

Integration Trust Limited

The Integration Trust Limited

Inspection report

Brandon Community Association Hall
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Brandon
County Durham
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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	

Overall summary

This inspection took place on the 20 and 25 February 2015 and was announced. We gave 24 hours' notice to the provider as the service is small and we needed to be sure someone was in to facilitate our inspection.

We carried out our last inspection in December 2013 and found the provider was compliant with our regulations.

The service provides 24 hour support to three people who live in their own adapted bungalow in the community. People living in the bungalow rented the property from a local housing association.

At the time of our inspection 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.

Summary of findings

We found safety to be a key feature of the day to day work of the service in their care planning, risk assessments, staff training, working with other professionals and premises management.

We looked at people's medicines and found they were safely administered.

We reviewed the staff training and saw staff had received sufficient training to be able to care for people in their own home. This included recent training on the use of a defibrillator.

We saw people who were cared for by the service were supported to continue to keep in touch with family members and friends for example; they were supported to send birthday cards to family members and friends.

We found a board member reported to the board their findings of care provided by the agency and acted as 'next friend' to represent people's views at board level. We saw this was delivered in a report to the board.

We reviewed people's care plans and found them to be personalised along with risk assessments. Staff were aware of the risks to people and how to mitigate those risks.

The registered manager demonstrated by example the determination to ensure people lived comfortably and were kept safe in their home.

The service had in place a number of different systems to ensure the service met the needs of people.

We found the service worked in partnership with a range of different health and social care organisations to respond to, and meet people's needs.

The provider told us their ethos was to provide a client led service, meeting client's physical and emotional needs'. We found the service was meeting their overarching goal.

Summary of findings

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.

We found the provider safely recruited staff to work with vulnerable people.

We found the provider had in documentation which gave information to staff on how to keep people's tenancy agreement.

We found the provider ensured people got the right medicines at the right time and according to their prescribed needs.

Good



Is the service effective?

The service was effective.

We found the registered manager and the staff had an accurate understanding of the Mental Capacity Act and engaged people in decision making.

We saw staff training had covered the areas required to ensure the service was effective and could meet people's needs. Additional training had been sought when required.

Although staff had not had supervision meetings in line with the provider's policy. The registered manager had recognised the challenges in having a stable staff team caring for a small number of people. We saw the registered manager had sought other ways to support and develop staff.

Good



Is the service caring?

The service was caring.

The service supported people to continue to be involved with their family members and undertook activities associated with being a family member.

We found staff engaged people in decision making and accurately judged people's responses to their suggestions.

We found a member of the board of trustees had taken on the role of 'next friend' and independently of the staff and registered manager reported back to the board people's experiences of the service

Good



Is the service responsive?

The service was responsive.

We found people had detailed and personalised care plans and risk assessments in place which gave staff guidance on how to care for each individual person.

We found people could be reassured if they made a complaint it would be appropriately dealt with by the registered manager.

We saw people were supported to attend a range of community activities according to their needs and wishes.

Good



Summary of findings

Is the service well-led?

The service was well led.

The provider had a number of different systems in place to develop and monitor the service.

We found the service worked in partnership with other agencies including the housing company, occupational therapists, day centres, district nurses, wheelchair services and the SALT team to ensure people were appropriately supported.

We found the provider stated their ethos was to provide a client led service, meeting client's physical and emotional needs'. We found the ethos of the service permeated the delivery of care.

Good



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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 inspection took place on 20 and 25 February 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service in one home for adults who are often out during the day; we needed to be sure that someone would be in. The inspection team consisted of one adult social care inspector.

During our inspection we looked at two people's records, three staff files and the registered manager provided us with a range of policies and procedures to support the work of the trust. We also spoke to two professionals about the service and sent out questionnaires to family members.

Prior to the inspection we reviewed information we had on the service including any notifications and responses to questionnaires sent to staff, relatives and professionals.

Before the inspection, the provider completed 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.

Is the service safe?

Our findings

Since our last inspection the registered manager told us no new staff had been appointed. We checked staff records and found each member of staff had completed an application form and provided two referees. The provider had undertaken interviews and carried out Disclosure and Barring checks (DBS) before people started work. Staff confirmed they had these checks in place. The service used an external company who provided human resources advice. This meant staff had been safely recruited to work with vulnerable people.

We looked at the premises and found the Integration Trust was responsible for the cleanliness of the bungalow rented by the people living there. Their bungalow was clean throughout. The registered manager showed us a household rota and gave us the name of a member of staff responsible for checking the cleanliness. We found checks had been carried out. The provider followed good hygiene and infection control practices in the bungalow. We saw personal protective equipment including aprons and gloves were available for the staff to use and relevant antibacterial cleaning solutions were available for staff to use to minimise cross contamination.

