

## Community Integrated Care

# Community Integrated Care, Southern Regional Office

### Inspection report

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11 June 2018

13 June 2018

15 June 2018

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### Ratings

Overall rating for this service	Good ●
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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

This service provides care and support to people in supported living settings, so that they can live as independently as possible. In supported living settings, 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 care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

This inspection took place on 11, 13 and 15 June 2018. This was an announced inspection which meant the provider knew two days before we would be visiting. This was because the location provides a supported living service. We wanted to make sure the registered managers, or someone who could act on their behalf, would be available to support our inspection and make arrangements to meet with people who used the service. At the time of our inspection 24 people were receiving personal care from the service.

There were two registered managers in post at the service. 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. The registered managers shared out the management responsibilities of overseeing the supported living settings where people received care and support.

At the last inspection in September 2017 we identified that improvements were needed to the way people were supported to manage their medicines, the records staff kept of the support they provided to people and the way complaints were handled. The provider also needed to ensure they submitted notifications of important events to us, as required by legislation. At this inspection we found these areas had all been improved and the provider was meeting their legal obligations.

People who used the service were positive about the care and support they received and praised the quality of the staff and management. We observed staff interacting with people in a friendly and respectful way. Staff respected people's choices and privacy.

People told us they felt safe when receiving care and were involved in developing and reviewing their care plans. Systems were in place to protect people from abuse and harm and staff knew how to use them. Medicines were managed safely and staff had received suitable training in medicines management and administration. People received the support they needed to take their medicines.

There were sufficient staff available to provide the care and support people needed. People told us they

received care and support from staff they knew and got on well with. Staff said they felt there were sufficient staff to provide the care and support people needed. Staff understood the needs of the people they were providing care for and had the knowledge and skills to meet their needs.

Staff received a thorough induction when they started working at the service. They demonstrated a good understanding of their role and responsibilities. Staff had completed training to ensure the care and support provided to people was safe and effective to meet their needs.

The service was responsive to people's needs and wishes. People had regular meetings to provide feedback about their care and there was an effective complaints procedure.

The management team regularly assessed and monitored the quality of the service provided. Feedback from people was encouraged and was used to make improvements to the service. The registered managers had a good understanding of improvements that were needed in the service and had plans in place to implement them. Staff were confident in the skills of the registered managers and their ability to manage the service effectively.

## 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.

People who use the service said they felt safe when receiving support.

There were sufficient staff to meet people's needs safely. Medicines were managed safely and people were supported to take the medicines they had been prescribed.

Systems were in place to ensure people were protected from abuse. Risks people faced were assessed and action taken to manage the risks.

### Is the service effective?

Good ●

The service was effective.

Staff had suitable skills and received training to ensure they could meet the needs of the people they cared for.

People's health needs were assessed and staff supported people to stay healthy. Staff worked well with specialist nurses and GPs to ensure people's health needs were met.

Staff understood whether people were able to consent to their care and treatment. People were supported to make decisions.

### Is the service caring?

Good ●

The service was caring.

People spoke positively about staff and the care they received.

Care was delivered in a way that took account of people's individual needs and in ways that maximised their independence.

Staff provided care in a way that maintained people's dignity and upheld their rights. People's privacy was protected and they were treated with respect.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in planning and reviewing their care. Staff had clear information about people's needs and how to meet them.

People told us they knew how to raise any concerns or complaints and were confident that they would be taken seriously.

Staff supported people to think about what they wanted at the end of their life.

### Is the service well-led?

Good ●

The service was well-led.

There were two registered managers who promoted the values of the service, which were focused on providing person centred care. The registered managers ensured these values were implemented by the staff team.

Systems were in place to review incidents and audit performance. This helped to identify any themes, trends or lessons to be learned.

Quality assurance systems involved people who use the service and staff. They were used to improve the quality of the service provided.

# Community Integrated Care, Southern Regional Office

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 11, 13 and 15 June 2018 and was announced

The inspection was completed by one inspector. Before the inspection, we reviewed all of the information we hold about the service, including notifications sent to us by the provider. Notifications are information about specific important events the service is legally required to send to us. We reviewed the Provider Information Record (PIR). The PIR was information given to us by the provider which we had requested.

During the visit we spoke with six people who use the service, one of the registered managers, three service leaders and eight support workers. We spent time observing the way staff interacted with people who use the service and looked at the records relating to support and decision making for five people. We also looked at records about the management of the service.

