

## Community Integrated Care

# Community Integrated Care, Leicester Regional Office

### Inspection report

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23 October 2017  
24 October 2017  
25 October 2017

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### Ratings

Overall rating for this service

Outstanding ☆

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Outstanding ☆

# Summary of findings

## Overall summary

Community Integrated Support Leicester Regional Office provides personal care services to people living within supported living accommodation across Leicestershire. At the time of our inspection 26 people were receiving care.

We had previously inspected this service in July 2015 when it was based at a different address in Leicester, at that inspection the services was rated 'Good'.

This inspection took place on the 18, 22, 23, 24 and 25 October 2017. The service had remained Good and we found that there were areas which had continued to be improved and have rated the service overall as 'Outstanding.'

There was a registered manager. 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.

The service demonstrated an excellent commitment to providing outstanding care which put people at the heart of everything. The registered manager led and inspired the staff to deliver person centred care which had achieved consistently outstanding outcomes for people.

Staff continuously went the 'extra mile' to ensure that people lived as fulfilled and enriched lives as possible. They respected people's individuality and enabled people to express their wishes and make choices for themselves. Positive therapeutic relationships had been developed and staff were proud of the support that they had provided to people and the positive outcomes they had observed.

Staff knew their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005). The provider was aware of how to make referrals to the Court of Protection if people lacked capacity to consent to aspects of their care and support and were being deprived of their liberty. People were supported to use communication aids and information was provided to people in an accessible format to enable them to make decisions about their care and support.

There was a very effective system of quality assurance led by the provider and registered manager that ensured people consistently received exceptional care and support. The people receiving care from Community Integrated Care - Leicester had an enhanced sense of well-being and quality of life because staff worked innovatively to enable people to have meaningful experiences and to become active members of the local community.

People who demonstrated behaviour that may challenge services received care that was based upon best practice guidelines that met their individual needs and successfully reduced instances of incidents within

people's home and community.

Staff demonstrated the provider's values of offering person centred care that respected people as individuals in all of their interactions with people. People, their relatives and the professionals involved in people's care consistently told us that the service provided 'exceptional care' to people. People could be assured that they would be supported by sufficient numbers of staff. Records showed that people received their care in the way they needed to maintain their safety.

People's health and well-being was monitored by staff and they were supported to access health professionals in a timely manner when they needed to. People were supported to have sufficient amounts to eat and drink to maintain a balanced diet. People experienced caring relationships with staff and good interaction was evident.

Staff understood their responsibilities to safeguard people and knew how to respond if they had any concerns. Care plans contained risk assessments which gave detailed instructions to staff as to how to mitigate risks; these enabled and empowered people to live as independent a life as possible safely.

The provider ensured that the service kept up to date with the current best practices and innovative ways to support people through membership of relevant organisations and working with various professionals and agencies.

The registered manager continuously looked at ways to improve the service and enhance people's lives. The feedback from the people, relatives and professionals was consistently positive.

## 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 remains good.

### Is the service effective?

Good ●

The service remains good.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People were supported by staff who very caring and passionate about enabling people to fulfil their potential.

Staff continually strived to provide individualised person centred care and ensured that people's privacy and dignity was protected.

People had control of their lives and were supported to be able to express their choices and wishes.

### Is the service responsive?

Good ●

The service remains good.

### Is the service well-led?

Outstanding ☆

The service was exceptionally well-led.

The registered manager and provider put people at the heart of everything and were proactive in seeking people's views and experience of their care and support; this enabled them to continually look at ways to improve the service and enhance people's experience.

There was a culture of openness and transparency; the registered manager led by example and inspired the staff to provide the best possible person centred care and experience for people and their families.

People could be assured that the quality assurance systems in place were effective and any shortfalls found were quickly addressed; there was a constant strive to ensure that standards

were maintained.

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# Community Integrated Care, Leicester 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 is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 18, 22, 23, 24 and 25 October 2017 and was undertaken by one inspector. The provider was given 36 hours' notice because we needed to ensure someone was available to facilitate the inspection.