In the PIR the registered manager told us the service was made safe to both people and staff, from audits and testing from outside agencies. We saw the service had in place emergency equipment in place in the event of a power cut. From our surveys carried out with staff we found there were no identified risks. Professionals who responded to our questionnaire told us people were very safe being cared for by the Integration Trust. This meant the provider had in place arrangements to keep people safe in their home.

In addition we found the provider had considered supporting people to maintain their tenancy. The risk assessment included for example aspects of being a good neighbour and included tasks about noise levels, use of dustbins and keeping the property in good order. This meant staff were aware of how to keep people safe in their tenancies and avoid conflict with the community.

We looked at the staffing arrangements. The registered manager told us how the rota worked. We saw staff were always on duty when people were in their home and there was sufficient staff to meet people's personal needs. The

registered manager told us staff supported people and covered the rota when their colleagues went on holiday; this avoided bringing new people into the service so there was service continuity for people in their own home. At night one staff member sleeps in the bungalow and another staff member is on call. The staff member also had access to a local emergency call out service. This meant people's safety and well-being had been considered and the staffing arrangements had been structured to meet people's needs.

We saw two of the people living in the bungalow had vehicles through the mobility scheme. Due to people's disability the provider had sourced their own personal transport. Staff confirmed to us the provider had checked their driving licences to ensure they were able to drive the vehicles.

Staff spoke with us about people's medicines and showed us the arrangements which were in place to protect people. We saw in people's care plans their medication was explained along with their allergies to certain types of medication. We saw people's medicines were safely kept in a cupboard and there were no gaps in the recording of when people took their medicines. We saw in one person's support plan the support offered by the Integration Trust was to ensure the person's correct medication was ordered, there were ample supplies available to them, and the person's medication was to be taken at the correct times and at the prescribed dosage. The staff then recorded when the medication was taken. We found the care plan had been followed.

We saw the provider had recorded one accident where a person had injured themselves. The provider had consulted with external services to look at ways to keep the person safe. Staff also gave us the details of what they were required to do to prevent a person from harming themselves whilst eating and drinking.

We looked at what staff were required to do to keep each person safe. We saw documented in people's care plans were people's understanding of their own safety. The provider had considered what being safe meant to each person. We found safety to be a key feature of the day to day work of the service in their care planning, risk assessments, staff training, working with other professionals and premises management.

Is the service effective?

Our findings

One professional told us, “I have always had a good relationship with the integration trust, finding the staff approachable and reliable. The home I access is welcoming and focused on the service users.”

We checked during our inspection and found no one was subject to the Court of Protection. We found the registered manager and the staff were aware of the Mental Capacity Act (MCA) 2005 and told us they treated each person as having capacity to make their own decisions relating to activities and offered opportunities to participate. They told us about a recent visit to an arts centre where one person took an unexpected interest in the art work and felt whilst they did not have a complete understanding of what the person understood, their engagement with the art meant they could provide similar opportunities. We listened to staff talking to people and found they gave people options and looked for non-verbal signs to say if a person disagreed with a suggested action. For example the staff offered people a drink and the opportunity to be involved in making their evening meal.

We found the service worked alongside family members and other professionals to make best interest decisions. For example where people needed medical procedures to be carried out, their family members had been involved in the discussions and best interest decisions had been made. We also saw the use of bed rails had been discussed with family members and other professionals to ensure best interests' decisions had been made using the least restrictive option.

We found the service had in place a communications book. The book acted as an aide memoir between staff passing on information and reminding each other of people's appointments and plans. This meant the service had in place a system which increased its effectiveness in delivering people's care.

We looked at staff induction records and found staff received a comprehensive induction. We saw each member of staff had in place a training record. The registered manager told us about recent staff training including the use of hoists and staff experienced being assisted to eat by another person. They also showed us staff safeguarding training records. We also saw staff had been trained in moving and handling, first aid, epilepsy, food hygiene,

infection control. All staff were qualified to level 2 NVQ, most were qualified to level 3 NVQ and two staff held the NVQ level 4. The registered manager told us in the PIR due to one person's health concerns staff had been trained in the use of a defibrillator. Staff confirmed they had received this training. We found staff had received appropriate training to meet the needs of people who used the service.

Although the provider had in place a supervision policy we found staff were not getting the level of supervision meetings as prescribed in the policy. The registered manager explained to us having a stable group of three people and a stable staff team did not lead to dynamic supervision meetings. Instead they had found ways around supporting staff including regular visits to the people's home who used the service, and the registered manager joined in with their training sessions so they could interact with staff and reinforce learning. We saw staff members also had in place appraisals and their performance was appraised by the registered manager. Staff told us they received sufficient support from their line manager. We found the registered manager had sought alternatives ways to support staff and measure their progress.

