

Integrate (Preston and Chorley) Limited

Elizabeth House

Inspection report

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16 February 2018
20 March 2018

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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

The inspection of the service took place across two dates 15 and 16 February 2018. A follow up desktop review of evidence was completed 20 March 2018. This was completed following a meeting with the registered manager of the service. The delay was due to the registered manager and the inspectors conflicting schedules.

The service was given 24 hours' notice prior to the inspection due to the complexity of the service.

The agency, Integrate Preston, is managed from well-equipped offices located in Ashton, in central Preston. Services are provided to support people to live independently in the community. During this inspection there were 136 people who used the service.

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

Not everyone using Elizabeth House receives a regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

There is a registered manager at the service. A registered manager is a person who has registered with the Care Quality Commission 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.

At the last inspection of the service we found breaches of the regulations these were in relation to Regulation 11 HSCA RA Regulations 2014 (Need for consent), Regulation 12 HSCA RA Regulations 2014 (Safe care and treatment), Regulation 13 HSCA RA Regulations 2014 (Safeguarding service users from abuse and improper treatment), Regulation 17 HSCA RA Regulations 2014 (Good Governance), and Regulation 18 HSCA RA Regulations 2014 (Staffing).

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions safe, effective, responsive and well led to at least good. During this inspection we checked to see if there had been improvements at the service. We found all the breaches of regulation had been improved and we found no breaches of the regulations at this inspection.

We found people were protected from the risk of abuse because staff understood how to identify and report it. We found people were protected from risks associated with their care because the registered provider had completed risk assessments. These provided updated guidance for staff in order to keep people safe. We found recruitment to be safe. We reviewed staffing at the service and did not find any concerns.

We looked at how the service was managing medicines at this inspection. Monthly audits were being completed and management had oversight of these. We found that protocols for 'as and when' medicines were in place, as per the medicines policy.

At this inspection, we found mental capacity had been considered and written consent to various aspects of care and treatment was observed on people's files. People were supported to have maximum choice and control of their lives and staff support them in the least restrictive way possible; the policies and systems in the service support this practice.

We were able to see staff supervision was taking place. Staff we spoke with confirmed they felt supported in their role. Staff training was ongoing and evidence has been seen of staff completing training.

We found holistic assessments were carried out by the service before any person was accepted, to ensure people's needs could be met. Peoples needs for nutrition and fluids had been considered. People were supported by staff to live healthier lives. Staff supported people to healthcare appointments and arranged these if necessary.

We received consistently positive feedback about the staff and about the care people received. Staff received training to help ensure they understood how to respect people's privacy, dignity and rights.

Staff were highly motivated and described their work with a clear sense of pride and enthusiasm. One staff member told us, "My job is really rewarding." We found the culture at the service was very person centred.

We saw evidence people were supported by the staff to explore sources of additional support including leisure activities. We spoke to people who use the service about support with activities. One person told us, "I go shopping and to bingo with my care worker, we have even been on holiday and we are going again for my birthday."

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed the services assessment procedures identified information about whether the person had communication needs.

Each person had a care plan which was tailored to meet their individual needs. We saw care records were written in a person centred way. People told us they were encouraged to raise any concerns or complaints. The service had a complaints procedure.

We found the management team carried out audits and reviews of the quality of care.

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. We found the service had clear lines of responsibility and accountability with a structured management team in place.

The provider and registered manager had clear visions around the registered activities and plans for improvement moving forward. The management team receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.

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 told us they felt safe using the service.

The service had systems to manage risks and plans were implemented to ensure peoples safety.

Staff knew how to recognise and report the signs of abuse. They knew the correct procedures to follow if they thought someone was at risk of harm.

People were supported with their medicines in a safe way by staff that had been appropriately trained.

We reviewed staffing at the service and did not find any concerns.

Is the service effective?

Good ●

The service was effective.

People's rights were protected, in accordance with the Mental Capacity Act 2005.

Staff were skilled and received comprehensive training to ensure they could meet people's needs.

There was evidence of staff supervisions.

Access to healthcare professionals was available when required.

Is the service caring?

Good ●

The service was caring.

From our observations during the inspection we saw staff had positive relationships with people who lived at the service. Staff interacted with people in a kind and caring way.

We received consistent positive comments about the staff and about the care people received.

Staff respected people's privacy and dignity in a caring and compassionate way.

Is the service responsive?

The service was responsive.

There was a complaints policy, which enabled people to raise issues of concern.

Assessments were completed before people were offered a service to ensure their needs could be met.

Care plans were completed and reviewed in accordance with the persons changing needs.

Good ●

Is the service well-led?

The service was well led.

Staff worked in partnership with other professionals to make sure people received appropriate support to meet their needs.

