

Integrative Supported Living Care Ltd

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Integrative Supported Living Care Ltd is a domiciliary care agency and a supported living service. It provides personal care to people living in their own homes. At the time of our inspection no one was receiving a supported living service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of this inspection 10 people were receiving support with personal care.

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

People felt they received a safe service. There were systems and processes in place to safeguard people from potential harm. Staff completed training about safeguarding and knew how to report abuse. Risks to people were assessed and measures were put in place to reduce them.

There were safe infection control procedures in place including enough supplies of personal protective equipment (PPE) for staff. People received their medicines safely and as prescribed.

There were enough staff to meet the needs of people using the service and recruitment was ongoing, with all necessary recruitment checks carried out. Staff received an induction and ongoing training that enabled them to have the skills and knowledge to provide effective care.

People's needs, and choices were fully assessed before they received a care package. People's care plans included information needed to support them safely and in accordance with their wishes and preferences. Where the provider took on the responsibility, people were supported to eat and drink enough to meet their dietary needs.

People were supported to live healthier lives and staff helped them to access healthcare services when required. We saw the service worked closely with healthcare professionals to ensure good outcomes for people.

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.

People and their relatives told us they were treated with kindness and compassion, their privacy was respected and their independence was promoted.

People knew how to make a complaint or raise a concern. Quality assurance systems identified any areas

that needed further development. Staff told us they enjoyed working for the service and told us the culture was to ensure care was person centred.

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 16 July 2020 and this is the first inspection.

Why we inspected

This was a planned inspection following registration.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Good ●

The service was 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.

Integrative Supported Living Care Ltd

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency and a supported living service. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because the service was small, and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 12 May 2022 and ended on 13 May 2022. We visited the office location on 12 May 2022.

What we did before the inspection

We reviewed information we had received about the service since their first registration. This included any notifications (events which happened in the service that the provider is required to tell us about) and feedback from the local authority.

We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with three people and six relatives about their experience of the care. We had discussions with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records, risk assessments and one person's medication records. We reviewed a variety of documentation relating to the management of the service, including complaints, quality assurance records and accident and incident analysis.

After the inspection

We contacted three staff members by telephone and received feedback from them about their experience of working for the service. We also received feedback from three healthcare professionals involved in people's care.

We continued to seek clarification from the provider to validate evidence found. We looked at the providers key policies and procedures, staff training data, feedback from people and staff and the providers statement of purpose and service users guide.

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 of 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 were protected from the risk of potential harm. People told us they felt safe whilst supported by staff. One person said, "I am as safe as houses. They [staff] are confident and competent." Relatives echoed these views and one commented, "I know my [family member] is safe when the carers arrive. They always make sure [family member] is safe when walking as they have had a few falls."
- Systems and processes were in place to help identify and report abuse to help keep people safe. For example, staff received training in safeguarding and were knowledgeable on how to identify the signs of abuse and how to report concerns.
- At the time of our inspection there had not been any safeguarding incidents, however there were systems in place to make safeguarding referrals to the relevant authorities and the registered manager understood their responsibility to report safeguarding concerns.

Assessing risk, safety monitoring and management

- Risks to people's health, welfare and safety had been assessed before the service agreed to provide care and were regularly reviewed by the management team.
- People's risk assessments provided staff with instructions on how to work in a safe way to either reduce or eliminate risks to people's safety. For example, if people were at risk of falls, a detailed risk management plan was put in place to reduce the likelihood of any falls.
- Staff were able to tell us how they supported people safely and understood people's risks. One staff member told us, "We have risk assessments in place for different things, depending on the person. They guide us how to keep people safe. One person I look after has a falls risk assessment and I have to make sure their home is free from clutter, so they don't trip over any objects."

Staffing and recruitment

- There were enough staff to meet people's needs and people received support from a regular staff team. One person told us, "The carers are very reliable and always arrive punctually. I see the same carers and we have got to know each other."
- Staff told us they felt staffing numbers were sufficient to meet the needs of people using the service and keep them safe. One commented, "My workload is manageable. I never feel rushed or under pressure." Another told us, "If we are running late the manager will take some of the calls off us and will do them. I never feel pressured."
- Staff were recruited safely. The provider completed pre employment checks such as references and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- Medicines were managed safely. Staff told us and records confirmed they received training in medicine administration and their competency was assessed.
- People's care plans highlighted any risk associated with medicines and provided guidance for staff as to how people took their medicines and what support was required.
- We saw evidence that regular auditing of medicines was carried out to ensure any errors could be rectified and dealt with in a timely manner.

Preventing and controlling infection

- Staff understood their responsibilities for keeping people safe from the risk of infection. Procedures had been enhanced following the start of the COVID-19 pandemic. One staff member told us, "We have had guidance and training about infection control and COVID. I feel confident our procedures keep everyone safe."
- Staff had enough supplies of Personal Protective Equipment (PPE) and every person and relative we spoke with confirmed staff always wore their PPE. A relative told us, "They [staff] always wear the correct PPE. They are very strict about that."

