

Integracare Limited

Pathways Supported Living (IntegraCare)

Inspection report

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Date of inspection visit:
23 December 2019
14 January 2020

Date of publication:
25 February 2020

Ratings

Overall rating for this service

Outstanding 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Outstanding 

Is the service well-led?

Outstanding 

Summary of findings

Overall summary

About the service

Pathways Supported Living (IntegraCare) is a supported living service providing personal care to 3 people at the time of the inspection. Pathways Supported Living (IntegraCare) is a house adapted to accommodate people transitioning from residential care to supported living. People are supported to build life skills before being considered for progression to independent living in their own accommodation.

Services for people with learning disabilities and or autism are supported

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

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

Feedback about the support provided to people was extremely positive. Health professionals described the service people received as the best they had seen. People received high-quality, person-centred support from staff that were committed and motivated to helping people exceed their expected outcomes, goals and aspirations.

People participated fully with the local community. They had access to a variety of activities which enhanced their outlook, motivation and sense of purpose. People told us they could raise any concerns with the manager and be confident they would deal with them professionally. People's wishes at the end of life were explored and planned for in exceptional detail.

Staff demonstrated effective skills in communication and behavioural support strategies. Staffing levels were adjusted on a daily basis to suit the needs and choices of people living at the service. Peoples needs were assessed holistically and modelled on best practice, considering individualised approaches to deliver the best outcomes for people.

Feedback from health professionals about the management team was extremely positive. There was a clear leadership structure, focused on supporting people to develop strategies to rehabilitate and reach their true potential in life. Staff were focused and inspired to achieve the aims of the service, for people to live as independently as they could whilst championing their rights for equal opportunities. The management team considered staff well-being and supported them both personally and professionally. Quality assurance processes demonstrated continual improvement and initiatives to reassess and continuously improve the services for people. People were empowered to have their say and be at the centre of all decisions involving them.

People were supported to have maximum 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. Staff cared about the people they were supporting and respected their wishes.

Staff knew how to safeguard people from harm and abuse. Medicines were managed in line with best practice guidelines. Staff received comprehensive training and regular supervisions to support their professional development. Recruitment procedures were robust, and people were involved in this process.

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

Rating at last inspection

This service was registered with us on 31/05/2016 and this is the first inspection.

Why we inspected

This was the first planned inspection.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was exceptionally responsive.

Details are in our responsive findings below.

Outstanding ☆

Is the service well-led?

The service was exceptionally well-led.

Details are in our well-led findings below.

Outstanding ☆

Pathways Supported Living (IntegraCare)

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

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in one 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. This service also provides domiciliary personal care to people living in their own houses and flats.

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

Notice of inspection

This inspection was unannounced on both days.

Inspection activity started on 23 December 2019 and ended on 14 January 2020. We visited the office location on 23 December 2019.

What we did before the inspection

We sought feedback from local partner agencies and professionals who work with the service. We reviewed information the provider is required to send to us by law, such as safeguarding incidents. The provider was not asked to complete a provider information return prior to 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 used all of this information to plan our inspection.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with five members of staff including the registered manager, deputy manager and three care workers.

We reviewed a range of records. This included three people's care records including risk assessments. We looked at two staff files in relation to recruitment, training and supervisions. A variety of records relating to the management of the service, including policies and procedures and audits.

After the inspection

We had a meeting with the provider to discuss further evidence to support the rating. The provider emailed some information to us. We spoke with three health professionals supporting people living at the service.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe and well supported by staff. One person told us, "I feel safe here, staff are great and help me do so much."
- People were protected from avoidable harm and abuse. Staff received regular safeguarding training and knew how to identify and report any concerns to the appropriate agencies.
- The provider had safeguarding policies and procedures in place. These were easily accessible to anyone that may need to read them, in a format they could understand.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risk assessments evaluated and minimised risks to people's safety and well-being. People were supported to take positive risks and remain as independent as possible. Peoples needs were continually reviewed, and records updated.
- Accidents and incidents were managed well. The provider shared information with staff to increase knowledge and prevent the likelihood of reoccurrences in the future.

