

The Integration Trust Limited

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Inspection report

Brandon Community Association Hall
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Brandon
County Durham
DH7 8PS

Tel: 01913783976

Date of inspection visit:

10 March 2020

18 March 2020

Date of publication:

11 May 2020

Ratings

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

Summary of findings

Overall summary

About the service

The Integration Trust Limited is a domiciliary care agency providing personal care and support for up to three people living in a specially adapted bungalow. At the time of the inspection two people were using the service.

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 service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People were supported by an exceptionally kind, caring and motivated staff team. They were encouraged and supported to achieve personal goals. Staff were very well supported by the registered manager and as a result people using the service received excellent care and support in a very relaxed and homely environment. Staff were extremely dedicated to improving the quality of life for the people they supported and went out of their way to integrate them into their own family lives.

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 treated people with a high level of dignity and respect. People were given opportunities to be truly involved in all aspects of their daily life and staff provided support patiently to ensure they were given the time and space for this.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

People were able to maintain strong family links and relatives told us they felt their loved ones were safe and extremely well supported.

People's care was developed around their wishes, preferences and goals. Support plans contained a very

high level of detail which meant staff knew exactly how best to support each person. Each person was truly recognised as an individual and supported in that way. Staff knew the people they supported very well and understood they had very different personalities. People were involved in a wide variety of activities, outings and holidays all of which were carefully chosen to suit each person's preferences.

Staff were encouraged to develop their knowledge and skills and felt supported and valued.

Medicines were managed safely. There were systems and processes in place to help protect people from the risk of abuse. There were always enough staff on duty to meet people's needs. Safe recruitment procedures were in place, however, these were rarely needed as there was a very long-standing staff team who had supported the people using the service for many years.

People were supported to have a healthy diet. Specialist advice and input was always sought if there were any concerns about a person's weight and food was prepared in a way that met any specific needs people had in this area. People were supported to have access to a range of healthcare professionals to ensure they remained healthy.

A range of audits and checks were carried out to monitor the quality and safety of the service. Action was taken if any issues or concerns were identified.

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

Rating at last inspection

The last rating for this service was good (published 11 August 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Outstanding ☆

The service was exceptionally caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

The Integration Trust Limited

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

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It currently provides 24-hour personal care and support to two people living in a specially adapted bungalow.

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

We gave a short period of notice of the inspection. This was because the service is small, and people are often out. We wanted to be sure there would be office staff available to support the inspection and people at home to speak with us.

Inspection activity took started on 10 March 2020 and ended on 18 March 2020. We visited the office location and the bungalow where people live on 10 March.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. 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

Due to the communication needs of the people using the service we were not able to speak with them about their experience of the care provided. However, we did spend time with both people and observed staff interaction with them. We spoke with two members of staff including the assistant manager and a support worker. The registered manager was on annual leave at the time of our visit.

We reviewed a range of records. This included two people's care records and medication records. We looked at one staff file in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We telephoned people's relatives to ask for their feedback on the care their loved ones received. We received feedback from a professional who works with the service. We also received further information from the registered manager once they returned from annual leave.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems in place to help protect people from the risk of abuse. Staff had received safeguarding training and were knowledgeable about what action they would take if abuse were suspected.
- The registered manager understood their responsibilities with regards to safeguarding people. Procedures were in place to ensure referrals were made to the local authority safeguarding team if necessary.
- Relatives were happy their family members were supported safely. One relative told us, "All the carers are very nice, I've never had any concerns about safety and [family member] has [been supported by them] for a lot of years."

Assessing risk, safety monitoring and management

- Staff supported people in a way that kept them safe. Records confirmed that risks were being appropriately assessed, monitored and managed.
- The building was safe. The landlord was responsible for the upkeep of the building and the registered manager liaised with them to ensure all necessary checks were up to date.
- Staff knew what actions to take in the event of a fire. A number of emergency plans were in place including a recently introduced coronavirus management policy.

Staffing and recruitment

- There were enough staff to meet people's needs.
- Safe recruitment procedures were followed to help ensure suitable staff were employed.
- There was a very low turnover of staff. This meant people received care from familiar staff who knew their individual needs very well.

Using medicines safely

- Trained staff ensured people's medicines were ordered, stored and administered correctly. Accurate medicine records were kept, and these were checked regularly.

Preventing and controlling infection

- Good procedures were in place to manage the risks associated with Coronavirus (COVID-19). Our visit took place at the very outset of the outbreak of COVID-19 in the UK. The provider had clear guidance on doors advising any visitors to the house about how to minimise risk. Staff and visitors were all required to observe good hand hygiene.
- Staff had completed infection control and food hygiene training. Staff had access to gloves and aprons to reduce the risk of infection when supporting people.

- The bungalow was clean and tidy.

Learning lessons when things go wrong

- Staff effectively recorded accidents and incidents. The registered manager reviewed these to identify any themes or trends so action could be taken to reduce the risk of any reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were assessed before they moved into the bungalow. The registered manager told us how important it was to get the right person and that the process could not be rushed. They said, "We have people interested in our service, but I have to ensure that anyone else coming in is a good fit."
- Care and support was provided in line with current best practice guidance.

