

Integrated Care Services Limited

Integrated Care Services Limited - 2a Tudor Gardens

Inspection report

Integrated Care Services Limited
2a Tudor Gardens, Kingsbury
London
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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 15 September 2016 and was announced. We last inspected this service in August 2014 and found that they were meeting all legal requirements and were overall rated as 'Good'.

2a Tudor Gardens is a residential care home that provides accommodation and support for up to four people with learning disabilities and autism spectrum disorder. At the time of our inspection there were two people living at the home.

The home had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The registered manager was approachable and supportive of staff and people who lived at the service.

The provider had effective systems to protect people from avoidable harm. Appropriate risk assessments had been carried out and risk management plans put in place for each person who lived at the home, and for the environment to ensure people's safety.

There was a sufficient number of staff deployed who were trained and knew how to meet people's care needs.

People's medicines were administered safely and they were supported to access healthcare services to maintain their health and well-being.

People had enough to eat and drink. They were provided with a choice of food, snacks and drinks as appropriate. They were supported to access healthcare services when required.

Staff understood the requirements of the Mental Capacity Act 2005 and sought people's consent before providing care and support. They were trained in areas that were relevant to the needs of the people, who lived at the home.

They were knowledgeable about people's care needs and they provided appropriate support to people.

People were treated with dignity and respect and were encouraged to maintain their independence, interests and hobbies. They were supported to express their views and be actively involved in making decision about their care. Staff were respectful and friendly in their interactions with people.

People's needs had been identified before they moved to the home, and changes to people's needs were managed appropriately. People had personalised care plans that gave guidance to staff on meeting

people's needs. They were supported by the staff team to take part in activities that were of interest to them.

The provider had an effective system in place for handling complaints. They encouraged feedback from people and acted on this to improve the quality of the service. They also had an effective quality monitoring process in place to ensure they were meeting the required standards of care.

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 had individualised risk assessments in place that gave appropriate guidance on keeping them safe.

Staff were trained in safeguarding adults and there were process in place to ensure people's safety.

The provider had robust policies and procedures in place for the safe recruitment of staff. There were enough skilled and qualified staff deployed to meet people's needs.

People's medicines were managed and stored appropriately.

Is the service effective?

Good ●

The service was effective. Staff were trained in areas that were relevant to the needs of the people who lived at the home.

Staff understood the requirements of the Mental Capacity Act 2005 and sought people's consent before providing care and support.

People had enough to eat and drink. They were provided with a choice of food, snacks and drinks as appropriate.

People were supported to access healthcare services when required.

Is the service caring?

Good ●

The service was caring. People were supported to express their views and be actively involved in making decisions about their care.

People were supported to maintain relationships with their relatives and had their privacy and dignity respected.

Staff were kind, caring and approachable. They were respectful and friendly in their interactions with people.

Is the service responsive?

Good ●

The service was responsive. People's needs had been identified before they moved to the home, and changes to people's needs were managed appropriately.

People had personalised care plans that gave guidance to staff on meeting people's needs. People were supported by the staff team to follow their hobbies and interests.

There was an effective system in place for handling complaints.

Is the service well-led?

Good ●

The service was well-led. There was a registered manager in post.

The registered manager was approachable and supportive of staff and people who lived at the service.

The provider had systems in place for monitoring the quality of the service provided.

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Detailed findings

Background to this inspection

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

This inspection took place on 15 September 2016 and was announced. '48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection, we review the provider's completed Provider Information Return (PIR) which they had sent to us. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information available to us about the home, such as notifications. A notification is information about important events which the provider is required to send us by law.

During the inspection, we spoke with two people who lived at the home, one member of staff, the registered manager, and the registered provider and received feedback from one relative.

We reviewed the care records and risk assessments for two people who lived at the home and looked at both people's medicines and medicines administration records. We also looked at staff recruitment, training and supervision records, and reviewed information on how the quality of the service was monitored and how complaints were managed.

Is the service safe?

Our findings

People who lived at the home told us they were happy living at the home. One relative told us that they did not have any concerns in relation to people's safety. One person said, "I am happy living here." Another person also told us, "I like living here." A relative told us, "[Relative] is safe and happy living at the home, we've never had any problems." The relative said, "We have no concerns about the home, nothing in life is perfect but this is a good home for [Relative]."

The views of the people who lived at the home and their relatives were echoed by members of the staff team. One member of staff added, "Service users are safe, they like living here and we take steps to safeguard them. If anything is not fit for purpose we replace it and we are always on the lookout for anything that could put them at risk."

