

Integra Care Management Limited

374-376 Winchester Road

Inspection report

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Date of inspection visit:

11 July 2019

15 July 2019

16 July 2019

Date of publication:

10 September 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

374-376 Winchester Road is a residential care home providing personal care to six people at the time of the inspection. The service can support up to eight people with a learning disability or autism in two houses which have been joined by a single storey extension.

Within limits arising from previous adaptations to the building, the service has been developed and designed in line with some of 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 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.

The service was registered for the support of up to eight people in two linked houses. This is in line with current best practice guidance. However, some of the adaptations made did not contribute to a home-like feel.

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

We have identified improvements needed to protect people from risks and make sure they receive care and support in a safe way. These include improvements in the areas of cleanliness, hygiene and infection control, record keeping around medicines, achieving a balance of permanent and agency staff, and notifying us when certain events occur. The registered manager took steps to address some of these concerns during the inspection. There were plans in place to address other concerns.

We have identified improvements needed with respect to the decoration, refurbishment and adaptation of the home to meet people's needs. Some of these were already known to the provider with plans in place to resolve them.

We have identified improvements needed to make sure concerns identified by the registered manager and the provider's quality processes are acted on in a timely fashion to sustain the quality of people's care and support. The provider had put in place a new management team at the area and regional level which had started to show more support for the registered manager.

There were positive, caring relationships between staff and people they supported. Staff promoted and respected people's dignity, privacy and independence, giving them opportunities to take part in decisions about their care.

People had care and support which met their needs and respected their choices and preferences. The provider complied with the legal standard for supporting people with communication needs arising from a disability or sensory impairment. People had access to a range of appropriate activities which sustained

their wellbeing.

The service did not always apply 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 most people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. Most people were supported to have choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. However maintenance of the home had not sustained a home-like atmosphere.

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 (report published 29 March 2017).

This service has been rated requires improvement for two of the last three inspections.

Why we inspected

This was a planned inspection based on the previous rating. The inspection was prompted in part due to concerns received about cleanliness, hygiene and infection control at the home. A decision was made for us to bring forward the planned inspection and examine those risks.

We have found evidence that the provider needs to make improvements. Please see the safe, effective and well led sections of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve and sustain the standards of quality and safety. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

374-376 Winchester Road

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

One inspector carried out this inspection.

Service and service type

374-376 Winchester Road is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

The service had a manager registered with the CQC. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was unannounced.

What we did before the inspection

We did not prompt the provider to complete a provider information return before this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed other information we had about the service, including notifications by the provider about significant events that happen during the running of a service, and information from the local authority and service commissioners. We used all of this information to plan our inspection.

During the inspection

We spent time with people who used the service who did not use verbal communication. We spoke with the registered manager, an area manager, a regional manager by telephone and two members of staff.

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

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training and other records sent to us by the provider. We spoke by telephone with a family member of one of the people living at the home.

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 now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Preventing and controlling infection

- Recent audits by the local authority and environmental health officer had identified areas for improvement in relation to hygiene and cleanliness. The provider had resolved some of these concerns. Other concerns required more planning to make sure people's support was not disrupted in the course of necessary repairs and refurbishments. These included repairs to a person's private kitchen.
- We found some areas where improvements had not been made or had not been sustained. There was visible dirt on the floor of a cupboard used for storing dry foods, on a sink in the laundry room, and on a hand basin and bath in a shared bathroom. A person's personal toiletries, including their toothbrush were kept in the same shared bathroom.
- Staff had repeatedly recorded the temperature of the kitchen fridge above safe levels, but this had not been investigated or actioned. The provider had not done all they could reasonably do to protect people from the risk of infection by keeping the environment clean and hygienic. We discussed this with the registered manager who agreed to take action to resolve this.

