

Integracare Limited

# IntegraCare (Supported Living)

## Inspection report

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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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

This inspection took place on 21 December 2018 and 4 January 2019. The inspection was announced. We gave the provider 48 hours' notice to ensure someone would be available to speak with and show us records.

This service provides care and support to people living in a '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. Some of the people supported were living at home with their families. On the days of the inspection there were 29 people using the service.

At our last inspection we rated the service good. At this inspection we found the evidence continued to support the rating of good overall however the Responsive key question had improved to outstanding. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

The service was extremely person-centred. Person-centred means ensuring the person is at the centre of any care or support and their individual wishes, needs and choices were considered.

The service went the extra-mile for the people they supported and was extremely responsive to people's changing needs. People were protected from social isolation and had become an integral part of the local community.

People were supported to have maximum choice and control of their lives, and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

Accidents and incidents were appropriately recorded and investigated. Risk assessments were in place for people who used the service and described potential risks and the safeguards in place to mitigate these risks. The registered manager understood their responsibilities with regard to safeguarding and staff had been trained in safeguarding vulnerable adults.

Appropriate arrangements were in place for the safe administration of medicines.

The provider had an effective recruitment and selection procedure in place and carried out relevant vetting checks when they employed staff. Staff were supported in their role via appropriate training and regular supervisions.

People were supported with their dietary needs. Care records contained evidence of people being supported during visits to and from external health care specialists.

People and family members were complimentary about the standard of care provided by IntegraCare (Supported Living). People were given information in a way they could understand. Staff treated people with dignity and respect and helped to maintain people's independence by encouraging them to care for themselves where possible.

People and family members were aware of how to make a complaint. The provider had a robust quality assurance process in place. People, family members, staff and visiting professionals were regularly consulted about the quality of the service.

## 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 remained Good.

### Is the service effective?

Good ●

The service remained Good.

### Is the service caring?

Good ●

The service remained Good.

### Is the service responsive?

Outstanding ☆

The service improved to Outstanding.

### Is the service well-led?

Good ●

The service remained Good.

# IntegraCare (Supported Living)

## **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 21 December 2018 and 4 January 2019. The inspection was announced. One inspector carried out the inspection.

Inspection site visit activity took place on 21 December 2018. It included a visit to the provider's office to speak with the registered manager, director and three care staff, and to review care records and policies and procedures. We met and spoke with four people who used the service. On 4 January 2019, we reviewed additional evidence provided by the registered manager, and contacted four family members. We also spoke with two social care professionals.

Before we visited the service we checked the information we held about this location and the service provider, for example, inspection history, statutory notifications and complaints. A notification is information about important events which the service is required to send to CQC by law. We contacted professionals involved in caring for people who used the service, including commissioners and safeguarding staff. We also contacted Healthwatch. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement work. Information provided by these professionals was used to inform the inspection.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

# Is the service safe?

## Our findings

People told us they felt safe using the service and family members were happy their relatives were safe. One family member told us, "Safe? Absolutely."

The provider had an effective recruitment and selection procedure in place. They carried out relevant security and identification checks when they employed new staff to ensure they were suitable to work with vulnerable people. These included checks with the Disclosure and Barring Service (DBS), two written references and proof of identification. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions to prevent unsuitable people from working with children and vulnerable adults.

There were sufficient numbers of staff on duty to meet the needs of the people who used the service. We discussed staffing with the registered manager, staff, people and family members. All the feedback we received was positive. The service had a 24 hour call out system in place for emergencies. Staff used an electronic application (app) to record their start and finish times. The registered manager told us the app was designed so staff couldn't finish their shift until all actions had been completed.

New staff were introduced to the person they were going to support. People were asked whether they were happy with this before the introduction took place. Spot checks were carried out on staff to ensure they were following the provider's policies and procedures, and maintaining infection control standards.

Accidents and incidents were appropriately recorded and actioned, and added to the provider's continuous improvement list. Any lessons learned were disseminated to staff via supervisions and meetings.