The provider had an up to date policy on safeguarding adults, which gave guidance on how safeguarding and related concerns were managed. We saw contact details displayed in various parts of the home for the agencies that staff must contact if they had any safeguarding concerns. Staff were trained on safeguarding adults and they understood how to protect people from potential risk of harm. A member of staff was able to tell us the types of abuse that could affect the people they supported and how they would go about dealing with any suspected or witnessed cases of abuse. They said, "I completed the safeguarding training a few months back. If I suspected abuse or was worried about anyone of the service users, I would report to my line manager and record everything. If the manager did not take any action then I would whistle blow."

There was an up to date whistleblowing policy in place. Whistleblowing provides a way in which staff can report misconduct or concerns within their workplace without the fear of consequences of doing so. Staff were aware of the provider's whistleblowing policy and spoke about it. One member of staff said, "I have no problem blowing the whistle if there was ever a need."

People had individualised risk assessments in place to safely manage risks associated with their care. These risk assessments formed part of people's care plans and covered areas such as slips, trips and falls, accessing the community, use of the stairs and kitchen. They provided guidance to staff on keeping people safe and were reviewed every three months or sooner if required. Staff told us they were aware of people's risk assessments and kept up to date with any changes by reading them, and in discussions during team meetings and shift handovers. A member of staff we spoke with said, "All service users have their own risk assessments. We discuss changes to the identified risk to service users at team meetings and the risk assessment is updated afterwards. If team meetings are not scheduled, I will talk to the manager about the changes I have noticed and then the team meeting would be brought forward. It's all about communication."

In addition, the provider had carried out health and safety risk assessments to identify and manage risks posed to the people by the environment. These covered areas such as moving and handling, safeguarding people, infection control and fire safety. They identified hazards that could cause harm, those who might be harmed and what was being done to keep people safe. Emergency protocols were in place to make sure

people were kept safe in an event of fire, flood and other unforeseen circumstances. Each person had an emergency evacuation plan (PEEP) which detailed how people were to be supported if there was a need to evacuate the building. The provider had a system for recording accidents and incidents. The registered manager told us that accident and incidents records were reviewed by the provider's risk management team to identify any trends so that action could be taken to reduce reoccurrence.

The provider had an effective policy in place to support the recruitment of new staff. We reviewed the recruitment records for three members of staff and found that the provider had carried out the required pre-employment checks. These checks included employee's identity checks, employment history checks and verification, and health check to ensure potential staff were fit for the role they were being considered for. The provider also obtained references from previous employers and completed Disclosure and Barring Service (DBS) checks. DBS helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

People and relatives told us the staffing levels were sufficient. One relative told us, "Yes there is enough staff; there is always staff around to help. It makes [Relative] feel secure. We have no concerns about the staffing numbers. I would say they are adequately staffed." We reviewed the staff roster for the two weeks prior to our inspection and the week ahead of the inspection and were satisfied that there were enough staff deployed at all times to keep people safe.

People's medicines were administered as prescribed and stored in a locked cabinet in the office. A person we spoke with confirmed that they received their medicines in a timely way. They said, "Yes, I get them [medicines] on time." Staff told us they had been trained and their competency was assessed before they supported people with their medicines. One member of staff said, "We get trained before we support the service users with their medicines. Medicines are given to service users on time." There were protocols in place for the administration of people's medicines. These gave guidance to staff on how people preferred to take their medicines. They were accompanied by another set of guidance for staff on how to manage medicines errors if they occurred.

We checked the stock of medicines held for the two people who lived at the home against the medicine administration records (MAR). We found no gaps in these records. This showed us that people received their prescribed medicines on time.

Is the service effective?

Our findings

A person we spoke with told us, "I like them [Staff]." People's relatives told us the care provided to people was effective because staff were trained to meet people's needs. One relative said, "Staff are very much on the ball, they are trained and they know what they are doing." A member of staff we spoke with said, "I am happy with how things work in this home. We are lucky because all staff know the service users' needs. [Manager] makes sure all staff have had an induction and are trained."

Staff records confirmed they had received an induction at the start of their employment. A member of staff told us, "We've all done our induction. We spend a few days and learned about the company and the policies then we come to the home for the remainder. We meet [People] and we read through their care plans [to understand their needs]. We also work alongside experienced members of staff observing them support people individually to understand how their needs are met. We also do training and all our online learning during this time." New members of the staff completed the care certificate as part of their induction. The Care Certificate is a set of standards that social care and health workers stick to in their daily working life.

Staff were trained in areas that were relevant to the needs of the people who lived at the home. One member of staff told us, "My training is up to date. They [the provider] tend to ask if there is a specific training course you want to do and they provide it. The training has made me confident and reassured me that I can do my job properly. For example, doing the first aid training made me feel confident that if someone was hurt I could do something about it which is nice to know." The training records showed that staff had received training in areas such as health and safety, safeguarding people, medicines administration, fire safety, first aid and positive behaviour support. Although most training provided to staff was completed on line some courses were classroom based. We saw that staff were given the opportunity to complete national vocational qualifications [NVQ] relevant to their roles and responsibilities such as; NVQs levels two, three or four or Diplomas in health and social care levels two, three or four.