Learning lessons when things go wrong

- Accidents and incidents were recorded, and systems were in place to identify possible themes in order to reduce the chance of a similar incident occurring again. The registered manager understood how to use the information as a learning opportunity to try and prevent reoccurrences.
- Staff told us the registered manager was open and shared learning from incidents with them, such as revised measures to reduce risks to people.

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.

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

- There were systems in place to ensure people's needs and choices were assessed. At the time of our inspection the service was supporting people being discharged from hospital to home for short term care. They used the hospitals assessment, completed a telephone assessment and then when the person was discharged home, they completed their own assessment. This ensured the persons needs had been thoroughly assessed.
- Relatives told us they were involved in the assessment process and were consulted on how best to support their family members. One relative told us, "[Name of registered manager] asked us what we wanted and what we wanted to achieve." People's care and support was regularly reviewed as they gained independence to ensure staff could provide the right care and support in line with best practice.

Staff support: induction, training, skills and experience

- Staff were sufficiently qualified, skilled and experienced to meet people's needs. Staff had received an induction and training relevant to their role. One staff member told us, "The induction was very good. It made me feel more confident." All staff completed the Care Certificate. This is a nationally recognised training program to ensure that new care staff know how to care for people in the right way.
- Staff received a rolling programme of supervisions, direct observations and this was monitored by the registered manager to ensure they were working in line with best practice.

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

- Care plans provided details of people's dietary needs and the support they needed to prepare and eat their meals safely. One relative told us, "[Family member] forgets to eat and drink. The carers have to remind [family member] so they stay with them when they have their meals so they can prompt them."
- Staff were aware of people's individual food preferences had a good understanding of people's dietary needs. The registered manager sought advice and guidance from dietitians and speech and language therapists to ensure the people's dietary needs were met.

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

- People experienced positive outcomes regarding their health and wellbeing. People's care plans detailed their health needs and any support they received from healthcare professionals.
- Where people had a specific health condition for example, diabetes, there was additional information provided for staff to ensure they could meet their needs and were aware about potential risks.
- Staff maintained good working relationships with a range of external organisations to support them in the

provision of effective care and support such as people's GP's, occupational therapists and dieticians.

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 MCA 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 were satisfied staff understood the importance of seeking consent before providing care or support. People's mental capacity had been considered in line with guidance for relevant decision-making processes.
- The registered manager was aware of the process to follow to make formal decisions in people's best interests, should this ever be necessary.

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

- Staff treated people with kindness and compassion, respecting their equality and diversity. A relative told us their family member was in hospital and said, "[Name of registered manager] has rang several times to find out how they are. She is very thoughtful and very kind."
- The feedback we received from people and relatives about staff approach and the care they received was overwhelmingly positive. Comments included, "The carers are wonderful. When they are helping [family member] I can hear them giggling together. They are like friends." and "If my [family member] is a bit down the carer will start dancing with them. It cheers them up tremendously."
- Staff had received training in equality and diversity and spoke with kindness about the people they supported. They demonstrated an understanding of people's care needs and the importance of respecting diversity. One staff member told us, "I love to help people and see them becoming more independent. They are like family."
- Care plans described people's individual daily routines, cultural needs and preferences such as the gender of staff. For example, where people requested only female staff to provide personal care this decision was respected.

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

- People and relatives told us the staff always listened to their views and wishes. One person told us, "[Name of registered manager] always talks to me and listens to what I need. She always explains things, so I'm not left in any doubt about what's happening." A relative commented, "We are in consultation all the time with [name of registered manager]. She understands what [family member] needs."
- Staff told us they made sure people were involved with making decisions about their care. For example, if their care plan said they needed support with a shower, but declined, staff respected this. Staff told us they always offered alternatives and gave people choices for their support.
- The provider arranged regular telephone calls and visits to people and their relatives to ensure they were happy with the quality of care they received.
- Staff told us they did not feel rushed or under pressure when undertaking their care calls. They told us they had time to listen to people, answer their questions, provide information, and involve them in any decisions about their care. One commented, "I never leave without sitting with people for a while and just chatting. I always ask them if they are happy with their care or do they need anything extra."
- The provider encouraged and welcomed the use of advocates. Information was included in the service user guide about how to access an advocate. An independent advocate helps people have a stronger voice and to have as much control as possible over their own lives.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence and do as much as they could for themselves. One person told us, "I do as much as I can, and the carers always encourage me. I have made lots of improvements since they have been helping me." A healthcare professional commented, "I am particularly pleased with their eagerness to know more about patient's exercise programmes and support with what is appropriate for them to do."
- There was an attitude of respect and inclusion within the culture of the service. A relative told us, "The carers are very respectful of [family member] of me and our home. They always ask permission before they do something, and they always include me in the conversations and banter."
- Staff understood how to promote and respect people's privacy and dignity, and why this was important. Their responses to our questions demonstrated positive values, such as knocking on doors before entering, ensuring curtains were drawn, covering up during personal care support and providing personal support in private.
- A confidentiality policy was in place. The registered manager team understood their responsibility and ensured all records were stored securely. Staff had a good understanding about confidentiality and confirmed they would never share any information except those that needed to know.

