

## Community Integrated Care

# Community Integrated Care, Leicester 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 

### Overall summary

We inspected Community Integrated Care (CIC) on 13 and 14 July 2015. The inspection was unannounced. CIC provides personal care services to people who live in self-contained flats within supported living accommodation across Leicester. The agency headquarters are in Leicester City centre. The service was providing support for 27 people at the time of our visit.

The service has 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, and associated Regulations, about how the service is run.

# Summary of findings

Relatives said they thought their family members were safe at the home and had peace of mind about them being there. Staff knew how to keep people safe and ensured they had the support they needed to live as safely and independently as possible.

Staff had been trained to keep people safe and understood the signs of abuse and how to report any concerns they might have. People who lacked capacity to make certain decisions were effectively supported with staff using the least restrictive methods available.

There were enough staff on duty to meet people's needs. Staff had the time to both support people and interact socially with them. Staff were safely recruited and the right skills and experience to provide safe care. Medicines were safely managed and given to people in the prescribed way.

People liked the food served and relatives said their family members enjoyed it. The menus we saw were based on people's choices and took into account any relevant health advice.

People's health care needs were identified and care plans put in place to assist staff in meeting them in conjunction with health care professionals where necessary. Relatives told us staff acted quickly if people using the service needed medical attention.

People and their relatives told us the staff were caring and kind. We observed a caring atmosphere when staff worked in the homes we visited and staff followed people's preferred activities programs.

Relatives told us the staff were always respectful to the people using the service and we observed this during our inspection. Relatives told us the staff provided personalised care that focused on the needs of the individuals.

Care plans instructed staff on how to support people in the way they wanted. All the staff we spoke with had a good understanding of people's individual needs.

Relatives told us that if they had any concerns they would raise them. Records showed that if someone did complain or raise a concern, this was documented and the manager took action to put things right.

All the relatives and staff we spoke with said they thought the service was well-led. The focus was on people's individual needs at the centre of how the service was run.

Relatives told us the management were always friendly and approachable. The manager had systems in place to monitor and assess the overall quality of the service.

# 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.

People were safe in the service and staff knew what to do if they were concerned about their welfare.

There were enough staff on duty to keep people safe and meet their needs.

Staff were safety recruited to help ensure they were appropriate to work with the people who used the service.

Medicine was safely managed in the service and administered by trained staff.

Good



### Is the service effective?

The service was effective.

Staff were trained and supported to enable them to care for people safely and effectively.

People's consent to care and treatment was sought in line with legislation and guidance.

People were satisfied with the food served and people were encouraged to have a healthy diet.

Good



### Is the service caring?

The service was caring.

Staff were caring and kind and treated people as individuals.

Staff were encouraged to build positive, trusting relationships with the people using the service.

People, with the assistance of their relatives, were encouraged to make choices and be involved in decisions about their care.

Good



### Is the service responsive?

The service was responsive.

People received personalised care that met their needs.

Staff provided a range of group and one to one activities for the people using the service.

Relatives told us they would have no hesitation in raising concerns if they had any. Complaints were properly responded to by the manager.

Good



### Is the service well-led?

The service was well-led.

The service had an open culture and relatives told us that management were approachable and helpful.

People using the service and their relatives had opportunities to share their views of the service.

The provider used audits to check on the quality of the service.

Good



# 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.

The inspection was carried out by two inspectors.

We spoke with people who used the service, though these discussions were limited due to people's communication issues. We also spoke with some relatives of people that used the service.

Before our inspection, we reviewed the information we held which included notifications. Notifications are

changes, events or incidents that the registered provider must inform CQC about. We contacted the Local Authority contract monitoring team, responsible for funding people's care at the service and asked them for their views about the service. They had no current issues with regard to the service.

We spoke with 6 six people who used the service and three relatives. We also spoke with the manager, two service leaders and six care staff.

We reviewed records at the agency office and the locations we visited where people lived. These included six people's care records, staff personal records and other records which related to the management of the service such as quality assurance audits, medicine records and policies and procedures.

# Is the service safe?

## Our findings

Everyone spoken with said they felt safe living in the home. One relative said; “I know my daughter is perfectly safe there. I have no concerns about that”.

The registered manager was aware that had a safeguarding incident occurred, a referral would be made to the local authority, CQC, and other relevant agencies. This meant that other relevant professionals outside the home were alerted if there were concerns about people’s well-being, and the registered manager and provider did not deal with them on their own.

We saw that staff had been trained about the safeguarding procedure. The staff we spoke with were clear about their responsibilities to act on any concerns including acts of omission and neglect by colleagues. They were aware of the provider’s reporting procedures. This helped to make people safe in their homes.