Staff support: induction, training, skills and experience

- People were supported by staff who had completed training to meet the specific needs of people who used the service. An external professional told us, "The registered manager has always had an eye on what the team need and is forward thinking and innovative in terms of what she wants them to learn."
- There was a supervision and appraisal system in place. Staff said they felt well supported. One comment included, "I get all the support I need. I would say if I wasn't happy with things."
- The registered manager called in to the bungalow most days. Staff told us this gave them opportunity to get things off their chest if they need to.

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

- People were supported to maintain their diet. They were offered a variety of food and drinks and staff knew people's likes and dislikes.
- Mealtimes were relaxed and homely. Staff were aware of any special dietary needs and food was prepared in line with these. A member of staff told us, "It is like a family home. That's how it's been since the very beginning. At mealtimes we all eat together."

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

- People had access to a range of healthcare professionals to help ensure they remained healthy. One relative told us, "Staff always make sure [my relative] is kept healthy. [They] see the doctor whenever [they] need to and see the dentist regularly."

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.

- Consent to care was sought in line with legal requirements. People were involved in decisions wherever possible.
- Staff had considered the least restrictive ways of working. This positively impacted on people's wellbeing.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as outstanding. At this inspection this key question has remained the same. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- The service had maintained the same exceptionally high standards of care we found at our last inspection. Staff provided care in the relaxed atmosphere of a family home and treated people with a genuine affection and respect. One relative told us, "As a family we are 100% happy with the care [family member] receives. They get so well looked after. The staff are brilliant, I can't complain one little bit. The carers deserve a gold medal for all they do."
- We observed very positive, caring interactions between staff and people using the service. Although people were not able to fully engage in conversations they were always involved, and staff never talked over people or excluded them. Staff clearly knew people very well and were able to anticipate their needs and respond accordingly.
- People were supported by a very dedicated and long-standing staff team who helped them achieve positive outcomes and live a full and enjoyable life. Staff and people using the service had developed a really close bond and had truly become like part of one big family. People who used the service had attended staff weddings, visited staff's holiday homes and met their partners and children. In turn people's relatives told us visiting the bungalow was like a 'home from home.' A professional who worked with the service told us, "For me it's a pick me up to see care delivery in an authentic home environment. I would not hesitate to have them looking after a relative of mine."

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

- Staff supported people to be involved in decisions about their care. One relative told us, "Although it is not always easy, staff do their best to include [family member] in all decisions."
- People had access to advocacy services if this was needed. However, at the time of the inspection independent advocates were not required as people's relatives were very supportive. An advocate helps people to access information and be involved in decisions about their lives.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people in a way that maximised their independence, choice and control. People were encouraged to develop and use the skills they had and live life to their full potential.
- Staff respected people's privacy and dignity. One relative told us, "It is [their] home and the staff are always respectful of that. All of the staff are very respectful in the way they care for [family member] I am very happy."

Is the service responsive?

Our findings

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

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

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

- People received good person-centred care. Staff knew people and their personalities exceptionally well. They recognised changes in people's mood from small changes in behaviour and had the knowledge and skills to respond accordingly.
- People's care was developed around their wishes, preferences and goals. Detailed support plans were in place which instructed staff how to deliver care which was responsive and met people's needs. One professional told us, "I find it to be a unique and enviable care environment in a lot of ways, delivering complex care successfully and on a very individual basis."

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 registered manager and staff team had a very good knowledge of people's communication skills. People had very detailed plans in place to let staff know the best way to communicate with 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 were extremely proactive in supporting people to maintain family relationships. Visitors were welcomed at any time.
- People took part in a variety of activities within the bungalow and at day services. Staff supported people to go on many trips out in the local community and further afield, including holidays abroad. One relative told us, "[Family member] goes out all the time, goes on holiday, has a better social life than me. I am always made welcome. I don't go as often as I used to but when I visit staff welcome me like I'm part of their family."

Improving care quality in response to complaints or concerns

- There was a policy and procedure for handling complaints, but none had been received since our last inspection.
- Family members were confident that any concerns they raised would be addressed. One relative told us, "The things we have raised have only ever been very minor and they are resolved immediately."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- There was a relaxed and friendly atmosphere in the bungalow. Staff told us they felt valued and enjoyed their work.
- The registered manager was approachable and communication was very good. One relative said, "The [registered] manager rings me from time to time and we are contacted straight away if there are any problems or if [family member] is not well. I am very happy with the correspondence."
- Diversity amongst the staff team was encouraged. The registered manager told us they contacted local groups for people with protected characteristics when they recruited for new staff.

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

- The registered manager understood their duty of candour responsibilities and the legal requirements to tell us about specific events.
- Quality assurance was effective. A range of audits and checks were carried out to monitor the quality and safety of the service. Action was taken if any shortfalls were identified.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- People and staff were actively involved in all aspects of the service. The registered manager told us, "I am proud that staff are always looking for new opportunities for the people they support, work hard to maintain family links and ensure the people they support are full members of their community."
- Feedback was used to monitor the quality of the service. The provider had recognised that feedback was not always successfully captured and so had recently introduced a questionnaire system to improve this. Feedback received was all very positive.
- Staff felt well supported by the registered manager and worked well together as a team. Staff meetings were held regularly.

Working in partnership with others

- Staff liaised with health and social care professionals to make sure people received joined up care which met their needs. The registered manager told us, "The key is transparency, asking for help when it is needed and putting in place any recommendations to ensure [the people who use the service] are happy, healthy

and safe." An external professional told us, "The staff team are always friendly and welcoming. Over the years they have responded well to some quiet challenging training subjects."