We asked staff about the menu. Staff told us there was not a menu in place, a weekly shop took place and people chose what they wanted to eat, for example on the day of our inspection visit there was lamb in the oven. Staff told us people had chosen to eat lamb the previous evening and it had been taken out of the freezer. We saw each person had an eating and drinking plan; the plans outlined conditions which impacted on people's nutritional needs. Staff were given guidance on how to support each person to effectively eat and drink. We found the guidance included the texture and temperature at which people's food should be served. We observed one person accepted the offer of a coffee and was advised it needed a little time to cool before they were able to drink it. During our inspection we observed drinks being prepared immediately on people's return from the day centre; we observed one person was given a thickened drink in line with their care plan. This meant the provider ensured people's nutritional and hydration needs were met.

We found the premises had been adapted to meet people's needs; this included wide doors, fire exits and hoists. Since our last visit a wet room had been installed. This enabled people to be showered using hoists. The registered manager told us the Integration Trust had part funded the

Is the service effective?

wet room to meet people's needs; the service had given a £1000 contribution. We saw the wet room was clean and tidy and staff had been trained to use the overhead

tracking system. Staff described to us people's different toiletries including one person's need for non-perfumed toiletries. This meant the service was effective in meeting people's needs.

Is the service caring?

Our findings

Although people were not able to tell us in words we observed people's responses to staff and found they were relaxed in their company. Staff interacted with people and were able to accurately judge their responses. We did not see any adverse reactions from people when staff engaged them in conversation.

We saw in people's care plan's their past experiences were noted including those of dying and illness. Staff supported one person to visit their parents' graves and enabled people to reminisce about others. The registered manager also told us people were supported to send birthday and Christmas cards to family members. This meant staff supported people to be engaged with their families and maintain contact.

We saw in each person's care plan their likes and dislikes were outlined. Staff were able to tell us what they were. We listened to staff constantly engaged people in decision making for example what they wanted to do that evening. Staff communicated with each other by engaging each other in the conversations. This meant people were not talked about whilst they sat in the room. Whilst we were present in the home one person was being visited by a local garage representative and they were taken into the lounge with their consent to choose the colour of their new car. Staff told us they had already been taken for a test drive and had expressed their approval. We found people were involved in the planning of their care needs. We heard the arrangements were concluded for the care when the local garage representative told the staff the care order would go ahead when the person's representative, in this case a family member signed the form. This meant the staff were working with family members in the best interests of people using the service.

Staff told us about people's planned birthday celebrations for people in line with their personal interests including visits to local theatres. We observed people responded positively to the discussion.

We found people were treated with dignity and given privacy when needed, for example when in the bathroom. We also found staff were respectful of people's possessions. These were available to people and were kept clean and tidy.

We saw on the board of trustees one person had been identified to be people's 'next friend'. The registered manager explained this role provided oversight of people's well-being and an advocacy role for people reporting to the board of trustee's people's experience of their care. In the trustees meeting held in June 2014 the next friend reported on the care provided by the service. people 'continued to enjoy good quality care and support'. The 'next friend' had spoken to staff about people and carried out observations which were reported to the trustees.

We looked at the communication books in place with the day centre people attended, these described activities that people took part in. Staff were able to talk with people about what they had done during their day. Staff talked with us about consistency of care and gave the example of when one person went into hospital staff from the service stayed with them 24 hours each day. The registered manager described their role as providing a friendly face and acting as a bridge between the person they knew and the medical staff. This meant they could provide support to the person in an unfamiliar environment.

We found in people's care plans information which gave staff guidance on how to maintain people's well-being. This included what frightens them, what upsets them and the impact this can have. For example we found one person had an adverse reaction to noise. Staff were advised care should be taken to prevent such noise. We found the home to be quiet and calm.

We saw staff expectations were in place regarding how staff behaved towards people in their care. Staff were expected to have a 'positive and customer friendly manner'. We observed staff behaving in a positive way towards people.

Is the service responsive?

Our findings

We saw people had in place detailed care plans from service commissioners. The detail of these plans had been transposed onto the provider's assessments and care planning. These documents began with a pen picture of each person to tell staff about the people's care, treatment and support needs. The pen pictures included a description of the person together with their weekly activities and their medical information. They also included the person's likes and dislikes as well as their holiday preferences. We found the care plans gave information to staff on what each individual person's needs were and how they were to be cared for.

We found people accessed day care services and the provider had in place a communication book as people transferred between the day centre and their home. We observed staff accessing the book and understanding what people had done during the day. On one person's plan of care we noted they needed their legs massaging twice a day and asked why this had only been recorded once. Staff told us it was because the second massage took place at the day centre and they showed us supporting documentation. This meant staff were aware of people's care planning and who had been allocated what tasks.