All staff we spoke with confirmed that they had received training in how to use moving and handling equipment. One staff member said they were given additional training each time a new piece of equipment was brought in. If they are unsure how to use equipment they said they asked management and received support when they did this. This ensured that people were transferred safely.

Records showed that where people were at risk, staff had the information they needed to help keep them safe. We sampled people’s risk assessments. Records showed they were reviewed regularly and covered people’s physical and mental health needs. When staff needed advice from specialists on keeping people safe, for example with regard to mobility aids or strategies for managing behaviour that challenges, this was obtained and the advice followed. People’s risk assessments were updated monthly or when their needs changed. This ensured that people’s needs were met in a safe way.

Staff we spoke with knew how to get help in case of an emergency. If people had behaviour that was challenging, challenging behaviour[CL4] they had more trained staff to assist them. Staff told us that they were procedures in place for these types of situation in terms of staff vacating the room to give people time to calm down but if the situation continued they contacted the on-call manager. This ensured that people were safely protected from other people’s behaviour.

We looked at records and found that relevant issues of potential risk to people were being checked on a regular basis such as slips, trips and falls, fire, sharp objects, infection, food hygiene and household substances hazardous to health. This kept people protected and safe from potential threats to their safety from the environment.

Relatives and staff told us that they thought there were enough staff to be able to respond to any situation and keep people safe. We found there was enough staff to meet people’s needs and keep them safe.

Records showed that no-one worked in the home without the required background checks being carried out to ensure they were safe to work with people who used the service. We checked three staff recruitment files and all had the required documentation in place. Staff confirmed to us there had been a rigorous application process. This protected people from staff who were a potential threat to their safety.

People told us that they received their medication on time. Relatives told us that staff supported their relatives to have their medicine. We saw that medicines were stored securely. The provider’s medicines policy was comprehensive and covered key aspects of the safe management of medicines. MARS [medication record administration sheets] were complete, which showed that people had safely received their prescribed medicines.

# Is the service effective?

## Our findings

At our inspection of 6 June 2014 we found that the provider did not have an effective system to provide relevant training to staff to ensure they had skills to meet people's care needs. This was a breach of Regulation 14 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan outlining how they would make improvements.

We saw from the staff training matrix that all staff had received induction and training in relevant issues. This included fire safety, infection control, safeguarding, food hygiene and staff safety and security.

We saw that staff had opportunities for individual personal development. For example, one staff member said she was being supported to complete her vocational training.

All care staff we spoke with confirmed that they received the same training. This included induction training when they start working at CIC and eight weeks specialist training. Afterwards, staff received in-house training and refresher training for specialist subjects such as how to effectively move and position people, autism and epilepsy. A staff member told us; "the training is good, it covers everything." Another staff member said she was; "happy with the training, we always get additional training straight away if a new piece of equipment is brought in for one of the service users." They confirmed that CIC provided training for people with specialist needs including autism and diabetes to ensure staff could provide effective care to them.

The manager stated that new staff in the future would be expected to complete training consistent with the recently introduced Care Certificate. The Care Certificate provides a set of standards for social care workers to enable them to have the necessary introductory skills, knowledge and behaviour to provide compassionate, safe and quality care and support.

We looked at staff records we found that staff had regular supervision with their manager. This took place on a regular basis. This included discussions of relevant issues such as what training was needed, what had gone well and what had not gone so well so as to learn from situations. This supported staff to provide effective care.

We saw that staff had received equality and diversity training to ensure people received equal care that did not discriminate against them and effectively met their individual needs. We saw that this had an effect in a person receiving relevant food from his culture and a person being assisted to go to a temple for religious observance.

We looked at how the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) was applied in the home. The MCA is legislation that protects people who are not able to consent to care and support. It ensures people do not have their freedom and liberty unlawfully restricted.

The legislation states that if people lack mental capacity to consent to their care and treatment, mental capacity assessments and best interest decisions should be formally completed and DoLS authorisations put in place for those who have restrictions placed on their freedom and liberty.

Staff had received training in the MCA. They had an awareness of capacity and were aware of people's rights regarding their lifestyle choices.

Care staff were observed to be obtaining consent from people using the service. We saw the care staff members checked with people whether it was acceptable for us to enter their accommodation and to speak with them. At another flat the staff member checked with the person whether it was acceptable to them for us to remain in the person's flat whilst she answered the telephone outside the flat. This told us that staff were aware of obtaining people consent for anything that involved their lives.

All food and drinks are prepared in people's accommodation. Care staff take people shopping each week and they assist them to plan menus and food for the week. We saw that people were weighed on a regular basis and we saw no evidence of weight loss. We saw a staff member asking people what they would like for lunch. This was then prepared exactly as requested. In one case it was burnt cheese on toast which the person liked to have prepared in this way.