Staff were supported in carrying out their job roles by way of regular supervision meetings with the management team. They also received annual appraisals of their performance. A member of staff we spoke with told us, "We talk about any issue regarding service users and any training we need in my supervision." The registered manager told us that supervision meetings were held on a monthly basis for staff. They had developed a schedule which they used to monitor and plan supervision meetings. We reviewed this rolling schedule and found that that scheduled supervisions and appraisals had taken place.

People and members of the staff team told us that people's consent was sought before any care or support was given. One person said, "They ask my permission." A member of staff told us, "We always ask service users' permission and give them choices to make their own decisions." We observed staffs' interactions with people and saw they asked people's permission before going into their room or provided support.

The requirements of the Mental Capacity Act 2005 (MCA) and associated Deprivation of Liberty Safeguards (DoLS) were being met by the service. 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. Staff had good understanding of their role and responsibilities in supporting people around decision making.

A member of staff told us, "The MCA relates to service users having the right to make their own decisions and if they don't have capacity to do that, we support them to make decisions in their best interest. I have done the training and there is a flow chart on the office notice board about MCA and how it all works. If I am unsure about anything I would ask [Manager] to refresh my memory."

Assessments of people's capacity to make decisions had been completed in areas where it had been considered necessary. 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 in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). The management team had assessed whether people were being deprived of their liberty (DoLS) under the Mental Capacity Act, due to the care they received. They found that authorisations were required in some areas therefore applications were made to the supervisory body as required by the MCA. Information was provided to staff to help them to understand their responsibilities in relation to this legislation, and we saw evidence that they had received the relevant training.

People had enough to eat and drink. They were provided with a choice of food, snacks and drinks as required. One person told us, "The food is good, I like it. My favourite food is salad. I choose what I want to eat." A member of staff we spoke with said, "We [staff] do the cooking with support from the service users if they want to. They [person who used the service] help us. For example [Name] helps peel potatoes or bakes cakes. Food shopping and menu planning is also done with service users involved. They choose what they want to eat for example, [name] would tell you what they would like to eat and what they would like to have on the menu for the week."

We observed that people were able to access food and drinks as much as they wished and they were supported accordingly. Weekly menus were in place and people's dietary needs, likes, dislikes and preferences around food and drinks were detailed in their care plans. We reviewed menus for two weeks and found that people had a healthy and balanced diet that incorporated their individual choices.

People's healthcare records showed that they were actively supported to maintain their health and wellbeing. They had access to healthcare services when required and their known health conditions were recorded in their health plans. The service routinely monitored people's healthcare needs and supported them to access the right health care services when changes occurred. A member of staff told us, "We support service users to all their appointments. We also monitor their health and if we are concerned we call the GP immediately." We saw that people had interactions with healthcare professionals as appropriate and the outcome of appointments were recorded in their individual health folders.

Is the service caring?

Our findings

People and their relatives told us that staff were caring and approachable. One person said, "Yea, I like it here. Aren't they [staff] nice?" A relative told us, "Staff are wonderful. I can't fault them in any way, [Relative] is happy and secure. The staff really are fabulous. Staff are very approachable, I cannot give a bad review about them."

The atmosphere within the home was relaxed and welcoming. People were comfortable and at ease in the presence of staff. We observed the interactions between the people who lived at the home and the staff and found these to be positive in nature. Staff were patient, supportive and understanding of people's needs. They spoke with people appropriately and called them by their preferred names. People were well presented and appeared well looked after. A member of staff we spoke with told us, "Staff are very caring and understanding. There is a good rapport between staff and service users. We understand that this is their home and respect it, because they are letting us in their home. We take time out to listen to them and be patient because that is what it is all about. That is why they [People] are happy living here. It is a nice, welcoming and relaxed home and that is the most important thing. I love working here. I like the interaction with them [People]. It has taken a while to build up a rapport but I have now got round it. They [People] trust me enough to ask me for support. It is a nice atmosphere. You look forward to coming into work."

Staff were knowledgeable about people's care needs. We found that people's care records contained information about their life history, preferences and the things that were important to them. There was a section in people's care plans which detailed information about people's early life, their family structure and where they spent their childhood. This provided staff with an understanding of people's backgrounds. Furthermore, people were supported to maintain relationships with their families and loved ones. Their relatives were able to visit them when they wanted without any restrictions on visiting times. A relative told us, "No there is no restrictions on the times we go to see [Relative]. I can pretty much visit anytime." A member of staff added, "There are no visiting times, most families will ring before coming but some will just turn up and that's no problem at all."

Care records contained a section detailing the tasks that people enjoyed or could carry out independently or with some support from staff as a way of promoting their independence. Staff understood the importance of promoting people's independence. They encouraged people to do as much as they could for themselves. For example, we saw people helping them to drinks and biscuits when returning from the day centre.