We found the care plans were personalised and each person's needs were described in detail. For example whilst one person needed support from two staff to get into the shower the plans stated only one member of staff to shower them so the person is more relaxed and received better attention. The registered manager told us care plans were updated when people's needs changed, for example when a person's mobility needs changed. Staff confirmed this with us and showed us an updated version of the person's care plan. This meant people's needs had been assessed, up-dated as required and their needs had been addressed.

We saw each person had an individual appointment sheet and saw people had accessed their appointments with the support of staff in order to maintain their health and wellbeing.

We found there were descriptions of people's behaviour which may challenge the service in their care plans. Staff were given instructions to follow plans to support people, 'to the letter at every episode of behaviour, day and night'.

We saw the provider had in place risk assessments where a risk was identified. For example in one person's risk assessments the provider had considered the impact of the person on members of the community and guided staff to reduce the person's vulnerability by explaining their whereabouts and providing verbal reassurance. We found people received consistent care.

The registered manager told us for people who do not use verbal communication the DisDat (Disability Distress) assessment tool was used. Although people were not always able to communicate their needs we found the staff had undertaken assessments and had in place guidance as to when people might be for example in pain, as well as what actions they were to take.

The registered manager told us in the PIR, 'care plans ensured people had access to their chosen activities as much as possible. Each week each client had a one to one or two to one structured activity day'. We saw people had in place weekly plans which allowed them to access the community, this included visits to an activity called BOCCA which was an adapted activity programme for people with disabilities. This meant people were not isolated by their disability but given access to other people and activities in the community. Staff told us they had recently been trained to access a new local sensory room so people could be taken there. The registered manager also told us, "Aspects of care are highlighted and recorded on client's daily records; alongside the care plan this ensured the delivery of care is consistent". We looked at the provider's daily recording system and the daily records reflected the activities people liked. This included daily people's routines on return from day centres and weekend activities, including going shopping and going for a walk and watching their favourite TV programmes.

We saw the provider had in place a complaints policy. We saw there had been one complaint since our last inspection. The complaint had been thoroughly investigated by the registered manager and an apology was given to the complainant. The registered manager had put actions in place to avoid a repeat of the incident and staff had been made aware of required actions. We found people could be reassured if they made a complaint it would be appropriately dealt with by the registered manager.

Is the service responsive?

Staff talked to us about the types of holiday's people liked to go on. We found these matched what was written in care plans. For example one person liked to go somewhere quiet.

Is the service well-led?

Our findings

At the time of our inspection 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.

We saw the provider had in place a set of values as described in their statement of purpose. The provider stated, 'Our ethos is providing a client led service, meeting client's physical and emotional needs'. We found the ethos permeated the service for example care plans described in detail how people's physical and emotional needs were met. People who used the service were supported to access specialist care and support to meet their needs.

Due to the size of the service and caring for three people in one home the registered manager told us it was difficult to repeatedly send out questionnaires to assess service provision. Instead we found the registered manager used other opportunities to assess the provision. This included having positive relationships in place and regular contact with family members. We saw meetings with family members where they were asked for their views. This meant the registered manager continued to monitor the service in line with people's individual needs.

Underpinning the ethos staff told us they were working in someone's home. The registered manager told us the premises are owned by a housing company who wanted to put up signs around the home, for example a sign over the taps saying hot water. The registered manager told us she had resisted such signs because they would not be found in an everyday family home. Instead they told us they had signed an agreement with the housing company to state they would take responsibility for any hot water incidents. This meant the registered manager was leading by example to preserve people's accommodation as their home.

We saw the provider had in place a records keeping policy and records were maintained in accordance with the policy.

We found the service worked in partnership with other agencies including the housing company, occupational therapists, day centres, district nurses, wheelchair services and the SALT team. In addition we saw people were not isolated and frequently accessed community facilities.

We looked at the quality assessment carried out by the local authority and found the service had one of the highest marks in the local authority area for 2014. The registered manager demonstrated to us how this would be improved upon in the next year's rating. This meant the registered manager was able to show continuous improvement.

We found the registered manager was accountable to a board of trustees and provided a report at each board meeting. The report included the outcomes of the latest CQC inspection, adjustments made to the premises by the service in partnership with the accommodation provider, budget information and plans for people's holidays.

In our previous inspection we found people had a 'goal of the month'. This meant people had a chosen goal for each month. The registered manager and the staff felt this initiative had run its course and people had derived benefits from the initiative. We found the registered manager was able to review practice and discuss with staff the benefits or other practices.

The registered manager told us she visits the people's home at different times to assess the workings of the service. We found the registered manager had in place a variety of tools including staff meetings, appraisals, and almost daily visits to the people's home to monitor and oversee the service.

Due to the demands placed on the registered manager they had reconfigured the staffing arrangements and worked to people's strengths to increase management time available. Staff confirmed this had taken place. This meant increased management time was available to monitor the service.