Community Integrated Care

Community Integrated Care, Leeds Regional Office

Inspection report

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Date of inspection visit:
01 August 2017
10 August 2017
11 August 2017

Date of publication:
27 October 2017

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

Community Integrated Care, Leeds Regional Office provides a supported living service in 12 small homes, varying from two to five occupants, around Leeds. The service supports people with a learning disability, some of whom have additional disabilities. Each home is situated in a residential area, within walking distance of shops and local amenities and close to a main transport system into the city centre.

This comprehensive inspection took place on 1, 10 and 11 August 2017 and was announced. At the last inspection in June 2016 the service was found to require improvement to be safe, effective, responsive and well-led. At this inspection we found the required improvements had been made.

There was a registered manager in place. 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 received good care and support and they were encouraged to lead lives in line with their own preferences and choices. The emphasis was on supporting people to be as independent as possible. People were involved in making decisions about their care and how the service was run.

Care and support plans contained clear and up to date information about how people wanted their needs met. There were good opportunities for people to discuss any concerns or ideas that they had.

People were supported in having their day to day health needs met. Health services such as dentists, doctors and opticians were used as required and there were close links with other services such as the Leeds Community Learning Disability Team.

Staff were knowledgeable about the needs of each person and how they preferred to live their lives. Staff received the training they needed and were supported through regular supervision meetings with the registered manager. There were safe recruitment practices in place for new staff and there were a sufficient number of staff on duty to meet people's needs.

There were good systems in place to keep people safe. Staff were confident about their responsibilities in relation to safeguarding and also knew who they could contact regarding any concerns they had about the service. There was a positive approach to risk taking so that people could be as independent as possible. Risks in peoples' day to day lives had been identified and measures put in place to keep people safe. The focus was on how each person benefited from the activity undertaken.

Supported living homes were suitable for the people who used the service. Checks and tests were carried out regularly to make sure the environment was safe.

The legislative requirements of the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) were followed.

Staff told us that the service was well managed and there was good support. The registered manager promoted a culture of respect, involvement and independence. There were good systems in place to make sure that the quality of care was maintained. Areas that required improvement were identified and necessary action taken.

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.

People told us they felt safe at the service. Staff had a clear understanding of their safeguarding responsibilities.

There were good systems in place to protect people from the risks associated with care and support, day to day activities and the environment.

There were sufficient numbers of staff on duty to keep people safe. Staff had been recruited in line with safe recruitment practices.

Medicines were managed safely.

Is the service effective?

Good

The service was effective.

Staff received the support they needed to carry out their roles effectively. The staff team had a good understanding of the needs of each person at the service.

Relevant legislation and guidance was followed where people were unable to consent to decisions about their care and support.

People received the support they needed to stay healthy. People were able to decide what they wanted to eat and told us that they enjoyed the food and drink provided.

Is the service caring?

Good

The service was caring.

People had good relationships with staff and were treated with kindness and respect.

People were encouraged to express their opinions and make their own decisions about care and support. People were encouraged to be independent and were supported to spend

time in the way they wanted.

People were given time and space to spend time in private if they chose.

Is the service responsive?

Good

The service was responsive.

People were involved in contributing to how their care and support was provided. Individual preferences were taken into account and people were supported to take part in activities of their choosing.

The staff team knew people well and could identify if someone was unhappy. Appropriate action was taken if a concern or complaint was raised.

Is the service well-led?

Good

The service was well-led.

There was effective management of the service and a clear culture which promoted involvement and community participation.

The registered manager had good oversight of the service. Staff told us that they felt supported by management.

There were effective systems in place to make sure that the service continued to deliver good quality care.

Community Integrated Care, Leeds Regional Office

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 was 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 was carried out to check that improvements had been made following our comprehensive inspection on 1 June 2016, and to provide a new rating for the service.

This inspection took place on 1, 10 and 11 August 2017 and was announced. This was because we needed to make sure someone would be at the office on the first day. We visited three of the supported living homes on 10 and 11 August 2017. The inspection team was made up of one adult social care inspector. A specialist advisor with experience of mental health assisted us on the first day.