Using medicines safely

- Processes for the safe recording of medicines were not always followed. Where a person had a prescription for a pain-relief skin patch, staff had not always signed the controlled drugs register. The register was in place to show the provider could account for drugs which are required by law to have additional controls in place. Staff had not used a body map to show where patches had been applied. This meant they could not be sure the patch was applied in a different place each time.
- Where people had been assessed as lacking capacity to consent to taking their prescribed medicines, required records were not always in place. One person's file had no record of a mental capacity assessment for medicines. Another person had no record to show a proper best interests decision process had been followed. Best interests records for two people in relation to their medicines had the wrong name or used an inappropriate pronoun. The registered manager started to compile the missing records during our inspection.
- Appropriate arrangements were in place for the safe storage of medicines. Medicines were stored securely with daily checks that the temperature did not exceed the manufacturer's recommendations. Suitable protocols were in place for medicines prescribed to be taken "as required". People received their medicines from staff who were trained and had regular competency checks.

Staffing and recruitment

- The provider did not always deploy sufficient numbers of suitable staff to support people according to their needs. At the time of our inspection the service was run with 66% agency staff. Records showed this

had been at 80% following a period of large-scale staff turnover. There were enough staff to support people safely in the home. However, agency staff were not always able to support one person to access the community safely for physical exercise. Risk assessments required them to be supported outside the home by two staff members they knew well. Lack of exercise had led the person to gain weight.

- The provider's processes supported safe recruitment. The provider made the required checks before new staff started work and maintained the necessary records to show staff were suitable to work in the care sector. Where agency staff were employed, the provider had profiles from the agency showing that training, checks and other requirements were in place. The provider was actively recruiting at the time of our inspection, including transferring some agency staff to permanent employees.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to protect people from the risks of abuse and poor care. Training in safeguarding and information about how to report concerns were available to staff. Staff we spoke with were informed about safeguarding issues and confident any concerns would be dealt with appropriately.
- The provider did not always notify us when concerns about possible abuse were raised. Records showed the provider followed up and investigated concerns, including where the local authority requested an investigation.
- We had received two notifications in the last two years telling us about abuse concerns. The provider's own records showed there had been more than two incidents which should have been reported to us. We discussed this with the registered manager who agreed to review the criteria for these notifications.

Assessing risk, safety monitoring and management

- There were systems in place to identify and manage individual risks to people's safety and welfare. The provider had a risk screening checklist to identify risks, which were assessed and included in people's care plans. These included risks associated with medical conditions such as epilepsy, risks associated with supporting people with personal care, pain relief patches, and risk of choking. Staff were aware of risks which might affect people and how to deal with them.
- The provider had systems to monitor and manage the safety of people's environment. Routine risk assessments, such as for fire safety, were in date. The registered manager had signed off actions identified in the most recent fire risk assessment. Other checks, for instance for electrical safety, were completed regularly.

Learning lessons when things go wrong

- There were systems in place to learn lessons if things went wrong. Records of accidents and incidents were completed by staff and reviewed by the registered manager. The registered manager used the provider's computer-based manager's workbook to identify and report if there were any patterns or trends.
- Lessons from accidents and incidents led to improvements in people's support. The registered manager had engaged with other professionals such as learning disabilities specialists and occupational therapists. The registered manager used these relationships to identify changes to people's support plans.

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 now deteriorated to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Adapting service, design, decoration to meet people's needs

- The provider had not maintained the home to a standard that conformed consistently to best practice for services for people with a learning disability. There had been no recent redecoration which meant areas of the home were shabby. At the time of our inspection the provider had agreed budget for some refurbishment but these approved activities had not yet started.
- Adaptations were not always done to a high standard. Small shower units with curtains were installed in some bedrooms, which had led to water damage to the flooring and caused unpleasant odours. Radiators in people's rooms were boxed in which meant there was no means of controlling the temperature to people's own preferences.
- Repairs were not always done to an acceptable standard. A repair to the floor in the shared dining area did not match the pattern or colour of the rest of the floor. In one person's room a wash basin pedestal had been removed but the floor covering had not been made good.
- The provider did not always succeed in maintaining a home-like appearance to people's rooms. In some cases this reflected people's preferences or was partly determined by how their behaviours were managed. However, there were examples where the choice of fixtures and fittings was determined by function and strength rather than appearance and comfort.
- The provider did not always manage changes to avoid causing distress to people. Where a person had to vacate their rooms for them to be refurbished, the provider had no records to show they had followed a formal, best interests process before making the decision. This meant we could not be sure the person's rights under the Mental Capacity Act 2005 had been considered. We followed this up with senior management after the inspection.
- There were some examples where the layout and design of the home met people's needs. For example, the provider could accommodate people who needed greater privacy to avoid triggering unwanted behaviours. Following professional advice, the provider had established a "micro-environment" in a person's room to meet their needs arising from sensory impairments.

