

Community Integrated Care North West Regional Office

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

About the service

North West Regional Office, known to people using the service and staff as Community Integrated Care, is a supported living service providing personal care to people who lived in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection, 347 people were receiving a service.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service received planned and co-ordinated person-centred support that was appropriate and inclusive for them.

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

People told us they felt safe and staff were kind and caring. Staff understood how to protect people from harm or discrimination and had access to safeguarding adults' procedures. There were sufficient numbers of staff deployed to meet people's needs and ensure their safety. The provider operated an effective recruitment procedure to ensure prospective staff were suitable to work for the service. The staff carried out risk assessments to enable people to retain their independence and receive care with minimum risk to themselves or others. People were protected from the risks associated with the spread of infection.

People received their medicines safely and were supported to eat and drink in accordance with their support plan.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's needs were assessed prior to them using the service. The provider had appropriate arrangements to ensure staff received training relevant to their role. New staff completed an induction training programme. Staff felt well supported by the management team.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Staff spoke with people in a friendly manner and people's support plans reflected their likes and dislikes. Our observations during the inspection, were of positive and warm interactions between staff and people. Staff were motivated and demonstrated a clear commitment to providing dignified and compassionate support. People were supported and encouraged to participate in a range of activities. People and their relatives had access to a clear complaints procedure.

The registered managers monitored the quality of the service provided and ensured people received safe and effective care. This included seeking and responding to feedback from people in relation to the standard of care. The management team and staff made regular checks on all aspects of care provision and actions were taken to continuously improve people's experience of care.

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

Rating at last inspection:

The last rating for this service was good (published 31 December 2016).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for North West Regional Office on our website at www.cqc.org.uk

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

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

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.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

North West Regional Office

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had three managers 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

We gave a short period notice of the inspection. This is so we could seek consent from people to visit them in their own homes.

Inspection activity started on 17 June 2019 and ended on 18 June 2019. We visited the office location on 18 June 2019.

What we did before the inspection

We reviewed the information we held about the service such as notifications. These are events that happen in the service the provider is required to tell us about by law. We sought feedback from ten local authorities and professionals who work with the service. 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 used all of this information to plan our inspection.

During the inspection

We visited eleven people living in their own homes and spoke about their experience of the care provided. We also spoke with twelve members of staff, a registered manager and the managing director.

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

After the inspection

We continued to seek clarification from the provider to validate the evidence found. We looked at the Participation Strategy and Engagement plan. This set out the plans for the distribution of satisfaction questionnaires.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has 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 provider had taken suitable steps to ensure staff knew how to keep people safe and protect them from discrimination. This included access to appropriate training and policies and procedures. People told us they felt safe and were happy with the care and support they received. One person told us, "The staff look after us very well. They help me with everything."
- Management and staff understood safeguarding and protection matters and were clear about when to report incidents and safeguarding concerns to other agencies. All staff had received training in safeguarding vulnerable adults and refreshed their knowledge and skills on a regular basis.
- Where appropriate, staff supported people to manage their finances. We saw there were records of all financial transactions and the staff obtained receipts for any money spent. The staff and the management team regularly checked the records and the balance of monies.

Assessing risk, safety monitoring and management

- The provider maintained effective systems to ensure potential risks to people's safety and wellbeing had been assessed. Each person's support plan included a series of individual risk assessments, which had considered risks associated with the person's environment, accessing the community, their care and treatment, medicines and any other factors. These provided staff with clear information about how to manage and reduce risk as much as possible, whilst not restricting people's freedom and independence.
- Staff were provided with guidance on how to manage risks in a consistent manner and reviewed the risk assessments on a regular basis in line with people's changing needs.
- The provider had a business continuity plan which described how people would continue to receive a service in the event of adverse circumstances. We also saw the staff had developed personal emergency evacuation plans for each person, which included information on the support people would need in the event of a fire.

Staffing and recruitment

- People told us they received care from the same team of staff. This meant there was a good level of consistency and staff were familiar with people's needs and preferences.
- The provider followed safe recruitment procedures to make sure staff were of a suitable character to work in a care setting. However, on looking at one staff member's file, we noted there was a minor gap in their recruitment records. A registered manager addressed this issue during the inspection and sent us written assurances following our visit. New staff told us they had undergone a thorough process prior to working in the service.
- The provider deployed staff based on the number of commissioned hours and people's needs and circumstances. During the inspection, we saw staff were not rushed and responded promptly and

compassionately to people's requests for support. Staff told us they had sufficient time to spend with people and were able to support people individually, where appropriate, to access community activities.

