

Integra Supported Housing

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Inspection report

Deansgate Office G3
62-70 Tettenhall Road
Wolverhampton
WV1 4TH

Tel: 01384288220
Website: www.integrasupport.co.uk

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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

About the service

Integra Supported Housing is registered to provide personal care to people living in their own with a learning disability. On the day of the inspection, four people were receiving support.

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

People received support that was safe. The registered manager ensured care staff knew how to keep people safe from harm. Recruitment systems were in place to ensure appropriate staff could support people safely. Where people needed support with medicines this was done as it was prescribed and care staff received training in infection control, so they would know how to ensure they followed appropriate infection control procedures. Systems were in place to monitor trends where accidents or incidents had taken place.

People received effective care. People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Care staff were supported so they had the knowledge and skills to meet people's needs. People made their own decisions as to what they had to eat and drink and care staff supported them to do so. Care staff were available to support people to access healthcare as required and in an emergency.

People received support that was caring and kind. People were supported how they wanted and care staff respected people's privacy, dignity and independence.

People received support that was responsive to their needs. Care plans were in place to show how people wanted to be supported. A complaints process was in place, so people could share any concerns they had. The service was well led. The culture in the service was open, empowering and inclusive. Communication standards encouraged people to share their views and spot checks took place to ensure service quality.

Rating at last inspection:

Rated Good (Report published 23/08/2016).

Why we inspected

This was a planned comprehensive inspection.

Follow up

We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

For more details, please see the full report which is on the CQC 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 safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

Integra Supported Housing

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

This inspection was carried out by one inspector and an assistant inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own home. The service had a manager registered with the Care Quality Commission. This means that they 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 announced. We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection and we could speak with people. Inspection activity started on 28 June 2019 and ended on 2 July 2019. We visited the office location on 28 June 2019.

What we did before the 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 took this into account when we inspected the service and made the judgements in this report. Prior to the inspection we reviewed information we held about the service since the last inspection. This included information about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law. We used all this information to plan our inspection.

During the inspection

During the inspection we spoke with three people, two care staff, the service director and the registered manager. We reviewed a range of records. This included the records for three people being supported and records relating to the management of the service.

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 remained the same 'Good'. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The registered manager could explain how people were kept safe and gave examples of actions they had taken recently to keep someone safe. A person said, "I feel safe with the staff".
- Care staff could explain what they would do where people were at risk of harm and had a good understanding of abuse. They told us they received training to keep people safe and we confirmed this from the training records.

Assessing risk, safety monitoring and management

- Risk assessments were in place and we saw that risks to people were managed. A care staff member said, "Risk assessments are in place". This meant care staff would know what the risks were to how people were supported and how to reduce them so people remained safe.
- We found risks to the environment where people lived were identified in the risk assessment process the provider used. The provider recently appointed a risk manager who ensures all risks are identified and managed.
- Where a PEEP was required we saw these were in place. A PEEP is Personal Emergency Evacuation Plan and is used where a person may not fully understand the risks in an emergency.

Staffing and recruitment

- There were sufficient numbers of care staff to meet people's needs.
- The provider had recruitment process in place and newly appointed care staff were checked to ensure they were suitable to support people. We found that the process included the completion of a Disclosure and Barring Service (DBS) check and references. A DBS check was carried out to ensure the provider had employed suitable care staff to support people.

Using medicines safely

- We found clear and accurate systems to show how medicines were administered.
- A care staff member told us they received training to administer medicines. We found care staff were required to attend annual refresher training on medicines and their competencies checked. The records we saw confirmed this.

Preventing and controlling infection

- We found appropriate infection control was in place and care staff told us they could access when needed gloves, plastic aprons and any other equipment. A care staff member said, "We do get Personal Protective Equipment (PPE)".

Learning lessons when things go wrong

- We found accidents and incidents were recorded and trends monitored. Care staff we spoke with confirmed this.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as 'Good'. At this inspection this key question remained the same 'Good'. This meant people's outcomes were consistently good and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- We found that people's needs were assessed as part of the process of the provider ensuring they had the skills and knowledge to support people how they wanted. Care staff we spoke with told us they could access assessments when needed.
- Assessments showed people's likes, dislikes and interests.

Staff support: induction, training, skills and experience

- Care staff told us they had regular supervisions, attended team meetings and had yearly appraisals. We saw records to confirm this. A care staff member said, "I do feel supported and the manager is supportive to staff".
- A care staff member said, "I did go through an induction and shadowed other staff". We found the Care Certificate was used as part of the induction process. The Care Certificate is an identified minimum set of standards that health and social care workers adhere to in their daily working life.
- We found regular training took place and care staff could access training that was specific to people's needs. For example, diabetes, falls prevention and epilepsy.

Supporting people to eat and drink enough to maintain a balanced diet

- Care staff said, "We get training in nutrition and diet". We confirmed this from the training records we saw.
- A person said, "Staff do support me to prepare the meals I want".