Risk assessments were in place for people. These described the activity to be undertaken, what the hazards were, what control measures were in place, and whether any additional control measures were required to reduce the risk. Records were regularly reviewed and up to date. Staff completed training in positive behaviour support and support plans were in place that described triggers and how staff should respond.

The provider had policies in place for safeguarding and whistleblowing. Safeguarding related incidents were appropriately recorded and CQC had been notified of any relevant incidents. The registered manager understood their responsibilities with regard to safeguarding and staff received training in the protection of vulnerable adults. A family member told us, "They [registered manager] are very honest, open and transparent. There was an incident with a person from another service. They put plans in place to prevent it happening again."

Appropriate arrangements were in place for the safe administration of medicines. A sample of medicine administration records were viewed and were accurately completed. Medicines were regularly audited.

# Is the service effective?

## Our findings

People received effective care and support from well trained and well supported staff. One person told us, "I get on well with them [staff]. They seem happy in their job." A family member told us, "They [staff] are excellent, we are really pleased." Another family member told us, "I wouldn't send [Name] anywhere else. They have been fantastic with him."

Staff were supported in their role and received regular supervisions and an annual appraisal. A supervision is a one to one meeting between a member of staff and their line manager. It can include a review of performance and supervision in the workplace. 'To do' lists were created for senior staff during supervisions, which were a list of actions for them to complete. New staff completed an induction, which agency staff also received. Staff were enrolled on the Care Certificate. The Care Certificate is a standardised approach to training and forms a set of minimum standards for new staff working in health and social care.

Staff mandatory training was up to date. Mandatory training is training that the provider deems necessary to support people safely. Additional training was required for specific needs, such as the administration of epilepsy medicine, autism awareness and positive behaviour support. A staff member told us, "It was phenomenal training."

A detailed needs assessment was carried out before people started using the service. This included support required with domestic activities, finance, personal care, health, leisure and social needs, education, mobility, communication, general health, mental health, and described what the person would like to achieve from the support.

People were supported with their dietary needs. Allergies and food preferences were recorded, and support plans described how staff were to support people to maintain a healthy, balanced diet. One person was supported to prepare and cook their own meals. Staff were to prompt and remind the person, and provide support when using sharp knives.

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. Each person's capacity to make decisions was documented. For example, one person had capacity for day to day decisions but was unable to manage their own finances. The local authority were in the process of applying to the Court of Protection (CoP) to be the person's appointed deputy for finances. The CoP makes decisions on financial or welfare matters for people who are unable to make the decisions themselves.

People had access to healthcare services and received ongoing healthcare support. The service had worked with an occupational therapist (OT) and physiotherapist to arrange for a specific wheelchair to support a person in the shower after recent falls. Care records contained evidence of visits from external specialists

including GPs, dietitians, OT and hospital appointments. Health action plans were in place and described people's needs and health issues. A family member told us, "If they take [name] to appointments, they ring straight away and let us know what is happening."



# Is the service caring?

## Our findings

The service was caring. A person told us, "They [staff] are all lovely people." A family member told us, "They [staff] are very friendly, they support us too" and "They have [Name]'s interests at heart." Another family member told us, "They really, really care. They want to deliver care that is individual to that person" and "It's the only time we can switch off. It's piece of mind knowing [name] is well cared for." A staff member told us, "There's an openness and kindness here."

People were assisted by staff in a patient and friendly way, and staff treated people with dignity and respect. A family member told us, "[Name] is really respected and valued." We saw and heard how people had a good rapport with staff, sharing jokes and stories.

Staff supported people to be independent and encouraged them to care for themselves where possible. This was evidenced in the care records. For example, "[Name] can select their own clothes however occasionally needs verbal prompting to wear weather appropriate or clean clothes" and "[Name] shaves independently but needs support to go over the bits he has missed." A family member told us, "They [staff] promote [name]'s independence."

Staff we spoke with were knowledgeable about people's individual needs and their levels of independence. One staff member told us, "It is the independence side of things that we try to push forward."