Staffing and recruitment

- Recruitment processes were safe. People were involved to ensure prospective staff had the right values and could promote positive engagement to improve outcomes for people.
- Staffing levels were continuously reviewed to ensure people's needs were met. People allocated one to one time decided when and how they wanted to be supported by staff.
- Contingency plans covered staff shortages during absence or when people's needs changed.

Using medicines safely; The environment was managed safely; Preventing and controlling infection

- Staff managed medicines safely. The registered manager and staff were keen to stop the over-use of psychotropic medication to manage people's behaviour. Medication reviews had been requested to support reducing these medicines and, in their place, used less restrictive techniques.
- Staff were trained to effectively use an approach called positive behaviour support (PBS). PBS helps staff understand the reason for behaviour, so they can better meet people's needs, enhance their quality of life and reduce the likelihood that the behaviour will happen.
- Infection prevention and control practices were in place. All areas of the service were clean, and people were supported to keep their rooms clean and tidy.
- People were supported to prepare their own meals. Staff received food hygiene training, so they were aware of best practice guidelines.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The services links with health and social care services were excellent. People living at the service had complex backgrounds and support needs. Staff were committed to championing people's rights to effective care and support. When social care professionals had advised the provider nothing more could be done to support people in certain areas, such as road safety and choosing when to discuss their personal history within new relationships. The provider did not give up, they researched topics and developed pictorial plans that meant people could understand the impact of their choices and make informed decisions to self-direct their own lives.
- Behaviour support strategies were tailored to promote people's mental health and well-being. Staff worked closely with people to monitor changes and explore new ways of working with individuals. This improved people's choice and control in their own lives motivating people to make positive changes. One member of staff advised, "We work closely with health professionals to build the right support for people. I really enjoy working here. It's good when you see people doing well and improving their skills. The staff team are amazing."
- Health professionals told us the service worked hard to enhance people's lives. Comments included, "The registered manager is excellent. They manage risks extremely well and support people to live as normal a life as possible" and, "This service is held in high regard by all health professionals in the area. No one else gives these people a chance, this service works well and improves people's quality of life."
- A comprehensive approach was in place to plan and coordinate transitioning between services. Summaries of people's needs were in pictorial formats and fully reflected people's individual circumstances and preferences.

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

- The registered manager and staff adopted a holistic approach to assessing, planning and delivering care and support. People had a personal development plan detailing their goals, aspirations and progress towards achieving them. One person who used the service needed to develop their understanding of road safety and another person had chosen to develop their cooking skills. Progress was recorded and reviewed monthly to ensure people had opportunities to reach their true potential. Photographs demonstrated continuous progress, such as one person now being able to access public transport and complete walks independently. People were continuously building their skills and knowledge to eventually move into more independent living within the local community.
- The registered manager kept up to date with new research which they shared with staff to ensure best practice guidelines were adopted. The registered manager had developed detailed summaries about

people's needs, such as autism. This included how it may affect the person and how best to support them. Staff told us, "It helps us to get a feel for each individual and how they prefer to be supported, what works for them and things they don't like that may trigger behaviours." These summaries helped staff deliver interventions in a way people could understand, making them extremely effective.

- The service worked creatively with people to implement comprehensive personal behaviour support plans which were individual to them. PBS helped staff understand the reason for people's behaviour, so they were able to meet people's needs, enhance their quality of life and reduce the likelihood that the behaviour would happen. Relapse cards had been developed by the provider to support people to take positive steps to preventing old behaviours from reoccurring. For example, staff had worked with people to understand what various verbal, physical and non-verbal signs meant. Pictorial booklets had been developed outlining how people expressed different needs and how staff could support them to encourage optimum engagement and prevent cycles of historical behaviours. This had supported one person to trust staff and engage with various activities and events they had never tried before. Another person was planning their holidays with support from staff and other agencies.
- Staff developed a picture card booklet to assist one person to recognise behaviours that were acceptable and unacceptable to others. This had supported them to understand the risks and manage their behaviour to improve social interactions with people whilst maintaining their own safety.