The person told us that he always chose what to have to eat, apart from some occasions when he asked staff to "surprise me". Everyone told us they liked the food that the staff prepared.

We saw in people's care plans that some people had special dietary needs. Staff were able to tell us in detail the nature of these dietary needs. We saw a staff member

## Is the service effective?

helping a person into a straight backed chair to aid the person to eat and drink and to minimise any choking risk. All these factors told us that staff were aware of people's nutritional needs and how to effectively promote their health.

Relatives told us staff acted quickly if people using the service needed medical attention. Staff were able to tell us

what other health professionals were available and how to contact them, such as district nurses, chiropodists and occupational therapists. The aim of the service was to help people become independent. We saw that the provider worked with other health care services to further this aim and provide effective care.

# Is the service caring?

## Our findings

One person told us; “I am 100% happy, they respect me and I respect them.” The person then said there was one member of staff he did not get along with. The service leader manager later informed us that she had followed up this concern in the past and found there was no evidence the staff member had treated the person in an unfriendly or disrespectful way. However, recognising the person’s views, she had made sure the staff member did not provide regular, on going care to the person.

Another person told us; “the girls (staff members) are alright – they do what they are supposed to do”. Two people at another accommodation complex where people received personal care home told us they were very happy with their support and one of them said; “I have lived here for 8 years and I love it”.

All the relatives we spoke with said they thought staff were caring and helpful towards their relatives. One relative said: “Staff are excellent. They are welcoming to me and are really friendly to my daughter.” Another relative told us: “I have no problems with the staff. They are all very friendly and would go the extra mile for my daughter” and ‘I think staff are wonderful’.

Care staff told us they had a small group of people they provide care to, which enabled them to get to know people well. They were able to tell us of the specific needs that people had and how they provide care for them. We observed staff speaking with people in a caring and friendly manner and we saw that people were at ease and comfortable with staff. This indicated that staff cared for the people they provided care to.

We saw that people were encouraged to be as independent as possible. Staff assisted people rather than do things for them, for example with regard to personal care and , baking and cleaning. We saw that a person was able to walk freely

round her room despite the risk of falls. This was because she and all the people involved in her care, including her relative, wished for her to have as much freedom and independence as possible.

We saw that care plans contained peoples likes and dislikes in them as well as preferences, goals and relationships. This told us that the service was interested in ensuring that people's needs were met in ways was important to the person.

At each location we visited we found that the environment was homely, clean and attractive. Staff informed us that people had been consulted about the colour of the décor they wanted to have. This made sure that people's choices were respected.

We saw that people's privacy was preserved and respected by personal care being supplied by staff in people's bedrooms and not in any public areas. Their care plans reflect respect for people's wishes by stating what name the person wanted to be addressed by and we saw that care staff used these preferred names.

We found from people's care plans that they and their relatives had been involved in planning for their care.

All staff had had training in equality and diversity and there were examples in care plans of how staff used this in practice. For example, we saw in one care plan that a person's preference was to eat Afro-Caribbean food and this had been provided.

We saw information provided to staff by the provider emphasising people’s rights to respect people, privacy and independence. This sent out a clear message to staff that they should promote and respect people’s rights.

There was also a reference in information provided to people that they could use advocacy services to help them to make a complaint. The manager stated that this information would be reviewed in order to provide more information about how people can access these services.



# Is the service responsive?

## Our findings

At our inspection of 6 June 2014 we found that the provider did not have detailed care plans that covered all aspects of people's needs to be able to provide them with a service that completely met their needs. This was a breach of Regulation 4 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. The provider sent us an action plan outlining how they would make improvements.

We saw that assessments had been undertaken to assess the health and support needs of the person. This had included risk assessments of important issues such as diabetes and challenging behaviour. There was information in place to assist staff to provide care that focused on the individual needs of the person. For example, there was information about what the person liked – such as meeting my friends at the pub, what people admired about the person – which stated the person was kind and thoughtful, what was important to the person – such as making their own choices, ‘how to properly support me’ – such as giving the person answers to their questions and time to think before answering, what annoyed the person – such as don't call the person by his nickname. This enables staff to give care responsive to the person's needs.

We saw that people's care plans focused on their individual needs. They included relevant issues such as how to best communicate with the person, what they wanted to achieve in life, their important relationships and their lifestyle preferences such as when they wanted to get up and go to bed. These issues helped staff provide care responsive to their needs.