Before the inspection, we asked the provider to complete a Provider Information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. In addition we reviewed the information we held about the service including statutory notifications and any safeguarding referrals raise. A notification is information about important events which the provider is required to send us by law.

We also contacted the social care commissioners who monitor the care and support the people receive. We used the information they provided us to inform our planning of the inspection.

During the inspection we visited five people in their own home and observed some of the care provided. We also spoke to 13 staff which included four service leaders, three senior support workers, four support staff, an administrator and the registered manager. We also contacted three relatives and a number of health professionals who supported some of the people.

We reviewed the care records of four people and three staff recruitment files. We also reviewed records relating to the management and quality assurance of the service.

# Is the service safe?

## Our findings

People received care from a highly motivated team of staff who strived to provide consistent safe care and support. Risks to people had been assessed; we saw that care plans and risk assessments were in place. Staff were able to describe to us how they provided the care and support people needed to keep them safe. Records included clear instructions to staff as to how many staff were needed to provide support to individuals, what equipment was needed and how best to support people who had behaviours which could be challenging.

People told us they felt safe in their homes with the staff who supported them and we observed that people looked relaxed around the staff. One person said "I feel safe and if I had any concerns I would speak to [Name of service leader]."

The recruitment process ensured staff were suitable for their role and staffing levels were responsive to people's individual needs. People told us they had regular staff that knew them well. We confirmed with service leaders that the same team of support workers supported individuals. One person showed us their rota for the week of the inspection which informed them who they could expect each day.

The provider had a clear safeguarding procedure and staff were knowledgeable about the steps to take if they were concerned. We saw that where any issues around safeguarding had been raised that the registered manager had taken the appropriate steps. Notifications had been received by the local authority and Care Quality Commission; any safeguarding investigations undertaken had been completed in a timely way and action taken. For example we saw that when there had been a concern raised about the administration of medicines the registered manager had made changes to the system across the service to mitigate any risk of something similar happening again.

People could be assured that they received their prescribed medicines on time. The medicines management system in place was clear and consistently followed. People told us they received their medicines on time and records confirmed that medicines were administered correctly and within the agreed timescales.



## Is the service effective?

### Our findings

People received care from staff that were knowledgeable and had received the training and support they needed. Staff training was relevant to their role and equipped them with the skills they needed to support people living in their own homes. Staff told us that there was plenty of good training available to them. One member of staff said "After we had done training about autism we noticed a significant change in one person's behaviour because we had a better understanding as to how to support them." All staff had regular supervision and appraisal; one staff member said "We have regular supervisions which help, you can bring up and discuss issues and look at more training if you need any."

People were encouraged to make decisions about their care and their day to day routines and preferences. One person told us about a trip they had planned and had been able to request which member of staff they would like to support them. Staff had a good understanding of service users' rights regarding choice. For example, there was one person with very limited communication; the staff had worked with a Speech and Language Therapist to develop a 'Communication Passport' which detailed how the person expressed the choices they wished to make.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act. The procedures for this in community settings are called the Deprivation of Liberty Safeguards (DoLS) and are granted by the Court of Protection. Applications had been made to the Court of Protection where people were being deprived of their liberty in their best interests. People's capacity to consent to their care and support had been assessed by the provider and their relatives and the professionals involved in coordinating their care.

People were supported to maintain a healthy balanced diet and those at risk of not eating and drinking enough received the support that they required to maintain their nutritional intake. People had regular access to healthcare professionals and staff were vigilant to changes in people's health. Any changes in people's health were recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals.

## Is the service caring?

### Our findings

People and their families, without exception, were very happy with the staff and the care and support people received. One person said "The staff are fantastic; very caring." Another person said "I can have a good laugh and joke with the staff." A relative said "I don't think the service could be improved; [relative] is very happy and has a much fulfilled life." Another relative said "This is the best service so far for [Name of relative]."