Before the inspection we reviewed the information we held about the service. This included notifications regarding safeguarding, accidents and changes which the provider had informed us about. A notification is information about important events which the service is required to send us by law. We also looked at previous inspection reports. We reviewed the Provider Information Record (PIR). The PIR 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 this inspection we visited the office to discuss governance and meet with all the service leaders. We visited three homes and looked around the premises and spent time with people. We looked at records which related to people's individual care. We looked at four people's care planning documentation and other records associated with running the service. This included, training records, the staff rota, audits, medicine records and records of meetings.

We spoke with five people who used the service and spent time observing how people led their lives during the day and the support that they were given by staff. During the course of the inspection we spoke with the registered manager, seven service leaders, five senior care staff and two support workers.

Good

Is the service safe?

Our findings

At our last comprehensive inspection in June 2016 we found that the service required improvement to become safe. This was because we identified risks related to the environment in some of the supported living houses. We identified this as a breach of Regulation 12 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection the provider submitted an action plan telling us the action they would take to make the required improvements.

At this inspection we found the required improvements had been made.

The manager told us all the houses carried out weekly health and safety checks to make sure the environment was safe. They added that they worked closely with housing associations and the landlords were very responsive.

In the houses we visited, records confirmed that robust checks took place on the safety of the environment. Staff confirmed that repairs were carried out promptly. There were up to date risk assessments in place for environmental hazards and fire safety. Each person had a Personal Emergency Evacuation Plan (PEEP) which detailed clearly how they should be supported in an emergency. The information included guidance for staff about how an emergency may affect each individual and their behaviour.

There was a fire risk assessment in place and there were regular checks on the fire system to make sure it operated effectively. Each house held records of up to date test certificates for gas safety and electrical wiring. One of the houses we visited supported some people with the use of hoist and sling equipment. Records showed these were regularly checked to make sure they were safe to use. We noted there was a useful guide for staff in people's care plans to show how the equipment should be used safely. This included photographs, as well as clear, step by step information.

We identified no issues with regard to infection control. All the houses we visited were visibly clean, free from clutter and well maintained.

All the people we spoke with told us they felt safe. Feedback included, "I do feel safe" and "I feel safe. I can lock the bedroom door". Staff raised no concerns about the safety of people they supported.

We looked at how the service protected people from harm or abuse. There was a safeguarding policy in place which was kept up to date. Staff confirmed they had received training in safeguarding and knew what action to take if they had any concerns. Although safeguarding training was only refreshed every three years, it was a regular topic at team meetings and discussed with people in keyworker meetings. People were given an easy read guide to keeping safe which was kept with their support plan. This gave information about what people can do if they felt concerned about anything.

Any accidents or incidents were recorded onto an online 'tracker' form. Accidents recorded on online tracker which was checked by the manager and provider. Incidents were well recorded and included a clear

log of the actions taken in response. The tracker gave an overview of incidents which allowed the manager to look at any trends. For example, it was identified that one person had an increase in falls and this was discussed in a team meeting to agree actions. Safeguarding alerts and serious accidents and incidents had been notified to the correct authorities, including the CQC when necessary.

Risks associated with people's day to day lives had been identified and there were clear, up to date risk assessments in place. These included risks associated with bathing, behaviour and moving and handling. There was a positive approach to risk taking, with the emphasis being on encouraging independence. Risk assessments included information about how to minimise each risk and what the consequence would be of the risk occurring.

There were systems in place to make sure only suitable staff were employed to work with people who used the service. Checks included two references, proof of identification and a criminal background check. The manager told us that references were returned to head office which collated all recruitment records before confirming that they were suitable for employment. The manager said they did not always get sight of references. We raised this as an issue as it was important the manager was fully involved in the recruitment process. The manager subsequently informed us that new guidance had been issued by the provider and all references were to be sent to a manger for approval.

Each house had a dedicated staff team which meant people had consistent support from familiar staff. Some service leaders and senior carers worked over two houses. Through our observations and feedback from people and staff, we found that staffing numbers were sufficient. One member of staff commented, "The rota is specific to the needs of people. There are sufficient staff". Where additional staff were required due to absence, this was provided through overtime, which promoted consistency.

There were safe systems for the storage and administration of people's medicines. Medicines were stored in locked cabinets in people's rooms. Most medicines were received from the pharmacy in blister packs which contained guidance on the medicine as well as a description of each tablet. Medicine Administration Records (MARs) stated whether a medicine was in the blister pack or separately boxed. This assisted staff in making sure the correct medicine was administered.