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

- People were able to freely access the kitchen area and choose when to prepare their own meals and drinks. Staff knew people's abilities, promoted their independent skills and educated them to recognise balanced and nutritious meals.
- People's dietary requirements were clearly documented, and staff had good knowledge of any specific needs. For example, one person had certain foods they had to avoid over a period of time. This information was in their care plan and staff had good awareness of how to support them appropriately. Health professionals provided positive feedback, advising staff always followed their advice when people had specific nutritional requirements.
- Staff worked alongside people to guide them to eat a healthy and nutritious diet. This included writing menu plans, shopping for ingredients and planning meals to cook.

Staff support: induction, training, skills and experience

- Supervisions and appraisals encouraged continual reflective practice to promote continual professional development and competence. During supervisions staff discussed issues and offered solutions to improve people's experiences. For one person this had resulted in staff allowing them a longer period of time to complete educational tasks. This person had re-engaged with the process and were now able to manage some of their finances independently when out in the community.
- Staff felt supported and empowered to raise concerns proactively and make suggestions for improvements. One member of staff recognised a person would benefit from more regular computer time which supported them to improve their maths and english skills.
- Staff received regular training and support. Staff told us, "We were sent on bereavement training, so that we can support people's emotional needs when their loved ones pass on." Specialist tailored training had been completed alongside other health professionals to ensure staff had the knowledge and understanding to support people's complex needs.
- People using the service were supported to take part in recruitment processes. People had opportunity to ask questions and made their own notes so they could contribute in decision making.

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

- The service provided an extremely homely environment which met the needs of people. The kitchen had

been refurbished to allow more table top space and seating areas. This accommodated people improving their cooking skills and interacting together.

- People had been involved in decorating their rooms as they chose and, in some cases, carrying out repair work. People were encouraged to bring their own personal items that were important to them.
- Communal spaces were available for people to access. One person showed us an outdoor space which they were hoping to renovate this summer including painting the communal shed. This helped to encourage socialisation with other people living in the house and create quiet space for them to enjoy.

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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Where people were deprived of their liberty applications had been made to the appropriate bodies. These had been continuously reviewed to ensure they were only in place when needed.
- The service recognised and supported people's choices to enable them to have control over their day-to-day lives.
- Staff understood people's behaviours and how to manage them in terms of people consenting to all aspects of their care or support.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated with kindness and respect. Staff told us, "I see and treat people as I would my own family. I observe other staff doing the right thing, which is no different to how I would work."
- Staff knew people extremely well which promoted positive engagement and meaningful interactions. Mutual interests and hobbies were considered when selecting keyworkers to support people.
- People's equality, diversity and human rights were respected. Staff knew how to uphold people's rights and challenge other professionals to ensure people received the right services and were not discriminated against.
- People's religious needs were explored during initial assessments and recorded.