A range of quality audits and risk assessments had been completed by the management.

Staff enjoyed their work and told us the management were always available for guidance and support.

Good ●

Elizabeth House

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 checked 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.

The inspection of the service took place across two dates 15 and 16 February 2018. A follow up desktop review of evidence was completed 20 March 2018. This was completed following a meeting with the registered manager of the service. The delay was due to the registered manager and the inspector's conflicting schedules.

The inspection was announced. This was done due to the complexity of the service. The service comprises of six separate aspects and social enterprises.

Inspection site visit activity started on 15 February 2018 and ended on 20th March 2018. It included site visits to the two offices, site visits to the older adults service, deaf service, women's service, independent support service and peoples own homes. We visited the office locations on 15 and 16 February 2018 and 20 March 2018 to see the manager and office staff; and to review care records and policies and procedures.

The inspection team consisted of four inspectors, one of which was the lead inspector for the service, and a British sign language interpreter.

Before the inspection visit we contacted the commissioning department at Lancashire County Council. In addition we contacted Healthwatch Lancashire. Healthwatch Lancashire is an independent consumer champion for health and social care. This helped us to gain a balanced overview of what people experienced accessing the service.

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. We took this into account when we inspected the service and made the judgements in this report.

We checked the provider's website before the inspection visit to check if they were displaying their previous rating. Elizabeth House were displaying their previous rating of Requires Improvement.

During the time of inspection there were 136 people who used the service. We spoke with a range of people about Elizabeth House. They included ten people who used the service, the registered manager and 16 staff members.

We closely examined the care records of 12 people who used the service. This process is called pathway tracking and enables us to judge how well the service understands and plans to meet people's care needs and manage any risks to people's health and wellbeing.

We reviewed a variety of records, including policies and procedures, safety and quality audits, four staff personnel and training files, records of accidents, complaints records, various service certificates and medicine administration records.

Is the service safe?

Our findings

During our last inspection, we found issues with the reporting of safeguarding incidents. We found not all safeguarding incidents had been appropriately reported to the relevant authorities. We observed staff were not always dealing with concerns for individual people in a timely manner and were not following correct procedures for reporting safeguarding incidents.

This was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safeguarding service users from abuse and improper treatment).

We looked at how reporting of safeguarding incidents were being managed during this inspection. We found people were protected from the risk of abuse because staff understood how to identify and report it. Staff told us they had received training in safeguarding and were able to demonstrate knowledge of outside agencies they could report suspected abuse to. Staff we spoke with were able to describe the potential signs someone may be suffering abuse, such as changes in behaviour. Staff were clear about their responsibilities to report any suspicions of abuse, and were aware of the registered provider's whistle-blowing policy. Staff told us they felt comfortable in approaching the management team with any concerns they had.

During our last inspection, we found evidence risk assessments were not always updated following a change in people's care needs.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

We looked at how risks to people were being managed during this inspection. We found people were protected from risks associated with their care because the registered provider had completed risk assessments. These provided updated guidance for staff in order to keep people safe. These risk assessments related to, for example, people's risk of falling, risk of choking and risks related to diabetes management. The risk assessments viewed were person centred to the individuals such as 'over exposure to computer games'. Staff we spoke with demonstrated they were aware of the different risks people were vulnerable to.

During our last inspection there was no evidence available to show that accident and incident records had been reviewed, in order to identify and analyse any trends or patterns.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

We looked at how accidents and incidents were being managed during this inspection. There was a central record for accident and incidents to monitor for trends and patterns and the management had oversight of these. New accident and incident forms have been developed with consultation with staff and are being used. The documents we viewed were fully completed and had information relating to lessons learnt.

During our last inspection we found medicine administration was being completed outside of the providers own policies and procedures. Care plans for 'as and when required' medication were not always in place. Additionally medicines audits were not always completed.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

We looked at how the service was managing medicines at this inspection. We found improvements had been made. Monthly audits were being completed and management had oversight of these. We found that protocols for 'as and when required' medicines were in place as per the provider's medicines policy. We looked at training records and found staff who administered medicines had received appropriate training for this. One staff member told us, "I have been on medication training."

During the last inspection we found the service did not always hold full care records for people and there was information missing from some care files.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

During this inspection we found care files had been improved. The files we looked at contained all the necessary information to care for people safely. There were no missing documents and staff told us the care files in place were helpful to them. We saw people had been involved in planning their care.

During the last inspection we found the provider did not always protect people against known risks from staff in a sufficient or timely manner. This was due to actions to protect people who use the service not being sufficient following disciplinary procedures.

This was a breach of Regulation 12 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Safe care and treatment).

During this inspection there were no current or ongoing disciplinary examples. However the registered manager assured us that disciplinary procedures were being followed and improvements had been made.

