Integracare Limited

IntegraCare (Supported Living)

Inspection report

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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

This inspection took place on 1 and 3 June 2016 and was unannounced.

The last inspection took place on 8 October 2013 and the service was meeting the regulations we assessed at that time.

The service provides supported living to people in their own homes. People who use the service have learning disabilities, autism, physical or mental health difficulties. At the time of our inspection the service supported twenty five people who lived in either single occupancy properties or shared houses.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

At this inspection we found the service was being managed and operated in line with their legal responsibilities.

Staff told us the manager, director and other senior staff, employed by the service, were supportive and approachable. They also confirmed to us that the on call arrangements were well organised, and that they could seek advice and help out of hours if necessary. This meant there was good oversight of the issues across the service, and staff were confident about the management structures.

Audits were robust and this enabled us to get a sense of the issues within the service and how these would be addressed.

There had been a period of staff turnover but this had settled down and there were sufficient staff employed to cover the number of hours provided across the service. The service was keen to retain staff and staff told us they stayed because they felt valued and appreciated. This meant that people who used the service were provided with a consistent service and were supported to take part in their individually planned activities, which made a positive impact on their general well-being and quality of life.

When new staff were recruited we saw the service had robust checks in place to ensure people employed were suitable to work with people who used the service.

People who used the service and their relatives told us they felt safe and staff knew how to protect people from avoidable harm. Risk assessments and risk management plans were in place. They contained detailed guidance for staff about how to minimise the risk of harm.

Medicines were safely managed. Records were completed correctly, and a stock check took place in

people's homes on a regular basis. This meant if any errors were noticed they could be addressed quickly.

Staff described feeling well supported. We saw evidence of supervisions taking place on a routine basis. This meant staff had the opportunity to reflect on and develop their practice.

People received support from staff who had access to appropriate training and knew how to meet people's needs.

Staff had a sound understanding of the Mental Capacity Act and we saw consent was sought routinely. People had been supported to make their own decisions wherever possible, and staff had taken steps to support people to do this. Where people were unable to make a decision there was a best interest decision recorded within their support plan and we saw the person and relevant people had been involved in making this. This meant people were given the opportunity to be involved in decision making and decisions were made in the person's best interests.

People had access to appropriate healthcare professionals and had a health action plan. This meant people's health care needs were being appropriately supported.

There was access to varied and balanced diets, people were involved in planning and, where possible, making meals.

People knew staff well, including the registered manager and director of the service. Staff were described as, "helpful, kind, dedicated and amazing." Staff knew people well and ensured their preferences for support were met. Support plans contained detailed person centred information, which provided staff with instructions about how to support people, but also gave them a sense of what was important to the person.

People were supported to be as independent as they could be and some people worked in local community organisations. Activities were planned and person centred, and everyone had equal access to individual activities.

People and their relatives understood how to make complaints. There had been no complaints in the last two years.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

There were enough staff to support people and provide the required number of hours. People were also supported to take part in planned activities.

Recruitment processes used meant that only suitable people were employed.

Staff knew how to safeguard people, they had received appropriate training and the service had an up to date safeguarding policy. The service had a robust whistleblowing policy which meant staff knew how to raise concerns.

People had risk assessments and risk management plans which helped staff to protect them from harm.

Medicines were safely managed.

Is the service effective?

Good

The service was effective.

Staff had the skills and knowledge to support people who used the service. Staff described feeling well supported and regular supervision, both formally and informally was consistently taking place.

People's nutritional needs were met. There was access to a varied and balanced diet and we saw people were involved in planning and preparing meals.

Staff understood the key principles of the Mental Capacity Act (2005). On the whole people were given the support they needed to make their own decisions. Where people were unable to make a decision a best interest decision was recorded involving the person and all relevant others.

Is the service caring?

Good

The service was caring.

Staff knew the people they supported well. It was clear people had good relationships with support staff, who were described as "very good and well trained."

People were supported to be as independent as they could be. One person told us about the way staff had treated their relative and "seemed to be able to accommodate their extra needs seamlessly."