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

- People were directed and supported to access advice and support or advocacy services when required.
- People were encouraged and supported to be involved in their care planning and express their views. Regular meetings, personal development plans and informal discussions supported people to be involved in decisions about their care and improving the service.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged and supported to develop and maintain relationships with people that were important to them, build social networks and links with the local community.
- People were offered choice and control in their day to day lives. Staff supported people to make their own decisions about how they wanted to spend their time.
- Staff encouraged people to be independent and build life skills. For example, people chose to access community-based groups and/or undertake work experience in preparation for employment in the future.
- Staff knew how to support people's dignity, respect and self-determination.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Outstanding. This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- People's needs were holistically assessed prior to admission. People were fully involved in this process and their preferences explored. People were invited to visit the service for lunch and/or an overnight stay to see if they felt comfortable and would like a more permanent placement. One member of staff advised, "We consider everyone's needs when considering new admissions to the service and how this may affect other people living at the service. If it is a suitable placement we work with each individual at their own pace during a phased transition until they feel comfortable to permanently move here. Some take a couple of weeks, others several months. It's all about working with each individual."
- People received regular reviews and structured assessments to enable them to improve their education in relation to reading, writing and mathematics to help with financial skills. Evidence showed that these supported people's development to increase their independence. For example, people's reading, cooking and financial skills were improving at their own pace. This meant they could be more independent within the community.
- People told us the service was extremely responsive to their needs. They felt involved and supported by staff to make decisions about their care and support needs. The registered manager and staff team were proactive in creating innovative ways to support ideas or suggestions. One person advised, "Staff have really helped me. I have done things I didn't think I would be able to do. It's been great."
- Health professionals described the service as extremely person-centred to meet people's needs and preferences. One health professional told us, "It's given [name of person] a change in perspective and confidence boost. They [staff] have done all sorts with [name of person] and a nominated worker supports them - a credit to them."
- The management team updated and changed the rotas and staffing to accommodate the needs of people living at the service. People chose when and how they would like to use their one to one hours; staff were supported by management to ensure activities and events were led by people's preferences and choices. Staff explored new ideas and made suggestions for people to consider in relation to activities outside the service. These were recorded and monitored to show people's achievements. For example, one person had been supported to manage their monies and completed training around this. They now accessed public transport independently and travelled to different places. They maintained contact with the service using their mobile phone.

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 completed research on various topics relevant to people and developed pictorial books to support people's understanding. For example, to understand how their conversations may affect other people and to have awareness of road safety.
- People's communication needs were assessed, monitored and reviewed regularly. The provider looked at the best ways to support people's understanding, considering alternative formats and how this could be accessible during transitions to other services. Communication plans were extremely detailed so that staff and healthcare professionals could communicate effectively and gain positive responses.
- One health professional advised, "They [staff] are very good at providing resources such as, easy read formats." We observed staff engaging people in meaningful conversations and using communication methods outlined in their support plans.
- People were consulted about their communication preferences and additional tools adapted to support them. For example, autism awareness pictorial booklets had been developed to support productive communications between staff and people living at the service. People were involved in this process and the booklets personalised to people's communication preferences. Staff provided positive feedback about how these helped them to understand people communication needs and adapt the way they worked to accommodate them.

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 understood and were knowledgeable around the dynamics of family lives and living arrangements within people's home environments. Health professionals recognised the service was quick to respond to changes which prevented minor concerns from escalating. For example, one person received extra support to build relationships with other people in their accommodation. Staff worked with them to understand any issues and address them. This had a positive impact in relation to their social interactions with people living at the service.
- People chose when they wanted to interact with their families. Staff supported people to use technology and software to speak with their friends and families. One person expressed a wish to start a relationship and this was assessed and supported by the staff.
- People had chosen to further their education and/or build skills for future employment to lead more meaningful lives. Staff were highly skilled to continuously assess and consistently support people to achieve their goals. For example, one person had been working as an apprentice supported on a one to one basis by a skilled member of staff to progress their skills and knowledge. They had learnt to plan projects, including buying of materials needed and carrying out jobs within the service. This work had led to them completing additional education around health and safety and first aid. The next stage was to expand their experience within the organisation completing skilled work at different sites owned by the provider.
- Staff worked above and beyond to support people to follow their interests and had developed incentives around these to encourage people to develop their skills and knowledge. One member of staff told us how they had been given a free ticket to watch a premier league football club match. They knew one person supported the club and arranged to take them to the match. They described the impact this had on the person, "[Name of person] was so excited, absolutely loved it and was talking about it for weeks afterwards." As a result, staff had been creative in developing incentives around a football tournament to support people to achieve goals in their daily lives.

End of life care and support

- People were involved and aware of the importance of planning decisions about end of life care. Plans were comprehensive, pictorial to promote understanding and covered all aspects of advanced decisions.

For example, plans explored; organ donations; where they would like to be cared for should their health deteriorate; whether or not to complete a memory box detailing how they would like to be remembered and who to leave it to; funeral planning and contact details.