Supporting people to live healthier lives, access healthcare services and support

- We found people had hospital passports in place identifying their health needs. Care staff we spoke with knew people's health needs and could explain how these were met. The registered manger told us people all had well person checks at their doctor and we saw evidence of this.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be

made to the Court of Protection who can authorise deprivations of liberty.

- Care staff told us they had received training in the MCA and we saw evidence of this. Care staff knew what MCA was for and could explain how people were supported within the requirements of the law. We found people within the service were able to make decisions about how they wanted to be supported and no one needed an order from the Court of Protection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

At the last inspection this key question was rated as 'Good'. At this inspection this key question remained the same 'Good'. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- A person said, "Staff are kind and caring". Another person said, "Staff are trustworthy".
- We found the Equality Act 2010 was integral to how people were being supported and reflected in the care records. Training in diversity and equality was taking place and we found the registered manager and care staff understood the equality act and the implications of the act on how people were being supported. For example, care staff could demonstrate through their knowledge the support people received encompassed the ethos of equality.

Supporting people to express their views and be involved in making decisions about their care

- A person said, "Staff do listen to what I want and support me to do things I like".
- We found people were involved in making decisions as to how they were supported.

Respecting and promoting people's privacy, dignity and independence

- A person said, "Staff respect my privacy". Another person said, "Staff respect my dignity and privacy".
- We found people were being supported to live independently and staff could explain how people's privacy, dignity and independence was promoted. A care staff member said, "I always knock bedroom doors before entering and people decide how they live".

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as 'Good'. At this inspection this key question remained the same 'Good'. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were in place showing how people would be supported and assessment documentation identified the support people needed. People were aware of these documents and told us they were involved. A person said, "I have a care plan and I have signed it".
- A care staff member said, "Care plans are in place and they are reviewed with the service user". The provider had a review process in place so as people's support needs changed their care plan could be updated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People were communicated with in a way they understood. We found care plans and other communication was in line with the requirements of the AIS. The registered manager and care staff were not aware of the legislation, but this did not impact how information was shared. For example, gestures, verbal prompts and a range of other methods to ensure information and communication was managed in a way that supported people was part of how people were communicated with. The registered manager told us they would ensure all staff received some training to understand the principles of the AIS legislation.

Improving care quality in response to complaints or concerns

- A complaints process was in place to ensure people could share any concerns they had. This included a log so where they were concerns raised these could be monitored for trends.
- We found people were given information as to how they could complain.

End of life care and support

- The provider told us they were not providing end of life care to anyone within the service but would develop systems to ensure people's wishes around their end of life care could be met.
- We found that while people's views were not reflected as to their wishes in providing end of life care, their wishes were reflected upon death.

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 remained the same 'Good'. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We found people were supported as they wanted which ensured the support people received was personalised and showed the service was well led. A person said, "I can speak to staff about what I want when I need".
- We found that people could visit the provider's office location when they wanted. The provider worked in an open, inclusive and empowering way and encouraged people and staff to visit the office regularly. We observed people who visited the provider's office being encouraged to visit the onsite canteen to have a meal and socialise.
- People demonstrated to us they were happy with how the service was managed and they were being supported how they wanted. Care staff told us the service was well led.

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 provider understood their responsibility under the duty of candour and we found from records that they were open and honest with people.
- People told us they could share concerns or speak with care staff whenever they needed to. Care staff told us they were open and honest with people where they needed advice or support, but people would decide as to the actions they took if any. This showed the way care staff worked and supported people as part of being a well led service.

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

- We found spot checks and audits were carried out on the service and the registered manager ensured where action were needed this was done. We saw evidence where medicines were spot checked and audited and concerns actioned where things were identified.
- Care staff confirmed these checks and audits were taking place.
- Care staff told us there was a whistle blowing policy and could explain its purpose. A whistle blowing policy is intended to encourage employees to raise concerns where people are put at risk of harm.
- It is a legal requirement that the overall rating from our last inspection is displayed within the service and on the provider's website. We found our rating was displayed within the provider's office location, however there was no evidence of this on the provider's website. The registered manager acted to ensure this was done before the end of the inspection process. This ensured people and visitors to the service were kept

informed of the rating we had given.

- The registered manager understood the legal requirements within the law to notify us of all incidents of concern, such as deaths, serious incidents and safeguarding alerts.
- We found the registered manager had a clear management structure in place to support care staff and communicate with people at a level they could understand.

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

- The provider had systems in place to engage with people and staff by them completing questionnaires.
- The Equality Act was embedded within the support people received and this was evidenced through the care records we saw. Care staff could also explain how people were supported in line with their preferences.

Continuous learning and improving care

- The provider had systems in place to support their continuous learning, to improve the support people received and ensure care staff had the skills and knowledge to support people how they wanted. For example, the provider ensured care staff completed refresher training through consistent monitoring.

Working in partnership with others

- We found the provider worked closely with a number of professionals and agencies to ensure the support people received was of the highest quality and what they wanted. For example, we found regular contact was in place with social workers, mental health specialists and psychologists where needed.