe spectrum autism. The registered manager kept up to date with new research, guidance and developments and had links with organisations that promote and guide best practice. They used this to train staff and drive improvement. Staff told us that they received a range of training that ensured they were able to meet people's needs effectively which included autism awareness and positive behaviour support. This is a supportive, positive approach that explores strategies and methods to reduce the incidence of behaviour that is challenging to others. It increases the person's quality of life through teaching them new skills and adjusting their environment to promote positive behaviour changes. This is vital for people who may experience difficulties in communicating or managing their emotions and use behaviour as a way to express themselves.

Staff told us that they felt much supported by their manager, team leader and colleagues. They told us, and records confirmed that they received regular supervision which provided them support in their day to day work and an annual appraisal to address their professional development. Staff said they felt able to raise any concerns with the registered manager which enabled them to be confident in their role and work effectively to meet people's needs.

Management and staff had a good working knowledge of the Deprivation of Liberty Safeguards and the key requirements of the Mental Capacity Act 2005. They put these into practice effectively, and ensured that people's human and legal rights were respected. It was clear from care planning records that appropriate strategies had been used to support the person's ability to make a decision for them self where possible. Where people did not have capacity to make decisions, where appropriate family were involved and where decisions needed to be taken in people's best interests, for example requiring dental treatment legal process was followed and appropriate professionals were involved. Staff explained how they

would ensure best interest decisions were made by those qualified to do so. We observed that people were given opportunities to make choices and decisions throughout the day and they were respected.

People were supported to have sufficient to eat and drink. The time and content of breakfast and lunch was entirely people's preference and choice. Drinks, snacks and fresh fruit were readily available and accessible to people. A set menu for the main evening meal ran over a four week period. The menu was discussed at house meetings and people were supported through various communication methods to enable them to contribute their choice and preferences to the menu planning. Staff promoted healthy eating and supported people to balance choice with healthy options. We saw people were provided with equipment such as plate guards to promote their independence when eating.

People's care records included a Health Action Plan (HAP) which detailed the actions needed to maintain and improve the health of the individual and any help needed to achieve them. It linked the individual with a range of services and support they needed in order to maintain good health such as the chiroprapist, dentist and optician. People received annual health checks which included a review of their medication and any long term health conditions such as diabetes. Hospital passports were in place to provide hospital staff with important information about the person and their health should they need to be admitted into hospital at any time and may also be used to aid assessment and planning of care and support needs. Care records showed that people had access to healthcare professionals and that staff acted promptly when any health care concerns were identified. The registered manager told us that it was initially a huge hurdle for people to overcome and attend the GP surgery however with good joint working with the staff at the surgery everybody's anxiety had reduced and they now attended willingly.

The registered manager and senior carer described a situation where they had advocated tirelessly on behalf of one person for nearly a year to get the right professional support for them. This was confirmed by the person's relative. On the day of our inspection an emergency

## Is the service effective?

multidisciplinary meeting was being held at the request of the registered manager in relation to formalising a joined up plan to explore the cause and try to resolve the person's continued and increasing distress.

# Is the service caring?

## Our findings

The atmosphere within the service was welcoming and relaxed and staff had positive and caring relationships with the people they supported. People were happy and at ease with staff. We saw that staff had a good rapport and interacted well with people; they demonstrated warmth, understanding and kindness. They explained to them the purpose of our visit and they were alert to any changes in people's behaviour and provided appropriate reassurance and diverted their attentions, which reduced their anxieties. A relative spoke positively about the caring attitude of management of staff. Staff we spoke with had a good knowledge about people's backgrounds, their current needs, strengths and anxieties, how they communicated and the type and level of support they needed. Communication tools were used to communicate with one person and we saw a good description and detail of gestures, body language and behaviours the person used to communicate their needs.

Staff had a good understanding of people's needs and knew how to meet them effectively. They described the likes and dislikes of each person they supported and knew how to communicate with each of them. We saw people were continually engaged with a member of staff in a meaningful way, within the home or going out, unless they chose not to be.

People were proactively supported to express their views through various forums such as house meetings, questionnaires in easy read formats, key worker meetings and support plan reviews. A new project had been introduced for individuals to keep photographic diaries to enable them to demonstrate their daily lives and participate in their care reviews. Staff provided people with information, explanations and the time they needed to make decisions and choices. We saw that staff involved people and facilitated choice on how they spent their day, where they wanted to go out to and what they wanted to eat. People had choice over their daily routines and were supported to change activities and plans when they decide. On the day of our inspection one person had chosen to go out for a walk and a picnic lunch.

People's independence was promoted and staff provided active personalised support that enabled them to participate, where they were able, in day to day living activities such as shopping, cleaning, laundry, cooking and bed changing.

A relative told us that the registered manager and staff maintained good communication with them, keeping them involved and updated in their family member's care and any change in their needs. They confirmed that their family member had plenty of opportunities to participate in activities of their choice. At the time of our inspection the relative had arrived to attend a multi professional meeting at the home, together with their family member, to review their changing needs. Care and support plans contained relevant and personalised information in relation to the individual's life history, likes, dislikes and preferences, goals and aspirations. They showed that people and/or their representatives/parent were involved in the care planning process. It was evident from a review of people's care records and discussion with the registered manager and staff that important events such as family occasions, family contact and involvement and continued care with health and social care professionals was recognised and facilitated. Good verbal and written communication was maintained with families and parents about any changes with the person or that affect them in the home.

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A staff member told us how people were supported with regular opportunities to maintain contact with their family and for one person regular overnight visits were organised. When we talked about these visits with the person who used the service they expressed their delight and pleasure in being able to stay with their family.