There was information about the use of 'as required' medicines. When these had been administered, there was a description of why it had been needed. Each person had a medicines support plan which gave guidance on what medicines were for, any possible side effects and allergies. The plan was person centred and described how people preferred to take their medicine. We noted that one person had a pain chart for the use of an 'as required' medicine. This helped staff identify the level of pain so the correct dose could be given. A record was kept of medicines no longer used and which had been returned to the pharmacist.

Staff confirmed that they were only able to administer medicines after being trained and then being approved by a manager. The manager told us that the pharmacist who supplied medicines had attended a team meeting to discuss any issues. They also carried out occasional audits of medicines in each house.

Good

Is the service effective?

Our findings

At our last inspection in June 2016 we found the service required improvement to be effective. This was because the provider had not taken appropriate steps to ensure staff received appropriate timely training and ongoing or periodic supervision to make sure competence was maintained. This was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, we found the required improvements had been made.

Staff told us they felt supported. Comments included, "I like working there. There is brilliant support from the manager and colleagues. We are a close knit team and we work together", "I really enjoy it. I have supervision every two to three months. There is really supportive management and supervisions are very good support" and "There are good managers to go to. Supervision is quite regular".

The manager told us that new 'You can' supervision booklets had been introduced to record discussions and agreed actions. This contained forms for recording supervisions throughout the year. Annual objectives for staff were also recorded on the form which included key behaviours, making a positive difference and personal development. These objectives were reviewed at each supervision to assess progress. The booklet was a useful document which enabled staff and supervisors to quickly review past discussions.

Staff told us they got the training they needed to support people effectively. Feedback included, "My training is up to date. All the training is face to face through Community Integrated Care or Leeds social services" and "My service leader is very up with training. If we ask for it he will support us". One member of staff felt training had got better, but thought there could be more service specific training to work with individuals. We noted however, that where people required particular support, such as moving and handling, staff were trained specifically in how to support them. Training records showed that staff they were trained in key areas of practice such as manual handling, safeguarding and medicines. Training was kept up to date and monitored by service leaders. Staff demonstrated a good understanding of areas of practice in which they had been trained.

People provided positive feedback about the staff who supported them. Comments included, "Staff are very nice. I like the staff here", "Staff help. Staff are nice. I can talk to them" and "I like the staff". We observed that there were good relationships between care staff and people who used the service. The staff we spoke with were well informed about the people they supported and had a clear understanding of each person's needs.

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. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

We checked whether the service was working within the principles of the legislation. There was clear information in people's records about their capacity to make decisions. This included details of how individuals made decisions and how staff should present choices. There was person centred information about how to help each person understand decisions, including the best and worst times of the day to communicate. Where people lacked capacity to make an important decision, there were mental capacity assessments which showed why they did not have capacity. Best interest meetings had been held where necessary. A best interest meeting is attended by those who know the person well, such as relatives or professionals involved in their care. A decision is then made based on what is felt to be in the best interest of the person. We saw examples of best interest decisions being made for accommodation and personal care, medicines and finances.

The manager and staff we spoke with were aware of the requirements of the MCA and records showed that the staff had received training in this area. Where there were any restrictions on people's liberty, such as being unable to go out independently, the appropriate authorisation was in place.

People were supported to maintain good health. Each person had a Health Action Plan which gave details about health needs and how these were to be met. Care records showed there were good links with health professionals to support people when needed. These included the community learning disability team, dentist, GP and optician. The people we spoke with told us they were supported to see health professionals. One person said, "I am going to see the doctor today" and another person confirmed, "I see a doctor and dentist".

Where people had particular health needs there was clear guidance in place about how these should be met. For example, one person had a number of physiotherapy exercises to do to support their mobility. Information included a picture guide of each exercise and how staff should support them.

For people who required support with eating and drinking there was clear information about their needs in care plans. This included likes, dislikes and allergies, as well as any support needed to eat properly and maintain their weight. Where appropriate, referrals had been made to professionals, such as the speech and language therapy team, to provide additional support and guidance.

People were provided with sufficient amounts of food and drink. People decided on a menu each week and helped with the weekly shopping. Meals were usually cooked by staff, with the assistance of people who used the service. We observed throughout the day that some people made their own refreshments whilst others were given plenty to drink by staff, to make sure they were adequately hydrated.