People's preferences and choices were clearly documented in their care records. Communication support plans were in place that described how people were given information in a way they could understand and the level of support they required with their communication needs. For example, "[Name] can make many day to day decisions and should be offered and encouraged to exercise choice wherever possible" and "[Name] does need support to communicate their needs, feelings and choices effectively. Staff can encourage them to express their preference." The person's support plan provided information on their communication skills and the level of support they required.

People were supported with their religious and spiritual needs. Staff supported one person to attend church every Sunday.

Records were kept securely and could be located when needed. This meant only care and management staff had access to them, ensuring the confidentiality of people's personal information.

Information on advocacy services was made available to people who used the service. Advocates help people to access information and services, be involved in decisions about their lives, explore choices and options and promote their rights and responsibilities. The registered manager told us none of the people using the service at the time of the inspection had independent advocates however people had used them in the past.

## Is the service responsive?

### Our findings

The service was exceptionally person-centred and delivered support in a way that met people's individual needs. Person-centred means the person is at the centre of any care or support plans and their individual wishes, needs and choices were considered. A person told us, "I am extremely happy with the support I get." A family member told us, "Their model is something to celebrate. They empower [relative]" and "I think they are outstanding, that's our experience of them. I would like to say a massive thank you to them. We've used a lot of services and none have been up to their standard." A staff member told us, "They [management] are people centred. They focus on the people and the staff." Another staff member told us, "It's so person-centred. The senior management are so hands on." A social care professional told us, "We have a very good working relationship [with the service] and communication is excellent."

The service understood the needs of different people and went the extra mile for people they supported. For example, one person had a visual impairment and following a discussion with the registered manager, agreed to provide training to the staff who supported them. They wanted the training to be about what having a visual impairment meant to them and not about impairment in general. With support from the registered manager, they developed an information sheet and held training sessions with staff. They also designed a certificate to present to staff following the training. The person had speech recognition software on their laptop, which enabled them to use their computer independently. Staff were aware of how the software worked and supported them to access the Internet.

The provider had a 'supporting me' guide that had been written by people with a learning disability as a guide for staff. This described how they wanted to be supported and highlighted the importance of communication and making choices.

The service played a key role in the local community. The provider had its own friendship group that was led by people who used the service. Anyone with a learning disability, regardless of whether they were supported by the service, was welcome to attend and join in the regular meetings, activities and events. The group also ran its own social networking website and newsletter. One person was well known at their local supermarket. The staff there had organised a surprise birthday party in the supermarket's café and the service provided gifts and a birthday cake. The registered manager told us, "That's what it's all about, making friends and social connections."

The service was extremely responsive to people's changing needs. The registered manager told us, "No rota is the same as we meet the individual needs of the clients." This was evidenced by people they supported sending emails or telephoning to let the provider know of any changes to their support or appointments they required staff to support them with. All of the requests were accommodated. For example, one person's support needs regularly changed as they liked to take part in different activities. We saw correspondence and rotas that showed the service had accommodated the person's requests.

Goals and outcomes were created with people, and regular meetings took place to discuss progress and any additional actions required to support the person to achieve their goals. We saw and heard how one person,

with support from staff, had become significantly more independent, required less support from staff and had reduced their reliance on medicines. A social care professional told us, "The staff team are very person-centred and [name]'s needs are at the forefront of all the workers. [Name] is able to live an independent lifestyle due to the support that is provided by IntegraCare."

The service went over and above complying with the Accessible Information Standard (AIS). The AIS was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. An AIS record was in place for each person that described the person's preferred method of verbal and written communication, how effective they were, whether any changes could be made to improve communication, and what type of information the person would like. Pictorial information was used to support people to communicate and pictorial support plans were in place to assist them to understand the care and support they were receiving. These were extremely detailed and described what a support plan was, and provided information on mental health, behaviour and relationships, health needs, social preferences, finances, awareness and safety, and daily living skills.

One person had a pictorial social story. This showed how the person liked routine, such as having photographs of the staff who would be supporting them that day on their activity board. They used flash cards to show staff how they were feeling. Guidance was provided for staff on how to support the person if they were anxious or upset. For example, encouraging them to listen to music, play computer games or visit friends. The provider's service user guide, and policies and procedures were available in an easy to read format.