The feedback from professionals was very positive; one health professional said, "This is a good service, they are person centred. They support some people with very complex needs. Recently one person needed to go to hospital and [name of staff] went with them and stayed with them to give them the support they needed; without that support this would have been very difficult for the person." Another professional said "I am impressed with the staff, the person is at the heart of everything they do; they have sought assistance and followed our advice, we have seen the improvement for the person."

The staff all spoke of people with fondness and had got to know people well. One member of staff said "All the staff who support [Name of person] are very fond of them, they all care and we really work together to give them a good quality of life. There is never a day I would not want to go to work. The manager listens to us and has supported us to try new experiences with [name of person]. We have to take one step at a time but it is worth it to see how far they have come."

We observed staff working with people who due to the complexity of their needs they could not easily communicate their needs. It was very evident the staff knew people well and responded to their behaviour and actions ensuring they got the support they needed. For example they knew to put a drink on the counter opposite a person who if they wanted a drink they would attempt to get it which indicated they needed a drink, the staff then supported the person to have a drink. The staff were very patient and there was a lovely sense of care for people.

To enhance and continually improve the service the provider had introduced new care plans for people which made it clearer and easier for the staff and people to share their likes and dislikes, their preferences and how best to provide care for them. Each person and staff member had a personal profile and pen picture which gave a snap shot of what people liked and what made them 'tick'. This meant that people were supported by staff that had similar interests and nature. This enhanced the quality of people's lives. For example where English was not a person's first language staff who could speak the same language had been identified and deployed to support those individuals. One staff member said "I can speak a number of languages so I support [name of people]; I also understand what food they like to eat and can have, so I cook with them and can support other staff with recipes for them to cook with them."

The festival of Diwali was being celebrated during the inspection. We met a couple of people who were being supported to go out to buy new clothes for the occasion and had been cooking some of the food people most enjoyed as part of the celebration. One person told us "I need a new shirt." The staff had planned a shopping trip with them.

People were encouraged to make choices for themselves and the staff felt empowered to support people to try different experiences. One member of staff explained to us that one person was unable to speak so they had worked with the Speech and Language Therapist to look at ways of how they could enable the person to communicate their wishes and choices. Over a period of time staff had learnt to understand the person's gestures and noises they made. They were developing a 'communication passport' for the person which would ensure that anyone who supported the person or needed to communicate with them would have the information they needed to help understand the person. The staff felt empowered to take the person on holiday which they had never done before. Their relative told us "This was nice for them [my relative] and they enjoyed it."

We saw a number of examples where when people expressed a wish to do something the staff had gone 'the extra mile' to support them. The registered manager and service leads had enabled staff to help people to fulfil their wishes. For example, one person had wanted to attend a family wedding in Los Angeles. Two staff had volunteered to support them and we saw from photographs taken how much pleasure and enjoyment the person had had. Another example was when a person had been invited to a 30th birthday party which was being held in a night club. Staff supported the person in their own time to attend. The person had enjoyed it so much they were now regularly supported to go to night clubs where they enjoyed the music and company of people.

There was a person centred approach to everything the service offered and people were treated with dignity and respect. People were supported to maintain their privacy when they were unable to do so independently. We saw that staff knocked before they entered a person's home and staff described to us how they protected people's dignity. They spoke about keeping blinds and curtains closed to ensure no one was overlooked, shutting doors and ensuring if any visitors were there that they left the area where personal care needed to be undertaken. We saw when someone needed assistance with a drink a clothes protector was offered and put on the person but was removed as soon as they had finished their drink. A health professional commented how respectful the staff were to people.

Consideration was given to whether people preferred male or female support workers and if they were unable to express a wish decisions were taken which protected people's dignity. For example when deciding on the support team needed for one person with complex needs it was felt that same sex carers would be more appropriate for that person. One person told us they were involved in agreeing the rota as to who was supporting them each day. We saw that the person had the rota on their wall so that they could remember who to expect each day.