Our observations of interactions between staff and people using the service showed that they consistently respected

## Is the service caring?

and promoted people's dignity, privacy, independence and diversity at all times. The service had links with advocacy services and people were supported to have independent advocacy support and advice, when required.

# Is the service responsive?

## Our findings

People received care and support that was planned and centred on their individual and specific needs. A relative told us that the manager and staff understood their family member's needs and were alert to their behaviours. Staff gave us examples of situations that people disliked and how they would support them to cope in those circumstances, for example noise and crowds.

Care plans were personalised and sufficiently detailed to guide staff on the nature and level of care and support each person needed, and in a way they preferred. Care and support plans and risk assessments were reviewed regularly and this ensured they were current and relevant to the needs of the person. The monthly reviews identified how things were going and any changes necessary to people's plans.

Staff knew people's individual communication skills, abilities and preferred methods and they were able to communicate effectively by interpreting gestures, signs and body language. A relative told us that staff were able to communicate effectively with their family member and how this had improved their quality of life because being understood reduced their frustration and anger.

Support was provided that enabled people to take part in and follow their interests and hobbies. This included regular access to the local community and access to community social activities. We saw people going about their daily lives popping out for lunch, out for a walk, playing ball in the garden and one person went out to attend a therapeutic activity within the community.

The registered manager told us that staff were encouraged to work in a creative and inventive way to enhance the lives of those they support and ensure they were maximising every opportunity available to them. A staff member told us that one person attended art and craft and music groups at the local adult community centre and people attended social groups in the evenings. They told us that people were going out with support on the bus and to places of interest, which they were unable to do before. Records of activities undertaken by people showed that their abilities, level of engagement and enjoyment were monitored to ensure that the activities were suited to their needs, preference and choice.

People's bedrooms were personalised with their own belongings such as televisions, computers, game consoles, tablets, music and DVDs. People were encouraged and supported to individualise their rooms with items and posters that they favoured and meant something to them.

The provider's complaints policy and procedure was made freely available in the service and contained details of relevant external agencies and the contact for details for advocacy services to support people if required. Staff were able to explain the importance of listening to or recognising when people were concerned or upset and described how they would support people in these instances. The service had not received any complaints or concerns in the last 12 months. A relative told us that they did not have any concerns or complaints with the service; any issues were always picked up and dealt with by management and staff before they ever reached that stage.

# Is the service well-led?

## Our findings

The service had a clear vision and set of values which staff were very clear about and put into practice. Care and support was delivered in a safe and personalised way with dignity and respect and ensured equality and independence were promoted at all times. The registered manager told us that the philosophy of the provider was based on positive and pro-active working with an open and honest culture. A staff member told us that they chose to work there because of the vision and values of the service.

The service was well organised and had effective leadership. The registered manager also managed two other similar small services provided by the organisation which were in close proximity to Jameson House. The registered manager visited each service daily and provided 24 hour on call cover for guidance, advice and emergency situations. A team leader with the support of the registered manager provided day to day leadership. Staff told us there was good team working and approach to delivering care and support that was centred on the people using the service.

The registered manager told us that the leadership and management of the home was about working on strengths and adapting a problem solving approach to all issues. Staff told us the registered manager was very knowledgeable and inspired confidence in the staff team, and led by example. The registered manager said they worked in an inclusive way and she encouraged staff to progress by taking on additional roles of responsibility if they felt comfortable to do so. Staff said that they were treated fairly and listened to and they were encouraged to share ideas and proposals if they felt they would enhance practice and the lives of those they supported. The registered manager carried out regular one to one supervision with each staff member where they had the opportunity to discuss any issues, support they needed, guidance about their work and any training needs. Additionally staff received direct support on a daily basis and they said the registered manager was open and approachable.

People and their family were regularly involved with the service in a meaningful way. A relative told us that they were fully involved in the care and support of their family member and were regularly consulted on any issues or concerns that may arise, either to do with their family

member or the service provided. They said that the manager was, “approachable, informative and very helpful”. Feedback about the service was sought through formal meetings, such as individual service reviews with relatives and other professional’s. This was supported by informal feedback via day to day conversations and communication from the staff team.

There were good quality assurance systems in place that ensured the quality and safety of the service delivered and drove improvement. Audits were carried out monthly which were reviewed and analysed every six months. A report was produced of the outcomes with associated actions where needed and timescales; these were communicated to all staff in staff meetings and one to one supervisions. We were told that many staff employed by the provider had received training in quality monitoring and a new system had been introduced whereby staff from the other services carried out a quality audit which helped to ensure consistency across the services. The audit tool addressed health and safety, records, cleaning, medication, support plans and staff supervisions.

A recent report provided by a community pharmacist following a review of the providers medication systems recommended that their medication policy be updated and reviewed to ensure it reflected current guidance for staff and for a system to be put in place for the receipt of drug safety alerts; we saw that action to address these issues had been taken promptly by the registered manager.

Behavioural strategies and incidence reports were analysed on a regular basis identifying any triggers or patterns at which point positive changes were then implemented to assist prevention of similar incidents. Support guidelines were then adjusted to incorporate changes in strategies that had proved to have a positive effect and improved people’s quality of life and promoted their well-being.

An activity analysis was undertaken regularly for each individual to evaluate attendance and outcome for each person. This ensured that activities undertaken were appropriate, fulfilling and enhanced people’s lives.

The service subscribed to various forums to keep up to date with professional guidance and developments and had links with organisations that promote best practice and used this to train staff and drive improvement.