A range of checks were carried out on a regular basis to help ensure the safety of the properties and equipment was maintained. These checks included fire alarm, water temperature and electrical appliance checks. A gas safety certificate was available to show all appliances were checked on a periodic basis by an external contractor. This helped to ensure people were kept safe and free from harm in their own properties.

People were protected by suitable procedures for the recruitment of staff. The registered provider had carried out checks to ensure staff had the required knowledge and skills, and were of good character before they were employed at the service. The checks included written references from previous employers. Checks on new care workers had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant.

People we spoke with told us there were sufficient numbers of care workers to provide care and support for people who use the service. We viewed rotas; these are completed by team leaders and overseen by the registered managers. Rotas included person centred details to fulfil such as if a car driver is needed or a certain gender.

We looked at how the service minimised the risk of infections. We found staff had undertaken training in infection control. People and staff confirmed staff wore gloves and aprons when providing personal care.

Is the service effective?

Our findings

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. Applications must be made to the Court of Protection. The service had made applications to the local authority where appropriate.

During the last inspection, we found in some care files, consent forms had not been completed. We also found some examples where consent had been provided by people who did not have the legal authority to do so.

These findings demonstrated a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014 (Need for consent).

At this inspection, we found mental capacity had been considered and written consent to various aspects of care and treatment was observed on people's files. The assessments we saw were person centred and included details about how the service had facilitated the persons understanding. This included speaking to the person at different times of day or using picture cards. Additionally, practical support was offered such as using pretend money to assess understanding. The care files also included good information for staff to follow with regards to the MCA including a flowchart for assessing capacity and the five principles of the MCA.

We saw evidence where best interest decisions had been taken on a person's behalf. The service had included other professionals and family within the decision around refusal of medicines. The best interest decision was recorded and there was clear guidance for staff to follow to ensure they were working in accordance with the best interest outcome.

During the last inspection we found staff supervision was not always consistent at the service. Some of the staff we spoke with said they had not received supervision for some time and documentation supported this.

This amounted to a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we were able to see staff supervision was taking place. Staff we spoke with confirmed they felt supported in their role. One staff member told us, "It's a great company to work for, they are so supportive. The management have an open door policy and are quick to help and always have time for you."

Staff training was ongoing and evidence was seen of staff completing training. We checked the full training records of four staff and viewed the training matrix for the service. Training subjects included areas which affected the wellbeing of people, such as safeguarding. Staff told us they received adequate training in order to care for people effectively. For example, a staff member said, "Training is excellent. As well as mandatory courses we have outside opportunities supported by management."

We saw evidence that the provider was referencing current legislation, standards and evidence based guidance to achieve effective outcomes. We found holistic assessments were carried out by the registered manager before any person received a service. Assessments took place to ensure people's needs could be met by the service. People's initial assessments had been used to create their care plan. Individuals and their relevant family members, where appropriate, had been consulted during the assessment process.

People's needs for nutrition and fluids had been considered. Files contained likes and dislikes with regards to food and drink. People we spoke with said they were given choices on what meals they wanted making and choices of drinks.

People were supported by staff to live healthier lives. Staff supported people to healthcare appointments and arranged these if necessary. The service referred people in a timely manner, if required, to other services such as chiropodist and GPs. We saw evidence the service had liaised with external agencies to adapt two people's premises to better meet their changing needs.

Is the service caring?

Our findings

We received consistently positive feedback about staff and about the care people received. People told us, "The staff are good, really caring." And, "They are very nice; I like the staff as they help me."

Respect for people's privacy and dignity was fundamental to the culture of the service. People told us they felt respected and listened to by staff and management. Staff we spoke with showed good awareness of confidentiality, privacy and dignity. Staff told us, "I treat people how I would want to be treated." And, "Knowing people well helps us care for them."

Staff received training to help ensure they understood how to respect people's privacy, dignity and rights. Managers assessed how staff used these values within their work when observing their practice. Staff described how they would ensure people had their privacy protected when undertaking personal care tasks. We saw evidence in care planning that people's privacy and dignity was considered. One care plan was detailed about the personal care tasks and how the gentleman wished to be covered up when receiving personal care. People we spoke with were complimentary about the staff and everyone felt the staff respected their privacy and dignity.

Staff were highly motivated and described their work with a clear sense of pride and enthusiasm. One staff member told us, "My job is really rewarding." We found the culture at the service was very person centred. The service ensured staff focussed on building and maintaining open and honest relationships with people and their families. People told us they were given time during care to develop relationships with care staff. One person said, "The staff are great they care for me well and know what I like and don't like."

We saw carers and people who were cared for were involved in the care planning process and this documentation was person centred. People has signed their care plans to show agreement. We asked people if they felt they were involved in how their care was planned and we received positive responses from them.