People were protected from social isolation. They had social preferences records that described activities and interests they enjoyed. They were supported to attend educational services and develop life skills, and to go on holidays. One person required support to plan and implement activities. Staff supported them by helping them with a journey planner before participating in any activity outside of the house. A family member told us, "[Name] is supported when he is out, he loves trains and buses. They match staff to him."

Another person had an interest in history. Staff had supported them to visit historical sites around the country, including Richard III's burial site and museum in Leicester. We also heard how the person enjoyed attending Christmas services at church. The registered manager attended the service with them and this had become an annual tradition. The person told us, "The staff are fantastic. They are really brilliant, I love them all."

Detailed daily records were maintained for each person. These were broken down by time of day and included information on support provided, personal care carried out, domestic tasks completed, and social or leisure activities. Staff communication books were updated so that information could be passed on to other staff members. A family member told us, "The daily logs are excellent. You can read it and know what [name]'s day has been like. They pick up on any changes and make sure the staff on duty next are aware."

Care records were regularly reviewed and evaluated. Records included important information about the person, such as contact details, a detailed description of the person, next of kin, care manager and GP contact details, medicines, allergies, and detailed of any other health or social care professionals involved with them. We saw these had been written in consultation with the person and their family members. A staff member told us, "There is a big input from families. [Name]'s mother speaks with me daily."

End of life support plans were in place that described people's wishes for their end of life care. These included information on how and where the person would like to be cared for, how they liked to be communicated with, who was important to the person, and their funeral plans.

The provider had a complaints policy and procedure in place. This was available in an easy to read format. All concerns and complaints were recorded on the provider's continuous improvement list and reviewed monthly as part of the registered manager's audit. People and family members we spoke with did not raise any complaints about the service.

## Is the service well-led?

### Our findings

At the time of our inspection visit, the service had a registered manager in place. A registered manager is a person who has registered with CQC to manage the service. They had been registered since October 2018. We spoke with the registered manager about what was good about their service. The service was registered with ISO9001, which is an international standard for quality management. The service was also accredited with Investors in People. Investors in People supports organisations to lead, support and manage their staff for sustainable results. The registered manager told us, "I have never wanted to leave this company because it's an excellent place to work" and "We have always been value driven. We have a family feel."

The service worked in partnership with other organisations. For example, they had instigated a communication protocol meeting to improve communication between them and other agencies that supported a person who used the service.

The service had a positive culture that was person-centred, open and inclusive. One person told us, "I visit the office quite often. They are very open and welcoming." A family member told us, "Management are very good. Communication with them is good. I get in touch with them if need be." Another family member told us, "The leadership skills represent the values and ethos of the company." People, family members, staff and visiting professionals were able to feed back on the quality of the service via surveys and questionnaires.

Staff were regularly consulted and kept up to date with information about the service. Staff felt supported by the registered manager and told us they were comfortable raising any concerns. One staff member told us, "If you have any problems, you just have to ring the office. It's top class support. There's always someone watching your back." Another staff member told us, "There's always someone on the end of the phone to get advice from." The registered manager told us, "We've just got the best staff team. They are really caring, really thoughtful" and "It's about having a family feel. We have an open door policy."

The provider had a robust quality assurance process in place. An audit planning tool was in place that described each audit, when it had to be completed by and who was to carry it out. The director carried out audits of the service, including periodic quality checks, client documentation and reviews of policies and procedures.

The registered manager completed monthly audits that included staff supervisions and appraisals, welfare and new staff checks, support plans and risk assessments, finance audits, accidents and incidents, complaints and safeguarding referrals. Senior service coordinators also conducted monthly audits. These included checking the continuous improvement list to make sure it was up to date and actions had been completed. The provider welcomed external scrutiny and detailed action plans were in place following an external independent inspection of the service.

The provider was meeting the conditions of their registration and submitted statutory notifications to CQC in a timely manner.