Relatives told us they were encouraged to be included in people's support, and were made to feel welcome. One person told us they felt staff had supported them throughout their relative's transition into independent supported living and that they had "been positive all the way along."

Is the service responsive?

Good

The service was responsive to people's needs.

People received support which was personal to them. Support plans were person centred and contained detailed information about people's social histories and other relevant information. People and their families were involved in planning and reviewing the support they received.

Activities varied across the service. People had access to a variety of activities; which were of interest to them.

People and their relatives knew how to make complaints. The service had not received any complaints in the last two years.

Is the service well-led?

Good

The service was well-led.

The registered manager had a good oversight of the service as a whole. The management and leadership of the service was done in an open and transparent manner.

Audits of the service were robust and were carried out regularly.

Overall staff morale was high, and staff continued to focus on providing people with good support.

IntegraCare (Supported Living)

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.

This inspection took place on 1 and 3 June 2016 and was unannounced. The provider would normally be given 48 hours' notice because this is a supported living service and we needed to make sure someone would be available at the office to meet with us. However, the visit was carried out without prior warning as the visit was undertaken at short notice and we were aware that the office was open during office hours.

The inspection team consisted of one adult social care inspector.

Before the inspection we reviewed all of the information we held about the service, this included reviewing notifications we had received. We contacted the local authority contracts and commissioning teams who fund care packages provided at the service, and contacted Healthwatch. Healthwatch represents the views of local people in how their health and social care services are provided.

During the inspection we visited the office on day one. On day two we carried out telephone interviews of people who used the service, relatives and staff. We also received email correspondence from one relative. We telephoned and spoke with four people who used the service and three relatives to get their views. We looked at four support plans and associated documentation.

We spoke to the registered manager, the deputy manager and director of the service. We also spoke with three support workers. We looked at staff files; which contained employment records and management records. We looked at documents and records that related to people's care and support, and the management of the service such as training records, audits, policies and procedures.

Good

Is the service safe?

Our findings

People and their relatives told us they felt safe. One person said, "I feel safe, yes I do. The staff do that." One person told us staff knew their relative well and supported them to keep safe. This included escorting the person outside of their home and supporting them whilst at home carrying out daily living skills, like cooking or cleaning.

Staff demonstrated a good understanding of how to safeguard people who used the service, they were aware of the different types of abuse and how to report concerns. The service had an up to date safeguarding policy which provided guidance for staff about what action they needed to take to safeguard people from avoidable harm. We saw robust risk management plans in place which included details about individual risks and what staff needed to do to minimise any risks identified.

The service had an up to date whistleblowing policy. The policy contained guidance for staff about how to raise concerns, included contact details for CQC and local authorities. This showed the service encouraged staff to raise concerns about poor practice.

We reviewed the rotas for the last four weeks and found the service had sufficient staff to keep people safe and not restrict activities which people enjoyed being involved in. There was an emphasis on people being encouraged and supported to engage in activities which were meaningful and suited their individual interests. Senior staff also matched people with staff who shared similar interests and were of a similar age. This, one person told us, was of huge benefit to them. They told us they had been shown new ways of learning and gained more confidence. They had also been able to reduce the number of support hours they needed because their independence was encouraged and they were looking forward to moving to the next stage of their development. This meant people were supported by staff with shared interests and experiences.

Staff told us they loved their work. One member of staff told us, "We are valued and appreciated by the team we work with." And "It is nice to be part of this company. Things are done the way they should be, its brilliant." Another member of staff said, "We love working here, they get to know people really well and make sure you are comfortable before you work on your own."

The service had effective recruitment and selection processes in place to make sure staff employed were suitable to work with people who used the service. We looked at staff employment files and saw evidence that appropriate checks had been undertaken before staff began work; each had two references recorded and checks by the Disclosure and Barring Service (DBS). The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. Staff we spoke with confirmed all the checks had been made before they worked with people on their own.