The service went the 'extra mile' to ensure that people felt valued and cared for. One person told us about their forthcoming birthday and that they were going away for the weekend supported by a member of staff who shared their love of music. The staff told us that to celebrate the person's actual birthday they had sourced a poster of the person's favourite band and staff and friends would be celebrating with cake and drinks. We spoke to the person's relative the day following the person's birthday and they told us how overwhelmed they had been with the kindness and efforts the staff had shown to celebrate with them.

We saw that the staffing team were strong and reliable. The registered manager was committed to ensuring that they had the right staff with the right approach and understanding to meet people's individual needs. People had a core group of support workers that they saw regularly and this further facilitated people and staff to develop caring relationships together. Staff readily volunteered to cover extra shifts if needed to ensure that people knew the staff that supported them. The registered manager was proud of the fact that they had never needed to use staff from an agency to cover, which had ensured that consistent care and support was maintained.

People had access to an advocate to support their choice, independence and control of their care. The people currently using the service all had a supportive relative that was fully involved in their care. The registered manager had a good understanding of when people may need additional independent support from an advocate.

## Is the service responsive?

### Our findings

People received care that met their individual needs. A range of assessments had been completed for each person and detailed care plans had been developed with people and where appropriate their relatives. The provider was currently in the process of improving the format of the plans to assist staff in delivering person centred care.

Staff knew people very well; they understood the person's background and knew what care and support they needed. One staff member said "I speak several languages which helps me to communicate with two of the people I support; I understand their cultural needs so that we can all ensure we are meeting all their needs." A relative said "Some of the staff have worked for a number of years with [relative] they know them well and understand them."

People were supported to follow their interests and take part in social activities. The people we spoke to told us about going out shopping, going to the local pub and taking holidays. One relative told us "[Relative] has a full life they go to a day centre, out shopping and to church."

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be carefully considered. There was information about how to complain in various formats including easy read. People and their families knew the registered manager and service leads and would contact them if they had any concerns. We saw that there was a system in place to record and monitor any feedback the service received and appropriate action taken when necessary. For example we saw that when a person had expressed that they did not like a particular support worker, the service leader had ensured that the support worker no longer supported that person. One relative said "There have been a few niggles at time but they always get things sorted." A person said [Service leader] will always do as they promised if things are not right."

## Is the service well-led?

### Our findings

Community Integrated Care Leicester Regional Office was led by a registered manager who inspired their staff and encouraged their service leaders to lead by example; that was to be positive in their approach and communicate with their staff how to meet the challenges they face and always focus on the person. Service leaders knew the people well and when needed provided the care and support to people to ensure consistency for the people. The values and aims of the service were clear. All staff, without exception, understood their roles and strived to provide the care and support people needed to live their lives to the full and as independently as they could.

The provider had a clear vision to respect individual choice and promote inclusion, rights and independence. We saw that people made choices in their everyday life, were involved in activities in the local community. For example the people living at one of the supported housing complex had been part of a meet and greet recruitment fayre at the local community centre; this not only had given people the opportunity to meet potential new staff it also gave the local community a chance to meet each other. People went shopping, enjoyed meals out in pubs and joined in various social activities. To enable people to meet their needs and fulfil their aspirations, people had been supported to join family events, go out dancing and enjoy holidays when they wished to.

Person centred care was at the heart of everything. One member of staff said "I don't think about doing person centred care, we just do it; whatever people want we just try and support them to do it." A number of professionals also commented that the service was focussed on the individual to meet their needs and desires in ways which best suited the person.

People and staff felt listened to. One member of staff said "The service leader is good, they listen to us. We know the people better than they do so it is important that they listen." There were a number of examples where things had changed for people because staff had the confidence to speak up and be heard. For example, staff had identified that one person needed more support hours and an increase in their personal budget; a service leader liaised with the local authority and had been able to secure an increase in hours and budget. The aim was to enable the person to access the community more and take part in more activities they wanted to do which would enhance their life..