We saw that people's activities were all based on what they wanted to do. There were also group activities in the community, such as discos and church visits. Some At one home, people went out for Sunday dinner each week. People also had a full day every week allocated for shopping. We saw that a communication book was kept for

handover information for staff taking over the next shift so they knew what had happened to people and how to best provide responsive care for them. This was detailed and informative in all supported living the homes we visited.

At a supported living home where people had high dependency needs, the staff member explained that they tried different activities for the person and observed non-verbal communication to ascertain whether or not the activity had been positive for the person. This enabled staff to check that activities responded to people's needs.

We saw that there were regular outings and trips, for example, at one supported living home people had been to the sea-side for the day and some people had a number of days holiday in Blackpool. There was a mini bus available to them at each supported living home we visited and also they had a car to use. Staff were therefore able to respond to the people's needs when they wanted to go out.

We saw an example of how staff provided care for a person from a different cultural background. For example, the person was provided with culturally appropriate foods that he had chosen.

People's relatives told us they were aware of the formal complaints procedure. The complaints procedure contained details of how people should make their complaint. One relative said; “I had lots of issues last year. They listened to me and dealt with all the issues so my daughter now has a better quality of life.”

The provider's complaints procedure gave information on how people or their relatives could complain about the service if they wanted to. This included information on how to contact the local authority and Ombudsman, should a complaint not be resolved to their satisfaction. Contact details of these organisations had not been included in the procedure. The manager said this would be reviewed and followed up. There was also a reference to advocacy services if people needed support to make a complaint.

We looked at complaints records and saw that they had been appropriately investigated and followed up and a letter sent to the complainant responding to the issue and outlining the results of the investigation.

# Is the service well-led?

## Our findings

People's relatives told us that they thought the service was well run. They said their relatives had freedom of choice and that independence was always encouraged. One relative said; "I had my doubts about this organisation in the past. However, they had an event for relatives and they listened to us and put things right." The manager supplied us with information about this event which included issues of concern and an action plan of tackling these concerns. This indicated a well led service.

We saw evidence of people using the service joining staff meetings. This gave people the opportunity to communicate issues that were important to them and gave them an awareness of the issues of providing personal care to them.

We spoke with two team leaders. Both said that they thought they were well supported by the manager of the service. Three staff we spoke with also spoke very highly of the management. They used words such as "approachable" and "supportive." One staff member told us; "I would definitely recommend this service to my relatives if they needed it – I love it here".

This reflected that staff were very positive about the quality of management and leadership in the service.

All care staff we spoke with reported that their managers were always contactable by telephone at all times. Managers visited frequently to make sure all services were well operating. This meant staff had been supported to provide a quality service.

We saw in staff meeting minutes that staff felt able to ask for assistance if needed with a particularly challenging or complex issue. They were given updates in term of service or policy and procedure developments. Staff were aware of the provider's values in terms of providing a personalised service that met the needs of individual people and encouraged their independence in all issues.

The manager told us that because most people have communication difficulties it was difficult to ascertain their opinions of the service by way of satisfaction questionnaires. However, this was being carried out through people having individual peer reviews of their care. Peer reviewers were people who were also receiving a using the service and had been trained to carry this out. We saw

evidence of a peer review which highlighted issues that were needed to provide improved personal care for a person using the service. For example, it recommended that the person should be able to cook for himself as far as possible and to supply the person with his own front door key if he wanted this. Consulting people on a one-to-one level and acting on their views is an indication of a well led service.

We also saw questionnaires for relatives. Relatives that had returned the questionnaires were very positive about the service their relatives received. One relative said; "yes, I got a questionnaire. I was happy to report that I had no problems with anything. Staff provide an excellent, friendly service." We saw a file containing compliments of the service, such as, "thank you for enabling me to achieve my dream of becoming more independent" and, from a relative, "our brother is cared for by the most wonderful team."

Staff also told us that the manager communicated the message that people using the service should be treated respectfully and with dignity at all times and their rights should always be protected.

Whilst we saw that staff supervision took place, this was carried out regularly. Supervision was well recorded with relevant issues such as what had gone well in their work, what had not gone well and staff training issues. Supervision gave staff the opportunity to review their understanding of their core tasks and responsibilities to ensure they were adequately supporting people who used the service.

We saw that management monitored the quality of the service by detailed audits that were carried out on relevant issues. This included detailed audits called Service Quality Assessment Tools carried out by service leaders which included relevant issues such as auditing care plans, staff training risk assessments to keep people safe, health and nutrition and working with health professionals to make people's health needs. There were also other audits such as medication to check that people were always given their prescribed medication. People's finances were checked on a daily basis to ensure that monies that were held on their behalf were kept securely. This told us that the service was well led as the manager ensured that relevant issues were regularly reviewed.[]