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 Good. 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

- Staff were very responsive to people's individual needs and wishes. People and relatives said they were consulted about the care they needed and the way they wanted it provided. They felt they had been listened to and their needs were central to this process.
- Comments from people included, "The whole focus has been about getting me independent again and they have done an amazing job." and, "If I wanted them to do something different the staff would support me with that. They are all very kind and willing to listen and make changes."
- People's needs assessments were completed in detail with them and their families and were used to develop a person-centred plan of care. These were reviewed regularly and when their needs changed. For example, one relative told us how their family members visits had been reduced because they had made so much progress and did not need the same amount of support.
- A healthcare professional commented, "I have found them very good at working together with us in the area of continuing the care of patients as planned by a therapist. This has enabled patients on the pathway to remain at home instead of being in hospital."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had considered people's communication needs. People's care plans contained information about how they communicated, and if any communication aids were used.
- All people using the service were able to communicate verbally with staff. The registered manager told us they could provide information in other formats if this was required to support people. For example, by providing care plans in easy to read format or in larger print.

Improving care quality in response to complaints or concerns

- A complaints policy was available for people to access which could be made available in a different format if people required it. A relative said, "I would go to [name of registered manager]. She is a good listener and she would sort out my concerns. All the people and relatives we spoke with said they would feel comfortable raising any concerns."
- Staff told us they understood their roles and responsibilities in dealing with potential complaints and had access to appropriate policies and procedures.

- The registered manager told us that there had been two formal complaints about poor communication. The provider had dealt with these swiftly and had taken actions such as refresher training for staff and one to one meetings.
- At the time of the inspection, nobody was receiving end of life care. However, the registered manager told us that they could support someone at the end of their life with support from other health professionals and with specific training for staff.

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 Good. 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

- The nominated individual and the registered manager spoke passionately about wanting to provide a good service and high-quality care. They both demonstrated an in-depth knowledge of the people they were supporting and had a clear understanding of the key principles and focus of the service.
- We received very positive comments from staff about the nominated individual and the registered manager, which included, "The manager is excellent, she puts a 100% into everything she does" and "They are both brilliant and really supportive, you can go to them about anything. They value the work we do."
- People experienced very positive outcomes because staff completely understood their needs and preferences. For example, one person had been discharged from hospital with instructions they should be cared for in bed and required a pureed diet. The management team contacted health professionals straight away to re-assess the person and get them the appropriate support as they did not feel the discharge assessment was correct. Their relative told us, "My [family member] now walks with a frame and eats a normal diet. They [meaning management team] should be congratulated we are very happy."
- People were fully involved in all aspects of their care and people felt consulted, empowered and valued. For example, the provider completed a very comprehensive assessment before people started to receive care and people and their relatives were fully involved in this process.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider had a system of audits in place to monitor the quality of the service. This included regular checks of records and spot checks of staff when supporting people. Audits and checks were carried out on people's care and their care records to ensure continuous improvement.
- Effective communication systems were in place to ensure that staff were kept up to date with any changes to people's care and support systems to staff. There were regular staff meetings and the provider had introduced a secure social media platform to enhance communication with the staff.
- Systems in place to manage staff performance were effective, reviewed regularly and reflected best practice. There was a supervision, appraisal and comprehensive training programme in place.
- The registered manager understood their responsibilities to notify CQC and other relevant authorities of any incidents which took place that affected people who used the service.
- The provider understood their responsibility under the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had

been notified of notifiable events and other issues.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People's views were sought about the care and support provided. There were spot checks carried out where staff practice was observed and people using the service were asked if they were happy with their care. The nominated individual and registered manager regularly worked with people providing personal care so were able to gain feedback on a regular basis.
- Staff told us that because the service was small the communication flow was very good. They confirmed they had regular staff meetings and one to one meetings with a senior staff member.
- There was a whistleblowing policy in place to support staff to report any concerns. Staff told us they felt confident raising any issues or concerns with office staff. One staff member told us, "If I had any concerns I would get in touch with the manager. During out of office hours, such as evenings or weekends we can always contact a manager."
- The provider was transparent, open and collaborative with external agencies. The registered manager told us how they regularly communicated with external professionals when considering the growth of the service and they were positive. We received positive feedback from healthcare professionals involved in people's care.

Continuous learning and improving care

- We found a commitment to the continuous improvement of the service and the care provided. The registered manager told us they ensured information from audits, complaints, feedback, care plan reviews and accidents and incidents were used to inform changes and improvements to the quality of care people received.
- The provider's policies and procedures were kept up to date to ensure the service delivery would not be interrupted by unforeseen events.
- We found that lessons were learnt when things went wrong, and improvements were made to the systems in place to enhance the care people received. These were shared with staff during meetings and supervisions. For example, the provider had provided refresher training for staff when they needed to improve their practice.