The provider ensured that service development was based around the feedback they received from both the people using the service and staff. Regular staff meetings were held and staff spoke positively about having the opportunity within those meetings to raise issues and ideas. We saw that the provider had recently introduced changes to care plans which was as a result of feedback from staff. The staff all said the care plans had changed for the better and helped them to deliver person centred care.

There was an open and transparent culture. People, staff and families were kept informed about how the service was developing and the provider ensured that any learning from complaints or experiences was shared across the organisation. For example, when there had been a problem identified in the recording of medicines the registered manager had received support from another manager within the organisation who

had experienced a similar concern; changes were made to the system which was shared across the organisation, this mitigated the risk of a similar thing happening elsewhere within the organisation. A professional told us that when they had raised an issue in relation to the safety of a person they had been impressed in how quickly things had happened and that the registered manager kept them informed of the outcome.

The provider continuously looked at ways to improve the service and enhance the lives of people. Staff were all aware of 'the 'Back to basics' project which was underway. Staff from across the organisation were involved and being encouraged to take part in workshops to look at every aspect of the care and support delivered, to look at how things could be improved and share ideas. Staff volunteered to be 'Game Changers' representing their area as part of a national group of staff at all levels to help the provider understand some of the challenges they met in providing the support they needed to. The registered manager had inspired and enabled staff from across the service to take part.

The registered manager encouraged staff to take up any opportunity available to them to develop their skills and knowledge. For example to assist the service leaders to develop their management and leadership skills they had all been encouraged and enabled to undertake their National Vocational Qualification Level 5 Management. The registered manager, although they had other qualifications, was undertaking it with them to enable her to mentor and support the service leads. The service leads and all the staff spoke very positively about the registered manager; one member of staff said "They [registered manager] are very supportive; they have trust in me." A professional told us that they had found one of the service leaders to be very pro-active in looking at ways to improve the life of people; for example they had set up a positive behaviour plan for one person and sought further advice from other professionals as to what else they could be doing to support a person with behaviours that could be very challenging.

The provider was innovative in the ways of communicating with the staff to ensure they were kept up to date with what was going on across the organisation and enabled staff to feedback their suggestions, ideas and concerns. Staff received a corporate newsletter and a monthly newsletter 'Projects and Progress Update'; they were able to contribute to the newsletter which also celebrated the achievements of people and staff. For example, we read in one newsletter about the celebrations for someone's 60th Birthday which the staff had organised and received thanks for their efforts. There was an internal social network (Yammer) which staff could access to communicate with each other and share ideas and suggestions. It was clear the provider was committed to ensuring staff felt connected particularly as their role can be quite isolated. Staff felt informed and involved.

There were quality assurance systems in place and programme of audits which were undertaken by both the registered managers and service leads. In addition the provider monitored the service through audits and inspections carried out by the Quality and Excellence Partner in Leicester which ensured practice was evaluated by individuals who are independent from the service. There was also an electronic system which ensured service leads and the registered manager kept recording systems up to date. Flags appeared on the system if any action was outstanding or overdue. We saw that action plans were in place to address any shortfalls that had been highlighted.

The service leads spoke positively about playing an active role in the quality assurance of the service and found the systems motivated them to keep 'on-track' with various audits such as review of care plans, medicine audits and staff supervision. The registered manager visited the different supported living places regularly to observe staff practice and test out with staff their understanding of their role and policies and procedures in place. During the inspection we observed the positive rapport the registered manager had with the staff and the people using the service. Staff were committed to providing the best service they could

to people.

The provider ensured that the service kept up to date with the current best practices and innovative ways to support people through membership of relevant organisations such as United Kingdom Home Care Association, Skills for Care, National Association for Safety and Health in Care Services and Coalition for Quality in Care. The corporate and regional newsletters regularly included updates on changes to legislation and best practice which ensured that staff were able to stay up to date.

The leadership of Community Integrated Care Leicester showed a clear commitment to providing a good quality service which ensured that people could fulfil their goals and ambitions and live as fulfilled and enriched life as possible.