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

- People's assessments and support plans provided for their physical, mental and social needs. Support plans were detailed, thorough and informed by people's choices, preferences, health and wellbeing, and daily activities. Information and guidance from healthcare professionals, such as occupational therapists, was included. People's choice and control were supported by goal-based support plans.
- The provider was mindful of appropriate standards and guidance. Policies and procedures followed in the service were based on guidance from organisations which specialized in promoting high quality services for

people with a learning disability. This included personalised and community-based care, and services based on personal outcomes.

Staff support: induction, training, skills and experience

- People had their needs met by employed staff with appropriate skills and knowledge. Staff told us training they received prepared them to support people according to their needs. This included training in individual positive behaviour support, that is how to manage behaviours that challenged.
- There was an effective system in place to track when training updates were due. This covered routine refresher training, such as first aid and fire safety. Training was also available to staff in relevant subjects, such as epilepsy, diabetes and mental health awareness. There was a detailed induction process for new staff, including agency staff.

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

- Staff involved people in decisions about what they ate and drank. This included using pictures to support people to make choices about what they ate. Staff supported people to prepare their food, and people appeared happy and positive at mealtimes.
- People had support to maintain a healthy diet. Staff were aware if people were at risk of eating too much or too little and supported them accordingly. At the time of our inspection there was one person with diabetes who staff supported to control their condition by healthy food choices and portion control.

Staff working with other agencies to provide consistent, effective, timely care

- Staff helped people to receive effective support from other providers and organisations. There were "hospital passports" in place so that other healthcare providers could have the information they needed to support people consistently.
- Staff supported people to attend day services where this contributed to their health and wellbeing.

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

- Staff supported people to access healthcare services. Records showed people had appointments with healthcare professionals. Staff supported people to clean their teeth and pay attention to mouth care advice.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards.

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.

- Where people lacked capacity, staff followed the best interests decision-making process, but the required records were not always in place. Where records were available, capacity assessments were in place for

individual decisions and showed staff followed the required process. These included a decision for a person to use a safety belt while using their wheelchair.

- Where people were at risk of being deprived of their liberty, the provider made timely applications for authorisations under the safeguards. People's support took notice of any conditions imposed by the local authority. Staff regularly reviewed arrangements to support a person to go outside the home where a condition required them to do so.

Is the service caring?

Our findings

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

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

- Staff treated people with kindness and compassion. Interactions between staff and people showed a high level of understanding of people's needs and preferences. One person came into the registered manager's office and used their sign for "happy" while we were there. Another person's family member told us staff were "caring, warm and friendly", and described them as "priceless".
- Staff responded quickly to support people according to their needs. During our inspection there was an unexpected fire alarm and evacuation. Staff reassured people, kept them calm and allowed them to return as soon as it was safe. Staff were always on hand to support people in a caring manner, and people responded positively to staff.

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

- Staff supported people to be involved in their day to day care. People chose what they wore, what they ate, and where they wanted to be in the home. Where possible, the provider involved people's families in decisions about their care
- People were involved in decisions about who supported them. People's care plans had a section about "choosing my staff", which helped them have control about who supported them day to day. The registered manager made use of observation of people's body language to make sure they were comfortable with their care workers.

Respecting and promoting people's privacy, dignity and independence

- Staff understood and respected people's privacy and dignity. Staff treated people as individuals. People's clothing and appearance were clean and well cared for.
- The registered manager planned to appoint a staff dignity champion to promote people's dignity throughout the service.
- Staff understood and respected people's independence. Staff supported people to be independent in activities of daily living, such as preparing their own food. Where possible people took the lead in their other activities.