Staff and management actively supported people in identifying potential sources of additional help and advice, including access to independent advocacy services. Staff were aware about how to access local advocacy services for people, should they so wish. Advocates are independent people who provide support for those who may require some assistance to express their views. Signposting people towards advocacy services helped to ensure people's rights to make decisions about their care and support were promoted.

Staff had a good understanding of protecting and respecting people's human rights. Some staff had received training which included guidance in equality and diversity. We discussed this with staff; they described the importance of promoting each individual's uniqueness. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

Is the service responsive?

Our findings

People we spoke with told us they felt staff were responsive to their needs. One person told us, "If I wanted to change anything I can." Another person told us, "I really like watching TV the staff know my favourite programme and organised for actors to send me some autographs".

We looked at what arrangements the service had taken to identify record and meet communication and support needs of people with a disability, impairment or sensory loss. Care plans seen confirmed the services assessment procedures identified information about whether the person had communication needs. One example was for a person who required easy read documentation.

We saw examples of where assistive technology was used within the service where people required additional support due to sensory loss. The service had in place a pillow, which vibrated to alert one person if the fire alarm was to go off. Another example we saw was the lights in a person's home were set to flash if the doorbell was rung, to alert them to someone being at their door.

The provider had taken steps to meet people's cultural needs by ensuring support was available for people to access local amenities that supported particular ethnic and cultural groups.

Each person had a care plan which was tailored to meet their individual needs. We saw care records were written in a person centred way and we observed staff followed the guidance in care records. Staff took note of the records and provided care which was person centred. Care records were regularly reviewed; this meant people received personalised care, which met their changing needs.

People were supported by staff to undertake their hobbies. We saw examples of people being supported to attend dances, shopping or pub lunches. We spoke with people who used the service about support with activities. One person told us, "I go shopping and to bingo with my care worker, we have even been on holiday and we are going again for my birthday." Another said, "I like support to go out, we are going to get some lunch today which I enjoy doing."

Documentation was shared with other professionals about people's needs, on a need to know basis. For example, when a person visited the hospital. This meant other health professionals had information about individual's care needs which helped to ensure the right care or treatment was provided for them.

People told us they were encouraged to raise any concerns or complaints. The service had a complaints procedure. We saw evidence of complaints and information was available to show how those complaints had been reviewed, investigated and responded to. People we spoke with said they felt comfortable raising concerns if they were unhappy about any aspect of their care.

We saw, from care records, staff had discussed people's preferences for end of life care. This meant the provider would know what the person's preferences were and to respect these in their final weeks and days.

Is the service well-led?

Our findings

During our last inspection at the service, we found there were concerns around good governance. There were systems in place designed to monitor quality and safety across the service but we found these had not been used effectively at times.

This was a breach of Regulation 17 Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Good Governance).

We looked at the improvements that had been made during this inspection. We found the management team carried out audits and reviews of the quality of care. Records were regularly reviewed to check they had been completed and updated as necessary. We saw the management team had carried out specific care record audits to ensure records were of a high quality and consistent with procedure.

We saw other audits, such as those in respect of the environment and equipment, had been carried out, areas for development had been identified and action taken. Staff told us they received constructive feedback on any areas for improvement from members of the management team, such as medicines procedures. This was supported by records we saw.

We found a positive staff culture was reported by the staff members we spoke with. One staff member told us, "Managers have time for the staff and are always willing to help."

We found the organisation had maintained links with other organisations such as the local commissioning groups. The registered manager kept up to date with current good practice guidelines by attending local groups and meetings at which they shared learning and discussed new developments in care. In addition, management also attended discharge meetings within hospitals for residents to ensure continuity of care. There were many groups held to facilitate working together and sharing best practice. These include but are not limited to hate crime task group, sexuality and relationships forum, capacity and consent group, autism partnership board.

Staff we talked with demonstrated they had a good understanding of their roles and responsibilities. We found the service had clear lines of responsibility and accountability with a structured management team in place. There had been a recent re-structure which staff spoke positively about. The registered manager and their deputy manager were experienced and had an extensive health and social care background. They were experienced, knowledgeable and familiar with the needs of the people they supported.

Providers of health and social care services are required to inform the Care Quality Commission, (CQC), of important events which happen in their services. The manager of the service had informed CQC of significant events that had been identified as required. This meant we could check appropriate action had been taken.

The service had on display in the reception area their last CQC rating, where people who visited could see it.

This is a legal requirement from 01 April 2015.

The provider and registered manager had clear visions around the registered activities and plans for improvement moving forward. The management team were receptive to feedback and keen to improve the service. The managers worked with us in a positive manner and provided all the information we requested.