Using medicines safely

- Staff followed safe processes for the management of people's medicines and had access to a full set of medicines policies and procedures. They had received appropriate training and checks on their practice had been carried out. Staff told us they felt confident to support people with their medicines.
- Staff completed medicine records accurately. However, we noted there were no written instructions for one person's medicine prescribed 'as necessary'. This issue was rectified immediately.
- Staff supported people to have regular reviews of their medicines and contacted healthcare professionals as necessary.

Preventing and controlling infection

- The provider had systems to help prevent and control the spread of infection. Staff had received training on this topic and had access appropriate policies and procedures.
- Staff were provided with personal protective equipment, including gloves, aprons and hand gels. Staff were responsible for maintaining the cleanliness of people's environments. On visiting people's homes, we noted they had carried out these duties to a good standard.

Learning lessons when things go wrong

- The provider had systems in place to learn lessons and improve the service when things went wrong.
- The staff completed an electronic record in relation to any accidents or incidents that had occurred at the service. The computer based system sent an immediate alert to a registered manager. This meant the registered manager could carry out an investigation as necessary and make sure any action was effective in reducing the risk of the incidents happening again. Any lessons learnt were cascaded to staff.
- The provider and management team monitored the accident and incident reports and regularly analysed the data to check for any patterns or trends.

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 has remained the same, good. This meant people's outcomes were consistently good, and people's feedback confirmed 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.

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.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- We found staff had received training and understood the relevant requirements of the MCA. Staff said they always asked for people's consent before providing care, explaining the reasons behind this and giving people enough time to think about their decision before taking action.
- People's capacity to make decisions was considered as part of the initial assessment and we saw all people had a decision-making profile as part of their support plan. An assessment of people's capacity was carried out if it was thought they may lack the capacity to make decisions about their care. We saw the best interest decision making process was followed where necessary, and appropriate documentation had been completed.
- The staff had contacted social services, where necessary to seek an application for a deprivation of liberty authorisation. A registered manager explained the court of protection had authorised three deprivation of liberty applications. None of the authorisations had any conditions attached.

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

- On receipt of a social work referral, a service leader assessed people's care needs before using the service, to ensure effective care could be planned and delivered. Staff worked with other health and social care professionals to ensure robust and thorough assessments. We looked at an assessment form and noted it covered all aspects of people's needs.
- People were supported and encouraged to visit their potential new home for a series of short visits. This

ensured people were able to sample life in the house before making the decision to move in.

- People's diverse needs were detailed in their assessment and support plans and met in practice. This included support required in relation to their culture, religion, lifestyle choices and diet preferences.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported with their healthcare needs and staff had strong supportive relationships with other agencies and professionals to provide a flexible and effective service, which was adapted to people's needs.
- People's physical and mental healthcare needs were documented within their support plan and staff made referrals and sought advice, as appropriate.
- People were supported to attend healthcare appointments, however, staff had not always monitored and recorded routine appointments. This made it difficult to determine when people had visited a dentist or a chiropodist. A registered manager devised a chart, during the inspection, to enable staff to track appointments. A new electronic healthcare monitoring system was due to be introduced to the service in the near future,
- People had a 'Hospital passport' in their care files. A hospital passport is a document providing information about a person's health, medicines, care and communication needs. It is taken to hospital if a person is admitted, to help medical staff understand more about the person's needs and preferences.

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

- Staff encouraged and supported people, where possible, to be involved in planning menus, shopping for ingredients and preparing meals. This enhanced their skills and promoted independence. One person told us, "I love the food. I choose things and I sometimes help the staff make it."
- Staff monitored people if they were at risk of poor nutrition and involved healthcare professionals where required. People's dietary intake was recorded within their support plan documentation and where necessary, on food monitoring charts.
- Staff had developed links with speech and language therapists and any advice was well documented in people's support plans. Staff had also displayed this information on a kitchen notice board in one house visited. Staff had received specialist training to support people with complex needs.
- Staff discussed healthy eating with people and considered this as part of the menu planning and preparation of meals.