We saw evidence of effective induction and probationary periods for all new staff. There was a record of probationary reviews which took place after two, four and six months to make sure that the member of staff

was working effectively before being offered a permanent contract. One person talked to us about the age range of staff employed and that not all staff, particularly those who had limited life experience, were always able to support people to enhance their own limited daily living skills. However, they also concluded that although this was of concern, overall they thought the service provided was "very good but not perfect." They also thought that the introduction of "key worker" roles within each house would benefit people who used the service and improve the overall approach to this. A key worker is a member of staff with designated responsibility for the overall care of a person, for example they would be the main person to review a care plan and develop the service provided around the person's individual needs.

Safe systems protected people against the risks associated with medicines. The service had a clear medicines policy which staff followed. All staff had received medicines training. Staff had also had specialist training to make sure they had the necessary skills and knowledge to support people with chronic medical conditions.

One person was supported to manage their own medicines. A risk assessment had been completed by the relevant health and social care professionals and a support plan highlighted the specific support staff should provide.

Medicines were stored securely. We looked at medicines and the completed medication administration records for three people who used the service. These had been completed correctly and we found people had been supported to take their medicine in line with the prescriber's instructions. Records were also audited weekly in the person's home and when the completed records were filed at the office and archived.

Risks to people who used the service were appropriately assessed and managed. Staff were provided with clear and detailed guidance to help them know how to best support the person to reduce the risk of harm.

We saw one person had a risk assessment in relation to a specific health condition, for which they needed additional support. The risk assessment contained step by step guidance for staff in relation to this and what action they should take if problems developed. The assessment contained good descriptions of what staff should pay particular attention to, when to call for medical assistance and what they should do in the meantime. This meant there was a step by step process for staff to follow with clear instruction which if followed would ensure the person received safe care and treatment.

Accidents and incidents were recorded and reviewed by the registered manager and senior staff team. This was to look for any patterns or trends which required further action.

Good

Is the service effective?

Our findings

People who used the service received effective care. One person told us, "The staff are alright, they treat me well." And "I like it all, I'm happy with it."

Staff had the skills and knowledge required to support people who used the service. The registered manager explained the induction process to us. All new staff completed a five day induction. The main purpose, they said, was to get to know staff and then who they would be best suited to work with. New staff were then allocated a member of staff to shadow and depending on their experience, this would vary in timescale. We were told additional shadowing was available if staff felt they needed this. Staff we spoke with also confirmed this.

A member of staff told us they had come into support work later in life and felt the shadowing period and induction was invaluable. They told us they spent time getting to know people who used the service, and reading their support plans before they "went solo." They told us about their first experience of supporting people on their own, but felt they had a "safety net" because staff were on call to ask if they needed advice. This they said was still the case and that they had never had to wait for the on call person to take the call. Staff told us they had access to a lot of training and that they felt lucky to work within "a supportive team environment."

In addition to on line training staff had access to face to face training which included; medicines, moving and handling, first aid, infection control and behaviour management. This was an approach based on the management of actual or potential aggression with non-physical intervention techniques. Staff told us they used verbal de-escalation techniques to support people.

Supervision was consistently provided across the staff team. Supervision is an opportunity for staff to discuss any training and development needs, any concerns they have about the people they support, and for their line manager to give feedback on their practice. Staff told us they felt well supported by the registered manager and could contact them at any time for advice or support.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. There was a clear record of how any decisions had been reached using the best interest decision making process. These were recorded and we could see people, their families and appropriate health and social care professionals had been involved where necessary. Best interest decisions are made on behalf of people who are unable to make an informed decision themselves and they involve the person and all other relevant persons in the individuals life.

The service had taken appropriate steps to support people to be able to make their own decisions. In one person's support plan we saw there was a record of the best time of day to discuss more complex decisions

with the person. This showed the service was doing all it could to support people to make their own decisions.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care services are called the Deprivation of Liberty Safeguards (DoLS).

Staff were able to explain the key principles of the MCA and we saw consent was consistently sought before people were provided with support. The staff we spoke with understood the principles of the legislation. They were able to explain to us how they supported people to make their own decisions on a day to day basis and they understood the need for DoLS. At the time of our inspection the registered manager had not applied to the local authority for any DoLS authorisations as the people who used the service did not need to be deprived of their liberty.