Good

Is the service caring?

Our findings

The people we spoke with told us they were happy and enjoyed living in a caring service. Comments included, "I like it here. It's fun. I think the staff are caring. The house is perfect", "They (staff) are very kind" and "I like it here. I am happy".

The staff we spoke with also described a caring service. One staff member told us, "It's a happy house. Like an extended family" and another said, "It's a good service and has come a long way. People are more content. They tell us they are happier".

Throughout this inspection we observed staff spoke with people in a friendly manner, listened to what was being said and responded in a way that was understood. The impression given was of a service that was centred around the people that lived there and what they wanted to do. The atmosphere was light hearted and relaxed.

We observed that people were treated with dignity and respect by the staff on duty. Staff told us that dignity was strongly promoted by the organisation. We observed that care staff respected people's right to privacy and everyone had a private space they could go to if they wanted. We noted that when we arrived at houses, the door was opened by people who lived there. This demonstrated that staff respected it was their home. Staff were able to describe some of the ways they promoted dignity and respect. These included, knocking on people's doors before entry, closing curtains in rooms if personal care was carried out and talking with people about personal issues in private. One staff member told us, "They can decide if they don't want a particular member of staff to support them". Another example was seen in one person's eating support plan which said, "Use serviettes, not bibs. Clothes can be changed".

There was a strong emphasis on respect within the organisation. One of the core values was, 'Respecting, considering and consulting with our customers'. We noted that people were provided with easy to understand information about their rights, in the service user guide. This included the right to respect, privacy and dignity as well as the right to confidentiality.

Another core value was, 'Valuing diversity and promoting equality'. Support plans included information about cultural and religious needs. In addition, equality issues were integral to the support plan and the needs identified. For example, how a particular disability, communication problem or behaviour may disadvantage them and how to support with this. In meetings with keyworkers, people were also supported to talk about issues which affected them, such as discrimination.

People were supported to be independent and be involved with day to day decisions about what they wanted to do. This was confirmed by the people we spoke with. Comments included, "I decide when to get up and go to day centre", "You do what you want" and" I do everything myself". At all the houses we visited, staff were seen to involve people in decisions. The service was led by what people wanted to do, for example, go to the shops, and staff supported this.

Some people had difficulty verbally communicating their choices and decisions. Support plans included detailed information about how best to communicate with people. This included the use of body language or particular phrases. There was a description explaining what the person says, and what this means. There was also detailed step by step guidance on people's daily routines and how people liked to do things. This meant staff had the information they needed to involve people as much as possible.

Good

Is the service responsive?

Our findings

At our last inspection in June 2016 we found the service required improvement to be responsive. This was because people's support plans had not been reviewed in a timely manner. After the inspection the provider submitted an action plan telling us the action they would take to make the required improvements.

At this inspection, we found the necessary improvements had been made.

People received person centred care which was responsive to their needs. Care and support plans were detailed, clearly written and focussed on individual needs and preferences. People told us they had been involved in developing their support plan. One person said, "I have a support plan. I know what it says about me" and another told us, "I know what my support plan says. I can understand it". A senior member of staff confirmed, "We like staff to go through support plans with people". A service leader told us how they worked with one person and said, "They chose the pictures for their plan and I try to make it accessible".

The support plans had been rewritten this year to make them more person-centred and easy to understand. The staff we spoke with felt that this had been positive and confirmed that support plans provided them with the information they needed about each person.

Support plans contained detailed information about preferences and approaches for helping with people's individual needs. Areas covered included, 'Getting to know me', 'How best to support me', 'Control over daily life' and 'Personal cleanliness'. Information was very descriptive and provided staff with clear guidance about how each person wanted their needs to be met.

People had formal reviews every six months recently to make sure that care and support reflected their current needs. Progress against identified goals was discussed and an action plan set up for meeting new goals and supporting with any issues. Each person also had a monthly meeting with a keyworker where they reviewed how the previous month had gone.

People were actively involved in reviews. In one of the houses we visited a person was helping prepare a room for their review the next day. Sheets of paper had been placed on the wall with headings such as 'what is important' and 'what is working'. The service leader explained that this was to make it easier for the person to understand. They added that it was important for the person to be involved, for example, deciding on who they wanted to invite.