- Staff supported people to make advanced decisions about their care. These were documented and easily accessible in the event of an emergency.
- Staff were aware of the importance of providing a high standard of care to those at the end of their lives. They understood the importance of good oral hygiene and that emotional support may need to be extended to family members and friends.

Improving care quality in response to complaints or concerns

- Complaints were dealt with effectively and in line with policy. We checked complaints, and none had been made since the service had been registered with CQC.
- People were confident approaching the registered manager and the staff team should they have any concerns to raise. One person told us, "Staff listen to me. I don't have any complaints as the staff sort anything out for me."
- The registered manager had a hands-on approach to supporting people. People felt comfortable to raise concerns. This was because of the excellent communication skills of staff which created open and honest relationships.

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.

This is the first inspection for this newly registered service. This key question has been rated outstanding. This meant service leadership was exceptional and distinctive. Leaders and the service culture they created drove and improved high-quality, person-centred care.

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

- The provider encouraged a truly person-centred culture. People were considered first and empowered to try new experiences to build their skills and knowledge. This improved people's outcomes in relation to social interaction, quality of life and mental health.
- People's lives had been significantly improved. The provider demonstrated excellent collaborative working with other agencies and health professionals. Staff worked with health professionals to consider ways of working to support productive outcomes. People's life histories had been considered and strategies developed by the provider to support people's understanding of risks they posed to themselves. This supported good outcomes and promoted people's ability to make informed decisions which protected their safety and long-term well-being.
- Staff spoke positively about the support they received from other staff and the management team. One staff member told us, "I get on with management. They are very direct and will tell you if you're doing something wrong. When things go wrong they deal with them professionally."
- Staff felt valued and were proactive in their approach to improve people's lives. Health professionals' comments included; "[Name of person living at service] understands the rules put in place and responds well to the staff team supporting them. Their mood, behaviour and actions show they are very happy at the moment" and, "This service is held in high regard by a lot of health professionals in the area. Many people are brought out of hospitals and no one else has given them a chance."

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

- The service had developed strong relations within the local community. People were supported to engage in volunteer work through local organisations and access the wider community using public transport links.
- People had recorded on satisfaction surveys that they felt treated equally and that staff listened and offered them choices. Staff told us, "I make suggestions all the time. Each service user has a keyworker, I work with one person. I discuss their needs each week and monitor improvements. It's about us developing their support, listening to them and doing the best we can for them." Records demonstrated how this approach built trusting and effective relationships between people and staff that supported them.

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

- Staff described the values and vision of the service, showing clear knowledge of their role and

responsibilities. The registered manager showed accountability for the staff team and understood their registration requirements.

- The registered manager regularly gathered feedback from people, their relatives and staff. Survey records detailed positive feedback from relatives and people about the service and support provided. A relative advised, ""We are very happy with the care [name] receives. All the staff have gone above and beyond for [name] care and welfare. Thank you." Feedback was listened to, reviewed, and actions taken to improve the service.
- The management team engaged with staff to improve the care provided to people. Staff told us, "If we feel something doesn't work for them we tell managers. We are encouraged to jot things down, any improvements to support people better. I've submitted some for computer time for one person and that's been sorted."
- A variety of audits were regularly completed, and action plans demonstrated improvements made.

Working in partnership with others

- The registered manager and staff team engaged with all health professionals involved in people's care and support. Feedback from people and health professionals was positive and demonstrated strong relations had been built to support people effectively.
- Management were keen to continually improve practices working alongside their staff. Management used a supportive 'hands on approach' to deliver constructive feedback which supported staff development and improved people's experiences.

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 their responsibilities and had an open and honest approach. Health professionals advised that the service kept them well informed when things changed, or events happened at the service.
- Staff were aware of the importance of involving and updating people's families when important events or changes happened.
- Incidents had been fully recorded and reported to the appropriate agencies. Where there were lessons to be learnt these were shared with the staff team to prevent incidents from reoccurring.