People were encouraged and supported to have a healthy balanced and nutritious diet. We saw one person had a healthy eating plan in place. This took account of their food preferences but also of the need to maintain a balanced diet. Menu plans contained a range of healthy foods, snacks and treats. Where possible people were involved in the planning and cooking of meals.

We saw people had health action plans which described the support they needed from health and social care professionals. These plans would be helpful if people needed to go into hospital and would be supported by staff who did not know them well.

People had access to appropriate health care professionals. The service had links with the community learning disability team and we could see the community learning disability nurse had been involved in formulating risk management plans. The service had sought the advice of the psychiatrist in relation to a more complex care plan for one person. This meant the service was taking into account the views of relevant health care professionals when planning and delivering care for people who needed more specialist support.

We received comments from two local authority contracts and commissioning teams. One representative told us they had commissioned services from IntegraCare for a number of years and continued to be assured by their "continuous safe practice and effective management" of people who have complex needs and vulnerabilities. They went on to say they "always found them to be responsive to referrals made and never accept anyone who they believe they cannot deliver an effective care pathway to."

We were also told that the director and staff team "go to great lengths to offer creative support to the individuals in their care" and they had worked well with other parties to improve the quality of lives for people. The service was also described as "responsive, person centred and proactive."

Good

Is the service caring?

Our findings

People who used the service told us staff were "kind" and they felt well supported. When speaking to people who used the service, relatives and staff, it was clear that staff knew people well. People had a good rapport with staff, some of whom had worked with people a significant number of years.

Relatives told us they had known some staff for a long time and felt confident in the support they provided. On the whole feedback from relatives was positive. Comments included, "The amazing staff are incredibly dedicated to [name] and they have done such an amazing job of promoting their independence. Many of the important aspects, eating and toileting, they took on as challenges with little or no encouragement from us." And "Everyone is always out and about all the time - I really don't know how they pull it off."

One relative described how the registered manager was as "fierce as a parent at times" when advocating for people who used the service. Another person described how their relative had moved accommodation but nevertheless, staff were still involved with their relative and supported them to continue to attend social occasions and outings.

Every member of staff we spoke with said they would be happy for their relative to be supported by the service, if they needed this type of intervention. Staff spoke with warmth about the people they supported. A member of staff told us, "It's a relaxed and engaging job. It's not like being at work." Another member of staff said, "We're working for the people we support and we want to achieve things that are important to them."

People were supported to maintain relationships with their friends and family. People described to us activities they were involved in with friends and visits to friends who lived nearby. People who lived together socialised with each other and other people who also lived in supported living services. For people who had limited or no contact with their family we saw they had been offered advocacy support. People who used the service also had opportunities to get involved in community events such as drama groups and "open country" a charity which enabled people with differing levels of ability to ride bikes and access the countryside.

We saw records of people being supported to have regular stays with their families. Relatives also told us they felt welcome to visit anytime. Staff treated people with dignity and respect. We saw people's decision to have time to themselves respected by staff and other people who lived in the shared house. This meant people had the opportunity to have their own space and privacy despite communal living.

People's support plans focused on people's strengths as well as the level of support they needed. The service supported people to be as independent as they could be. People were supported to be involved in day to day tasks associated with living in your own home; such as cleaning, washing, financial and budget planning and meal preparation. In addition to this some people had been supported to find employment within the local community. This meant people were supported to live as independently as possible within their own communities.

Good

Is the service responsive?

Our findings

We looked at support plans and could see people and their families, or other key people were involved in developing and reviewing these. People had lived in their supported living accommodation with staff who knew them well for a number of years and this was reflected in the detail and quality of the support planning.

Support plans were person centred in that they were individual to the person and bespoke. The support plans helped staff to understand what was important to each individual. The support provided was based on people's strengths and abilities and was not a task based approach to care. Staff had access to detailed guidance about people's support needs. They focused on what staff needed to do to support the person to have a good day and this was specific for each individual.

Support plans contained a lot of information about how to support people; each section had a summary of critical information. There was clear guidance for staff about how to support people who may have behaviour which could put themselves or others at risk. Risk assessments identified the risk and provided clear guidance about what staff needed to do to reduce this risk to people.