# Is the service safe?

## Our findings

At the last inspection in September 2017 we identified that improvements were needed to the way people were supported to manage their medicines and the records staff kept of people's money. At this inspection we found that the provider had made improvements to these areas and people were being supported in a safe way.

Medicines were managed safely and there were clear procedures in place for staff to follow when supporting people. People told us staff provided good support for them to take their medicines, including any pain relief they needed. Medicine administration records for the month prior to the inspection had been fully completed. These gave details of the medicines people had been supported to take, a record of any medicines people had refused and the reasons for this.

Where people were prescribed medicines to be taken 'as required', there were clear procedures in place to inform staff when they should support the person to take them. Records demonstrated staff had followed these procedures. Staff had received training before they were able to support people with their medicines. The training included observations of their practice. People were supported to manage their own medicines where they were assessed to be able to do this safely.

Where staff were supporting people to keep their money safe, there were clear systems in place for staff to follow. Records were kept of all expenditure and receipts obtained. Staff supported people to check their money every day, to ensure the records matched cash held in their tin. The records were also checked by service leaders and the registered managers to ensure they were correct. Records demonstrated staff were following these procedures and any discrepancies were investigated and corrected.

People said they were happy with the support they received and told us staff were nice to them. Some people were not able to tell us whether they felt safe. We observed that people appeared comfortable in the presence of staff. People interacted with staff and attracted their attention to request support.

Staff had the knowledge and confidence to identify safeguarding concerns and act on them to protect people. They had access to information and guidance about safeguarding people to help them identify potential abuse and respond appropriately if it occurred. Staff told us they had received safeguarding training and we confirmed this from training records. Staff were aware of different types of abuse people may experience and the action they needed to take if they suspected abuse was happening. They said they would report alleged abuse if they were concerned and were confident the provider would act on their concerns. Staff were aware of the option to take concerns to agencies outside the service if they felt they were not being dealt with. None of the staff we spoke with said they had any concerns about the safety of people using the service.

Risk assessments were in place to support people to be as independent as possible, balancing protecting people with supporting them to maintain their freedom. We saw assessments about how to support people to remain safe when out in the community, manage their medicines and manage their finances. Each

person had a plan in place covering the support they would need to evacuate the building in the case of an emergency. The assessments included details about who was involved in the decision making process and how any risks were going to be managed. Staff demonstrated a good understanding of these plans, and the actions they needed to take to keep people safe.

Before the inspection we received concerns about cuts to staffing levels at one of the supported living group homes. The registered manager said that when the service first opened additional staff were commissioned by the local authority. They said following a period of transition, it had been assessed that people no longer needed the same level of support. The registered manager was having monthly meetings with the commissioning authority to review staffing levels to ensure they were sufficient to meet people's needs. Staff in this supported living group home told us they felt there were enough of them working on each shift to provide safe care to people. During the inspection we saw that there were sufficient staff available to safely provide the personal care support people needed and respond to a request from one person to go out. The staffing rotas demonstrated the service was providing support to people in line with the hours commissioned by the local authority. People living in other supported living group homes also told us there were sufficient staff available to meet their needs. People said they were supported to take part in a wide range of activities outside of their home and were able to do what they wanted to do.

Effective recruitment procedures ensured people were supported by staff with the appropriate experience and character. This included completing Disclosure and Barring Service (DBS) checks and contacting previous employers about the applicant's past performance and behaviour. A DBS check allows employers to check whether the applicant has any convictions that may prevent them working with vulnerable people. We saw that these checks had been completed for three support workers employed by the service in the previous year.

People were protected because staff followed good infection prevention and control practices. We observed staff following guidance and using protective clothing appropriately. People had been supported to keep their homes clean and staff supported people to complete their laundry safely.

Systems were in place for staff to report accidents and incidents. Staff were aware of these and their responsibilities to report events. The registered managers reviewed these reports and recorded any actions that were necessary following them and assess whether they could respond differently in the future. This ensured lessons were learned following incidents and reduced the risk of an incident re-occurring.



# Is the service effective?

## Our findings

At the last inspection in September 2017 we identified that improvements were needed to the way staff recorded the support they provided to people to make decisions. We also said the registered manager needed to make sure all staff received a suitable appraisal. At this inspection we found that the provider had made improvements to these areas. There were clear records of who had been involved when decisions were made on people's behalf and staff received regular appraisals.

