

Community Integrated Care

Community Integrated Care, Northern Regional Office

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Community Integrated Care Northern Regional Office provides personal care to people living in supported living services. At the time of our inspection the service was supporting 178 people in different types of accommodation across the north east.

People's experience of using this service and what we found

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was not always able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture in some of the individual supported living services.

Right support:

- Staff were using people's homes as an office base. Documentation in relation to the service provision was evident in people's homes.
- People's homes were not sufficiently adapted to include them in domestic activities and promote their independence.

Right Care

- People were given choices by staff and were encouraged to pursue their individual likes and interests. People were treated with dignity and respect.

Right culture:

- The managers of the services demonstrated they had the right values and ethos to lead a supported living service. However, audits failed to identify where services could be improved to further develop and enhance people's experience of living in their own homes.

Staff reported safeguarding incidents on an electronic system and allocated a rating for the harm caused. Some of the reported safeguarding incidents were avoidable.

Although no one had been harmed by medicine errors, there were a number of repeated errors which had put people at risk of being harmed.

The provider had a range of audits in place to monitor the individual supported living services. Actions were put in place to make improvements. The audits did not include a robust overview of the safeguarding concerns and medicines errors.

Staff learned lessons about how to meet people's needs when their behaviour changed, or people showed distress. They engaged family members and other professionals to assist them. People's personal risks were well-documented.

Staff were clear about to whom they were accountable and felt supported by their service leads. One staff member said, "[service lead's name] is a good manager."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff promoted people's inclusion in their community and engaged them in events according to their wishes and interests.

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

Rating at last inspection

The last rating for this service was good (published 30 August 2017).

Why we inspected

The inspection was prompted in part due to the length of time since our last inspection and the number of notifications we received from the provider which either did not meet with legal requirements or contained information of concern. As a result, we undertook a focused inspection to review the key questions of safe and well-led only. No areas of concern were identified in the other key questions. We therefore did not inspect them.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection. The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well-led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report. The provider has taken steps to address the risks.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Community Integrated Care Northern Regional Office on our 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Community Integrated Care, Northern Regional Office

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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by five inspectors. One inspector acted as the lead inspector and together with four other inspectors visited supported living services in five local authority areas. We also visited the regional office.

Two Experts by Experience were involved in the inspection and contacted relatives by telephone to seek their views. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The provider's statement of purpose showed the location required three registered managers. At the time of the inspection there was one registered manager who was absent from the service. Registered managers

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

This inspection was unannounced.

What we did before inspection

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

We began the inspection with a visit to the Community Integrated Care Northern Regional Office on 20 May 2021. Between 24 May and 2 June 2021 we visited the supported living services. We spoke with five people who used the service and carried out observations of people's interactions with staff. We also spoke with 12 relatives about their experience of the care provided. We spoke with 26 members of staff including the managing director, the regional director, service leads, deputy manager, advanced support workers and care workers.

We reviewed a range of records. This included people's risk assessments and medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records. We reviewed information sent to us by local authority commissioners.



Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse;

- Systems and processes to safeguard people were not always used effectively.
- The provider's electronic systems required staff to allocate a rating of harm to each incident. Guidance was provided to staff to rate events. However, the level of harm recorded for similar incidents varied between services.
- Some recorded safeguarding incidents which had resulted in harm to people were avoidable. In some services individual staff had not always followed safety advice which resulted in harm or put people at risk of harm.
- Agency staff were not always aware of the language to be used to prevent triggering distress reactions in the people they supported.
- Thefts of people's money had taken place in a small number of supported living services.

The provider's safeguarding systems and processes were not used effectively. This was a breach of regulation 13 (Safeguarding service users from abuse or improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, the provider advised us of steps they were taking to make improvements and prevent further safeguarding incidents. They had begun a review of their financial procedures.
- The provider stated they would undertake a review of how safeguarding incidents were classified on their electronic system.
- Staff felt confident in reporting incidents of concern to their managers and were confident they would receive an appropriate response.

Using medicines safely

- Medicines were not always managed safely. Staff had reported a significant number of medicine errors on the provider's electronic events tracker. These included repeated events of staff failing to give people their medicines on time, giving people the incorrect dose or failing to sign the medicine records to say people's medicines had been administered.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate the safe use of medicines. This placed people at risk of harm. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff confirmed they had undertaken training in medicines administration and had been assessed as competent to administer medicines. Although there were services in which medicines errors had occurred, there were other services where no medicine errors had been reported. One staff member told us, "I have done my training and waiting to be assessed as competent."
- Relatives confirmed they had been informed when medicine errors occurred. One relative said, "I haven't had worries, one medication wasn't administered correctly but there were no problems due to this and an investigation was taken as to why it happened."