Each person had detailed information about their social history, this meant staff could get to know the person and understand their life experiences as well as knowing about the support they needed. Some people who were able to sign their signature and date their support plans. This was important because it showed they were in agreement with the support plan which had been developed. For people who were unable to consent to their support plans we saw records of best interest decisions in relation to care and support. One person told us, "I always feel that [name] is safe and that they make responsible decisions as to how to achieve that without impeding their independence or requesting additional support." The person went on to explain how one particular behaviour had been dealt with by IntegraCare and that they "seemed to listen to that right away." The service was described as "efficient when using resources - both money and time." And, "They keep their eye on the ball."

An annual survey was completed by the service in 2015. They commissioned an advocacy charity to undertake the process and twenty five people were surveyed and interviewed by the advocates. Overall complimentary comments and responses were made and the advocacy charity concluded, "It is something to do with their contented residential situations as the vast majority of them had nothing but positive comments about their living conditions and the staff who support them." One questionnaire had been completed and this included comments which needed to be addressed and resolved. We saw evidence that the person had had a meeting with the director of the company and a planned way forward had been agreed. This had included some changes to the support provided and alternative ways of managing resources.

There were a wide and varied range of activities available to people and the service managed a 'Go For It' programme which matched people with similar interests, such as sport or meals out and facilitated them participating in local events. This included going to football matches, attending the local leisure centre, well-

being sessions and travelling around the country visiting a branded restaurant chain. A monthly newsletter was provided informing people of current events and up and coming trips which people could opt to take part in.

The service had an up to date complaints policy. The service had a complaint and compliments file. There had been no complaints in the last two years. Families told us they knew how to make a complaint but the people we spoke with said they had no cause for complaint. They told us if a concern arose they felt comfortable to raise this with the staff and were confident these would be dealt with appropriately.

Good

Is the service well-led?

Our findings

The registered manager, director of the company and senior staff team provided a good network of management oversight which included the monitoring of staffing levels, recruitment and quality of care provision. The registered manager had a good oversight of the service as a whole.

Staff told us they felt supported, and that they had ample opportunities to reflect on the service they provided through supervision and regular contact with each other. Staff told us they had a shared interest in developing and improving the service for people.

We found audits were taking place consistently and were effective in highlighting any issues before they arose and when improvements were needed staff were proactive. Again this showed that senior staff had a good grasp of the overall running of the service. The quality assurance systems in place were effective and staff were provided with routine supervision.

Overall staff morale was high, and staff continued to focus on providing people with good support. Staff told us the registered manager; senior staff and the director of the service were approachable, visible and took a "hands on approach." This they said meant that the people using the service knew who the staff were and more importantly all staff knew each of the people using the service and how best to support them. This included reviewing their care needs and either increasing or decreasing the support programmes in place to best suit the person.

Team meetings were held, the last two were in January and April 2016. The agenda items included staffing arrangements, daily tasks, recording and a detailed discussion about everyone using the service. The registered manager knew when to call a team meeting and this coincided with new developments or changes to the way things were done. However, she was keen to point out that she worked alongside and with the staff team and there were regular ad hoc discussions about the service and ideas shared about improvements or changes needed.

Staff we spoke with were enthusiastic about their work and clear about their roles and responsibilities. We saw there was a positive culture within the service. There was a strong focus on person centred support and staff spoke with us about supporting people to live lives which were meaningful and promoted their sense of well-being.

Overall we found staff morale to be high and the staff we spoke with were totally committed to providing good quality support for people who used the service.

People we spoke with said they had a good rapport with staff. Staff also described how they built on professional and caring relationships to enhance the lives of the people they supported. One member of staff told us, "It's about the interactions with people. This was a new career for me and it has opened up my life too, new experiences for us all." They described how this had made a positive impact on them and the people they worked with and supported.

A relative summed up their feelings of the service, "The staff of IntegraCare should all be immensely proud of the work that they do."

The registered manager submitted timely notifications to both CQC and other agencies. This helped to ensure that important information was shared as required.