Staff support: induction, training, skills and experience

- Staff were provided with appropriate support and training. People felt staff had the knowledge and skills to provide them with the support they required. One person said, "The staff are very good and nice."
- Staff felt they were provided with a good range of training in line with people's individual needs. They told us their training needs were discussed on an ongoing basis and they were encouraged to expand their knowledge and expertise. One member of staff told us, "The training is second to none. It is always very good and informative." The provider had established systems to monitor staff training to ensure all staff completed their training in a timely manner.
- The provider had arrangements in place to provide all new staff with a structured induction programme, which included a period of shadowing experienced members of staff. Staff new to a care setting, completed the care certificate. This is a nationally recognised qualification for health and social care staff and includes an assessment of their competencies when carrying out their role.
- Staff were provided with regular support by means of one to one and group meetings. The meetings provided them with the opportunity to discuss their responsibilities, any concerns and to develop their role and the service.

- The provider placed emphasis on the well-being of staff and had introduced various initiatives, to ensure staff contribution was recognised and valued. These included 'Game Changers', which according to the provider's information return were a group of employees representing every area of the organisation to "drive change and make feedback meaningful." There were also monthly 'little acorns' awards. These awards were designed to recognise staff and teams that went above and beyond or were making a positive impact on people who used the service.

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 has 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

- People were positive about the staff who supported them and said they were treated with consideration and respect. People complimented the staff on the caring and compassionate way they provided support. One person told us, "The staff are brilliant. I love them all."
- The management team and staff focussed on building and maintaining open and honest relationships with people and their families. Staff had received training on equality and diversity issues and had access to a set of policies and procedures.
- We observed the service leaders and staff interact with people in a caring and sensitive manner. We saw people were respected by staff and treated with kindness. The atmosphere was calm and cheerful, and people were being assisted by members of staff in an attentive and unhurried way. It was clear people and staff had developed positive supportive relationships.
- Staff understood their role in providing people with compassionate care and support. They were knowledgeable and respectful about people's backgrounds and personalities. Staff spoke with warmth and affection about the people they were supporting. Staff told us they were proud of the work they did and believed people supported by the service received personalised care and support.

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

- People and where appropriate, their relatives contributed to and were involved in making decisions about their care and support needs. One person confirmed they had discussed their care needs with staff and agreed with the contents of their support plan. This demonstrated people's views were listened to and respected.
- People were also supported to express their views as part of routine practice and during reviews.
- The staff understood people's individual likes and dislikes and accommodated these when delivering their care. Staff were committed to ensuring the best possible outcomes were achieved. They spent time with people to understand their preferred methods of communication, including non-verbal communication.
- People were provided with appropriate information about the service. The information included details about what people could expect from the service.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence was respected. Staff encouraged people to develop their self-esteem to enable them make choices and express their preferences. Staff offered people opportunities to increase their independence and to have freedom and control over their lives. People told us they could choose what they wanted to do. One person said, "The staff let me do things for myself."

- Staff had access to policies and procedures about caring for people in a dignified way. This helped to make sure staff understood how they should respect people's privacy and dignity in a care setting.
- Staff understood their responsibilities for keeping people's personal information confidential. People's information was stored and held in line with the provider's confidentiality policy and with recent changes in government regulations.

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 has remained the same, good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received personalised care and support specific to their needs and preferences. People told us they were happy with their care and staff responded to any requests made for assistance. One person said, "The staff are there for me."
- We saw each person's individual file contained information around their care and support needs to guide staff. The information included; support plans and risk assessments covering their daily living needs including health, social and emotional well-being.
- Staff had developed one-page profiles, which provided details about what was important to each person and how they liked to be supported. We also saw the staff had written information about people's lives so far to highlight past experiences and achievements.
- Staff reviewed people's support plans twice a year as a minimum and more frequently if people's needs changed. People told us they had attended their review meetings. This meant wherever possible, people were actively involved in the support planning process.
- Staff spoken with told us the support plans were useful and they referred to them during the course of their work. They said they were confident the plans contained accurate and up to date information. They also confirmed there were systems in place to alert the service leader of any changes in needs.
- Staff completed a daily record of the care, which included information about people's diet, well-being and activities. This enabled staff to monitor and identify any changes in a person's well-being. The records were also read and monitored by a service leader to check if there were any concerns with the person's care.
- The provider used technology to enhance the delivery of effective care and support. Staff could use an internal intranet, which gave them access to the provider's policies and procedures and enabled them to report accidents and incidents. Service leaders also used an electronic system to plan staff rotas. At the time of the inspection, the provider was piloting a new computer based support planning system.