Staff demonstrated a good understanding of the principles of the Mental Capacity Act 2005 (MCA). The 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 people lack mental capacity to take particular decisions, any made on their behalf must be legally authorised under the MCA. 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. The application procedures for this for people who live in their own home is an Order from the Court of Protection.

Mental capacity assessments had been carried out to determine whether people had the capacity to make certain decisions. For example, there were assessments in relation to people's capacity to make decisions relating to management of health conditions and medicines, management of finances and whether to live in a supported living environment to receive care and support. People's support plans contained details of how they communicated decisions and support that could be provided to help them express their views. Each person had a detailed communication plan, which set out the support they needed. Support included methods to help people communicate, such as use of sign language, objects of reference and easy read documents with pictures to aid understanding. Where people did not have capacity to make decisions, we saw best interest decisions had been made following involvement of the person and others involved in their care, including their family, advocates, staff at the service, social workers and health professionals.

Staff told us they had regular meetings with their line manager to receive support and guidance about their work and to discuss training and development needs. We saw these supervision sessions were recorded. The registered managers kept a record of the supervision and support sessions staff had received, to ensure all staff received the support they needed. Staff said they received good support and were able to raise concerns outside of the formal supervision process. In addition to the supervision sessions, staff received an annual appraisal. These reviewed their performance over the previous year and set objectives to help with their development.

Staff told us they received regular training to give them the skills to meet people's needs, including a thorough induction and training on meeting people's specific needs. The registered managers had an overview of all the training staff had completed and when they were due to complete refreshers. Staff were positive about the training, saying it was relevant to their role and the needs of people using the service. Training was provided in a variety of different formats, including face to face, computer based and practice based training. The registered managers completed observations of staff to ensure they were putting the

training they had received into practice.

People were supported to plan and prepare meals that met their individual needs. Some people chose to have meals as a group and some people received support to prepare meals individually. People received support to shop for their meals and to follow a varied diet.

People were able to see health professionals where necessary, such as their GP, specialist community nurse or speech and language therapist. People's support plans described the support they needed to manage their health needs. People had also been supported to complete a 'hospital passport'. This gave a summary of people's needs, any health issues and medicines and details of how best to communicate with them. The documents were used to share key information with other professionals people may receive treatment and support from if they were admitted to hospital. The documents were regularly reviewed and updated where necessary.

## Is the service caring?

### Our findings

At the last inspection in September 2017 we assessed the caring section of the report to be Good. At this inspection we found these standards had been maintained and people continued to receive a good service.

People told us they liked the staff who supported them and said they were happy living at the service. We observed staff interacting with people in a way that was friendly and respectful. For example, we saw staff respecting people's choices and privacy and responding to requests for support. Staff supported people to make choices about activities they took part in and the food and drink they had. Staff demonstrated a good understanding of people's needs. They had developed a strong relationship with people and demonstrated this in their interactions. Staff showed respect for people in the way they spoke about them with us.

Staff had recorded important information about people including personal history and important relationships. Support was provided for people to maintain these relationships, including support to keep in contact with family and friends. People's preferences regarding their daily support were recorded. Staff demonstrated a good understanding of what was important to people and how they liked their support to be provided. This included people's preferences for the way staff supported them with their personal care and the activities they liked to participate in.

Staff communicated with people in accessible ways, that took into account any sensory impairments which affected their communication. For example, each person had a communication passport, which set out their needs in relation to communication and how staff should support them. People were supported to use communication methods that were specific to them, including sign language, finger spelling, objects of reference and key word speech. We observed that staff were skilled in the communication methods used by people they were supporting. The registered managers said they had access to a range of resources to help communicate with people and would consult specialist services where necessary.

We observed staff supporting people in ways that maintained their privacy and dignity. For example staff were discreet when discussing people's personal care needs with them and ensured support was provided in private. Staff described how they would ensure people's privacy was protected when providing personal care, for example ensuring doors were closed and not discussing personal details in front of other people. Staff also explained how they supported people to maintain their dignity when receiving support when out in the community.

## Is the service responsive?

### Our findings

At the last inspection in September 2017 we identified that improvements were needed to the way complaints were responded to and the way people were involved in the support planning process. At this inspection we found that the provider had made improvements to these areas.

Each person had a support plan which was personal to them. The plans included information on maintaining people's health, their daily routines and support they needed with personal care. The support plans set out what their needs were and how they wanted them to be met. Where relevant, the plans had been developed with input from specialist health and social care professionals. This included detailed specific guidance on the support people needed to manage frustration and distress. The plans included aspirational goals people had set. The goals had been broken down into smaller steps for staff to support people to achieve. This gave staff access to information which enabled them to provide support in line with people's individual needs and preferences.