People were supported to take part in age appropriate activities and follow their interests. The people we spoke with talked about what they did during the week. Their feedback included, "I do art and drama. I work in a café. I'm quite busy in the week", "Cleaning, cooking, club. I do poetry. I buy my own clothes. My sister takes me shopping" and "I go out in the car. I go shopping. I like to go into Leeds".

Some people were able to go out independently and one person had recently learnt how to use a bus on their own. Most people required some support to go into the community. People who required support told

us they were usually able to go out when they wanted.

Support plans included detailed information about people's interests and the support they required to participate in them. Reviews were also used to evaluate how activities were going and if there were any other things they wanted to do.

A record of complaints and compliments received was held in the office. This showed that two complaints had been recorded over the last year. These had been investigated and responded to appropriately. Complaints were discussed in team meetings in order to review actions and consider learning actions. A comprehensive complaints procedure was in place which gave information about how complaints should be managed and timescales for response and investigation.

People told us that they knew what to do if they had any concerns or complaints. Comments included, "I can talk to staff. I was being woken by someone all night but this has stopped since I spoke with staff" and "Staff help if I have any problems. If I wanted to make a complaint I would go to staff or a manager. I have no complaints". We noted that an easy to understand complaints leaflet was given to people and a copy kept with their support plan. Keyworker meetings were used as an additional way of checking if people were happy or had any concerns.

Good

Is the service well-led?

Our findings

At our last comprehensive inspection June 2016 we found that the service required improvement to become well led. This was because the provider did not have effective systems in place to monitor the overall quality of service delivery. We identified this as a breach of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. After the inspection the provider submitted an action plan telling us the action they would take to make the required improvements.

At this inspection, we found the necessary improvements had been made.

The manager had been registered with the CQC since October 2016. They had been managing the service for a year. The staff we spoke with gave positive feedback about the management of the service over the last year. Comments included, "There have been clear improvements in the service", "It has been tough introducing new processes but I can see the benefit" and "It's a good service and has come a long way".

There were processes in place to make sure that the quality of the service was monitored and action taken where improvements were required. The manager and senior staff carried out a range of checks and audits to make sure standards were maintained. These included weekly audits on records as well as monthly visits to each house by the manager. The provider also carried out occasional quality assurance visits. The last one of these in May 2017 looked at medicines, finance, training, supervision and staffing. An action plan was produced after each visit which included areas for improvement and timescales for completion. We noted that actions had been completed in line with timescales. The manager told us that service leaders also visit each other's homes to check practice and review records. This was a good way of sharing ideas and developing good practice. All the records we looked at were well maintained, up to date and stored appropriately.

The manager discussed their ethos of care and told us, "I'm passionate. I have worked in the learning disability field for 30 years. I want to make a difference in people's lives. A meaningful difference". The staff we spoke with told us they supported the organisational values. Comments included, "The aim of the service is to respect, enable and aspire", "Community Integrated Care has improved in terms of values" and "All staff have the same values".

All the staff we spoke with told us they felt supported by the organisation. However, some of the senior staff told us they did not feel valued. They told us this was because of pay and remuneration for their role. This had been raised in the internally and was a matter for the provider. However, it was clearly having an impact on some staff member's morale.

Staff were actively involved in shaping the service and were able to contribute ideas and suggestions about organisational practice. One member of staff talked about 'Game Changers'. This was a regular forum for the provider to discuss ideas and suggestions with staff representatives. They told us positive changes had happened through the forum and said they would be putting a suggestion forward to improve incident monitoring.

Staff told us there was good communication within the service. One staff member said, "There is close communication of ideas. We are open about difficulties" and another told us, "Communication is good between houses. More consistent". There were regular team meetings where staff could discuss issues and ideas. A senior member of staff told us about another way they promoted involvement and said, "We will be having a team building day. Using person centred approach to discuss service and develop ideas. People will be there as well".

Annual surveys were sent out to people who used the service, stakeholders and staff. These gave interested parties an opportunity to feedback their views about the service. The registered manager explained that surveys were returned to Head Office and a summary of the feedback was sent to them for review. In addition to the surveys, people were encouraged to contribute their opinions and ideas through the monthly keyworker meetings.