Is the service responsive?

Our findings

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

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

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

- People's care plans were detailed, thorough and personalised. Care plans included information about people's preferences, goals and things that were important to them. There were detailed and individual sections on how to support people to have choice and control over their lives.
- The provider reviewed and updated people's care plans when required. This included regular reviews and changes when people's needs changed, for instance if they were discharged from hospital with changed needs. The care and support people received reflected their changing needs.

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 identified and assessed people's communication needs arising from their learning disability or sensory impairment. Most people living in the home at the time of our inspection did not express themselves verbally. Staff had a range of strategies to communicate with people. These included touch, signs, gestures, body language and pictures.
- The service met the AIS standards in helping people to understand information.

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

- Staff encouraged and supported people to maintain relationships with their family members. People had visits from their families where this was possible.
- Staff encouraged and supported people to take part in activities that reflected their interests. Two people regularly attended day services. Other people had support to pursue leisure activities in the home, such as music therapy and art therapy, and to have excursions outside, such as bowling and trips to the countryside.
- People's care plans included arrangements for them to keep safe while outside the home, such as if they needed the support of two staff.

Improving care quality in response to complaints or concerns

- The provider had a suitable complaints process. Where complaints had been logged, records showed these had been resolved and followed up with the complainant. The provider had also received positive feedback from people's families.

End of life care and support

- There was nobody receiving end of life care at the home when we inspected. The provider had engaged with people's families about their preferences where they were willing to discuss it.

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 now deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems and processes intended to monitor, assess and improve the quality of service were in place but had not always been operated effectively. The provider's internal audit and quality processes had identified where improvements to the fabric of the building were needed. However, the provider had not effected the necessary improvements in a timely fashion before our inspection. These included improvements identified by an environmental health officer before March 2019 with relation to food hygiene, which meant one person was at increased risk due to poor standards in their private kitchen. Following management changes at the area and regional level, the provider had put new focus on these areas for improvement.
- Systems and processes did not always identify where improvements were needed. During our inspection we discovered missing records and documentation, and poor standards of cleanliness. These had not been picked up by the provider's processes which meant prompt action had not been taken to make improvements and reduce the risk to people of receiving unsafe care. The registered manager took steps during our inspection to reduce these risks.
- There were effective systems to manage staff and management roles. These included monthly team meetings, formal and informal supervisions and appraisal. The registered manager made regular reports using the provider's managers' workbook, and had regular informal contact with their line manager.

Continuous learning and improving care

- The registered manager's service improvement plan had not been actively managed to bring about improvements. There was a documented improvement plan in place. However, other demands on the registered manager's time meant it had not been actively managed or progress reviewed.
- The registered manager's plans to improve the service had been held back by large scale staff turnover in the previous year. For example, appointing staff champions and key workers was dependent on reducing the service's dependency on agency staff.
- The registered manager had used supervisions and, where required, disciplinary processes to improve staff practice. Employed staff had responded positively to this.

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

- The registered manager promoted a culture that was person-centred, open and inclusive. The registered manager was available to staff and people with an "open door" policy while they were at the home, and on

call out of hours. Staff responded to their management style and shared the provider's values.

- The service achieved some good outcomes for people. One person's family member told us the person had matured and continued to learn at the home. Another person's family member had written the person was looked after "very well, with empathy and compassion".

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 manager was aware of the duty of candour and had made appropriate communications in a transparent manner.

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

- The provider engaged effectively with people who used the service, their families and staff. There were regular surveys of people's opinions and feedback. The registered manager received anonymous feedback where it related to their service.
- The registered manager engaged with people using the service and visiting families on a daily basis. This allowed them to use their understanding of people's communication needs to build an impression of how they felt about the service they received.

Working in partnership with others

- The registered manager worked actively with other agencies and professionals to improve people's care and support. Active contacts with other healthcare providers included speech and language therapy, occupational therapy, learning disability specialists and sensory integration specialists. The service worked in partnership with commissioners, and the local authority quality and safeguarding professionals.