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.

- The provider had produced easy read information for people who required this style of format. People's communication needs were identified and recorded in their assessment and support plan.
- Where appropriate, staff had completed training in different communication systems, for example British Sign Language and Makaton.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were supported to take part in meaningful activities and to engage with the local community in line with their interests and preferences.
- We noted people participated in a broad range of activities including walking, swimming, shopping and going out for meals. They also attended local community and activity centres. Staff carried out risk assessments as necessary to ensure any risks were identified and managed, whilst at the same time not restricting people's freedom.
- The management team and staff had developed a rugby super league for people with learning disabilities in collaboration with local rugby clubs. This enabled people using the service to play competitive non-contact rugby.

Improving care quality in response to complaints or concerns

- People told us they had no complaints or concerns. They said they would speak to staff if they had a concern or wished to raise a complaint. A person told us, "I have no worries at all. The staff are there for us."
- People had access to the complaints procedure. We saw the procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with.
- A registered manager told us there had been eight complaints over the last 12 months. We noted all the complaints had been investigated and resolved.

End of life care and support

- The service was not primarily designed to provide people with end of life care. However, in these circumstances a registered manager explained the service would work closely with the person and their family as well as health and social care professionals to ensure the comfort and dignity of the person.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has 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

- The provider, registered managers and staff were all keen to promote the provision of high-quality, person-centred care to achieve the best outcomes for people. We observed a positive and welcoming culture within the service.
- Staff told us they felt everyone was well looked after and they all told us how much they enjoyed their work. One staff member told us, "I love working for the service. Everyone is so passionate about supporting people."
- People were supported in a sensitive and kind manner. Feedback from people was positive and evidenced they felt included and listened to.

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 registered managers understood the requirements of the duty of candour and followed it whenever it applied.
- The provider promoted and encouraged candour through openness and honesty. The registered managers notified the Care Quality Commission of all significant events and were aware of their responsibilities in line with the requirements of the provider's registration. The previous inspection rating was clearly displayed in the office and staff were supported and encouraged to raise any concerns.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered managers and staff had a clear understanding of their roles and contributions to service delivery. We found staff morale was good and they felt valued and supported.
- The provider had established effective systems to monitor the quality of the service. Service leaders and the management team carried out comprehensive audits and monitored the standards and quality of the service effectively. We saw action plans were drawn up to address any shortfalls. The management team reviewed the plans to ensure appropriate action had been taken and the necessary improvements had been made. Any learning had been disseminated to the staff.
- The provider also employed quality excellence partners to carry out audits in each tenancy. We saw their reports provided a rating relating to the management and standard of records in each house, along with detailed action plans.
- Staff regularly reflected on their practice to deliver service improvements. They told us they were

comfortable in raising any issues or concerns and the management team was open to feedback.

- We saw there were organisational policies and procedures which set out what was expected of staff when supporting people. Staff had access to these and they were knowledgeable about key policies.
- Throughout the inspection, it was evident that the leadership team were all passionate about their role and took ownership of ensuring improvements were continually made to the quality and safety of the care provided.

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

- The management team and staff were positive role models and were actively involved in supporting people to achieve their goals and ambitions. They were aware of people's individual needs and fully considered their equality characteristics to ensure they were involved in the delivery of their care.
- People and staff were invited to give feedback on the service and had the opportunity to attend meetings and other events. People had last completed a satisfaction survey in 2017 and the results had been collated for each house. Following the inspection, a registered manager sent us a 'Participation Strategy and Engagement Plan', which set out the plans to carry out a satisfaction survey of staff and people using the service in July 2019.

Working in partnership with others

- The provider and registered managers fostered and encouraged working in partnership with other professionals and agencies.
- The registered manager and staff team sought to ensure people experienced the best possible outcomes through following good practice guidelines. This included consultation with health and social care professionals to meet people's needs, such as district nurses, mental health nurses and the local GPs, as well as the safeguarding and social work teams. The management team also shared best practice with other providers and local authorities at provider forums.