Staff told us that they protected people's privacy and dignity by making sure they respected people's choices and wishes, keeping information about their care confidential, providing personal care in private, and knocking on people's bedroom doors before they went in. A member of staff said, "We give service users space if they want to be alone and make sure we ask their permission, and explain everything we are going to do for them before we do it."

Staff also understood how to maintain confidentiality by not discussing people's care needs outside of the work place or with agencies that were not directly involved in people's care. We also saw that people's care

records were kept securely in the office.

People were supported to express their views and be actively involved in making decision about their care. They had been provided with a 'service user' guide which detailed information about the service. This included information about the complaints' procedure, and details of who people could raise concerns with, if they had any. Some people's relatives acted as their advocates to ensure that they understood the information given to them and that they received the care they needed.

Is the service responsive?

Our findings

People's care was person centred and the service was responsive to people's needs. One person said, "They revolve around us."

We looked at people's care records, assessments and reviews. We found these to be person centred, giving unique details, relevant to individuals. These records provided a picture of the people the service supported.

We looked at people's records; we could see people had been involved in the planning of their care. People's backgrounds had been explored, and their likes and dislikes. One person had health issues and their records were very detailed. Staff had made significant efforts to support this person during a recent hospital stay and the aftercare, this helped the person to become more independent and gain greater self-esteem. People told us that they were involved in the planning of their care and relatives had been involved in review processes and contributed to the care plans. Staff said they went through people's care plans and records with them. One person said "I talk about my care plan with staff."

When we spoke with staff we asked them to tell us about the people who lived at the service. They gave us detailed information about each person. This information was found in people's care records. People were supported to engage with a variety of activities which they had chosen and wanted to do. For example, people attended a day centre and another person told us that they will be starting voluntary work with a local charity.

During our visit we heard staff discussing and planning activities for that day and evening. We spoke with a member of staff who said, "Not everyone is the same, it's what suits the individual." When we looked at the care records we could see people had identified areas of interest and activities they liked doing. We saw people were being supported to fulfil and develop these interests regularly, which were individual to each person. When we visited people in their home these were personalised spaces expressing their individual interests, and hobbies. People recently went on a summer holiday and told us that they enjoyed going away.

The provider had a system for handling complaints. People and their relatives told us they knew how to raise concerns if they had any. One person said, "I will speak to [staff name] or [Relative] if I am not happy about something." A relative we spoke with told us, "I will speak to [Registered Manager] about any issues I have. The registered manager told us that the service did not receive any complaints since our last inspection in August 2014.

Is the service well-led?

Our findings

The people we spoke with were very complimentary about the manager. One person said, "She is very nice." We asked how this made them feel, the person answered, "Happy." Another person said, "Pretty good."

Staff also spoke positively about an open culture and good leadership. One member of staff said, "We work together as a strong team. [Manager] is fair and has strong professional boundaries." We observed the registered manager and staff communicated effectively with one another, these conversations were professional and appropriate. Staff said the registered manager and the registered provider were very visible and involved with the day to day running of the service. We observed this to be the case throughout our visit.

There was a strong sense of 'team work' at the service. Staff said they felt confident expressing any concerns to the registered manager. Staff also said they felt comfortable addressing any practice issues with their colleagues. One member of staff said they had raised an issue regarding a member of staff, they said this staff member responded positively to their suggestions. Staff told us how important it was to respond appropriately to guidance in care plans when a person may express behaviour which challenges others. They said otherwise a colleague may have a difficult time responding to this situation, if it happens again.

The registered manager told us it was important that all staff are accountable and feel responsible for the people they supported. The shift lead roles were shared by all staff. The registered manager said, "Everyone should have responsibility, because everyone is capable."

We asked staff what the services values were. One member of staff said, "To help these guys have the best opportunities in life. Together everyone can achieve more." The registered provider spoke about creating an atmosphere, "Where we are one big family...and basing each day around that individual." We found these values were shared by all staff. We also observed the service was friendly and welcoming.

The registered manager fully understood their responsibilities and the information we hold about the service, told us they reported incidents to the CQC as required. We were shown various audits completed by the registered manager to monitor the quality of the service and drive improvement. For example there were weekly and daily audits which checked the entries into people's daily logs and care plans, the condition of people's rooms, and people's safety.

We saw records to confirm that staff meetings had taken place on a regular basis. We saw that discussion had taken place about care plans, record keeping, safeguarding, complaints and issues and other areas relevant to the needs of people who used the service. Staff told us meetings were well attended and that they were encouraged to share their views and speak up.

We were shown records which confirmed that the registered provider completed surveys with people who used the service, stakeholders and staff. We saw that the surveys were very positive and no shortfalls had been highlighted.