People and their representatives had been involved in the development and review of their support plans. Plans were amended as people's needs changed and there were systems for communicating any changes with all staff. People told us they had regular meetings with their keyworkers to review how their support was going and whether any changes to their plan were needed.

People were supported to keep in contact with friends and relatives and take part in activities they enjoyed. During the visit we observed people taking part in a range of activities both in and out of their home. These included attending social groups, day services, exercise sessions, baking, visits to shops and socialising with family.

People were confident any concerns or complaints they raised would be responded to and action would be taken to address their issue. People said they knew how to complain and would speak to staff if there was anything they were not happy about. The service had a complaints procedure, which was provided to people when they moved in. The procedure was provided in a more accessible, easy read format and was also explained to people. People were reminded about how to raise any concerns or complaints at group and individual meetings.

The registered managers kept a log of any complaints made and reviewed these each month. Records demonstrated that complaints were responded to promptly, investigated thoroughly and action taken to address the issues raised. Learning from complaints investigations was shared with staff in different areas of the service, to help ensure lessons were learned and changes made. The responses to complainants included an apology from the provider where appropriate.

At the time of the inspection the service was not supporting anyone who was at the end of their life. Staff had supported people to record their wishes regarding end of life care and think about what they wanted to happen after they had died. One of the registered managers said they had a range of resources to support people's understanding of death and help people to express their wishes.

# Is the service well-led?

## Our findings

At the last inspection in September 2017 we identified that improvements were needed to ensure notifications were submitted to the Care Quality Commission when necessary and to ensure the auditing systems were effective. At this inspection we found that the provider had made improvements to these areas.

The service had two registered managers, who shared out the work of managing the supported living group houses and individual support within Portsmouth and south-east Hampshire. The registered managers demonstrated clear values about the way care and support should be provided and the service people should receive. These values were based on keeping people central to the service that was provided. One of the registered managers told us their focus was to implement Community Integrated Care's five year strategy and to ensure the service followed their values to "include, deliver, aspire, respect and enable".

The registered managers were aware of their responsibility to report certain events to us. Since the last inspection the registered managers had submitted these notifications promptly when necessary. The notifications had been completed in detail and set out the actions they were taking as a result of the incidents that were being reported.

There was a system of audits and reviews of the service, which was used to create a development plan to make identified improvements. There were systems in place to track incidents and accidents in the service and plan action to minimise the risk of them happening again. The management team completed 'spot checks' in the evenings and weekends. These were unannounced visits to check that staffing was in place as had been planned, records of support for people were being completed correctly and to complete observations of interactions between staff and people they were supporting. Where learning points were identified, action was taken to ensure these were implemented in practice.

The management team held monthly quality and risk meetings, which reviewed all the identified risks and actions that were being taken to manage them. The process enabled the management team to analyse issues and provide a service wide response. Reports of these meetings and the actions taken were submitted to the board of trustees for Community Integrated Care (CIC). One of the registered managers told us the senior management team visited the service regularly and had a good understanding of how it was operating and priorities for action.

Staff had clearly defined roles and understood their responsibilities in ensuring the service met people's needs. There was a clear leadership structure and staff told us the registered managers gave them good support and direction. Comments from staff included, "There have been significant improvements over the last year and CIC is now in a much better place. There is very good local leadership and national leadership from the new Chief Executive Officer" and "I feel well supported. I am able to raise any concerns with [my manager] and senior managers have a good understanding of what is happening."

Personal confidential information was securely stored in locked offices and cabinets and on protected

computers. Staff were aware of the need to ensure information remained secure. We observed staff following these procedures and ensuring confidential information was not left unattended or unsecured.

Reviews included feedback from people who use the service. Satisfaction surveys were sent to people using the service and their relatives. The results of the feedback were collated and any actions from them were included in the development plan for the service. One of the registered managers reported they were in the process of re-introducing a peer review system. This involved people who used the service reviewing the quality of what was provided. One person had been identified to start this process and was due to complete training in the system before starting. The registered manager hoped this would increase the number of people who would be able to provide input into the feedback process.

There were regular staff meetings, which were used to keep staff up to date and to reinforce the values of the organisation and how the registered managers expected staff to work. Staff also reported that they were encouraged to raise any difficulties and the registered managers worked with them to find solutions.