Learning lessons when things go wrong;

- Information held by the service had not always been reviewed by the managers in order to learn lessons. The events tracker used to document specific incidents such as thefts from services required further interrogation to consider what lessons needed to be learnt. The provider told us they had implemented an action plan to look at key elements of risk including a comprehensive review of incidents to learn lessons.
- Staff told us they were constantly learning lessons when people presented with new behaviour patterns. A relative confirmed staff had worked to get to know people better.

Assessing risk, safety monitoring and management

- Risk assessments were well documented. People's personal risks were under constant review by staff and discussed in team meetings. Staff were encouraged to share any changes in people's behaviour to update risks assessment documents.
- Service leads carried out health and safety monitoring in each service. Fire risks and equipment checks had been addressed.

Staffing and recruitment

- Staff were recruited in a safe manner. Appropriate checks were carried out on staff before they began working in the service.
- Staff told us there were sufficient staff working in each supported living service. Agency staff were used in some supported living services where there were staff shortages.
- Relatives felt there were enough staff working in the service. Relatives said, "Yes there is enough staff, there is five or six in the team and then night staff", and "He likes regular staff but not keen on agency staff."

Preventing and controlling infection

- The systems in place to monitor visitors and prevent the spread of infection were not consistently used when the inspectors visited. Temperatures were taken and recorded on each visit. Screening questions were not always used.
- Administrators in the regional office ensured there was a sufficient supply of personal protective equipment (PPE) for staff to collect for their respective services. Staff confirmed they had more than enough supplies of PPE to reduce the risk of transmitting COVID-19 in each service. Staff had considered how best to keep people safe when they were unable to tolerate their staff wearing PPE.
- Service Leads ensured staff had been tested for COVID-19 in line with national guidelines.
- Relatives told us staff supported people to live in a clean environment. They told us, "It is clean, but at the moment it is outside visits only, and I have seen from outside", and "Yes the house is always clean."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- Audits did not always identify deficits within each supported living service. Auditing carried out by managers and the provider's internal quality assurance employees failed to robustly review the frequency of safeguarding events or medicines errors. Audits failed to discover the patterns and trends of events where people had been harmed or were at risk of harm.
- Not all of the services were being delivered in line with national guidance including the CQC guidance Right Care, Right Support and Right Culture. For example, people's homes were used by the managers and staff for the purpose of running the service.

The provider did not have sufficiently effective governance systems to monitor the quality of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider stated they would review the services which had transitioned to supported living services to ensure compliance with national guidance.
- The provider's internal quality auditors carried out quarterly themed audits and had identified areas for improvement. These had resulted in improvement actions.
- The provider had made improvements to care records by introducing a new electronic care records system. Staff were at various stages of uploading information to the system and said they found it easy to use.

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

- Staff who supported people in their own homes demonstrated how they were delivering a positive culture where people were at the centre of the service. People were able to demonstrate they were achieving good outcomes and were keen to show us their accommodation and tell us about what they were doing. Staff described people's achievements with pride.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The management team were aware of the need to be open and honest when things went wrong.

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

- Managers were clear about their roles. Service leads followed up on actions required to improve the quality of their service. Staff understood to whom they were accountable and how to use electronic systems to document risk.
- Staff were working long hours in supported living services where they did not have access to facilities where they could take breaks. The provider told us they were shortening the length of staff shifts in some supported living services and seeking advice on these issues.

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

- Relatives felt they had been engaged by staff in each of the supported living services but recognised for safety reasons this had been limited due to COVID-19.
- Staff had promoted people's inclusion in the service and had also supported them to engage in national and local initiatives such as the rugby world cup and a photography group.
- The provider had put arrangements in place to engage staff during the pandemic including on line team meetings and a weekly report to keep staff informed of events.

Working in partnership with others

- There was clear working in partnership with other professionals to manage people's presenting behaviours. Professionals had complimented staff for working together to meet people's needs.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Care and treatment was not always provided to people in a safe manner with regard to their medicines. Regulation 12(1)(2)(g)
Regulated activity	Regulation
Personal care	Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment Service users were not always protected from abuse or improper treatment. Regulation 13(1)(2).
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems and processes were not effectively established to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users. Regulation 17(1)(2)(b)