Integrated Care Services Limited

Integrated Care Services Limited - 27a Old Kenton Lane

Inspection report

27a Old Kenton Lane
Kenton
Middlesex
NW9 9ND
Tel: 020 8204 0098

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Ratings

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

Overall summary

This comprehensive inspection took place on 7 August 2015 and was announced.

During our last inspection on 18 September 2014 we found no breaches and the provider was compliant with all regulations assessed.

Integrated Care Services Limited - 27a Old Kenton Lane provides accommodation and support with personal care for up to four people with complex communication needs, autistic spectrum disorders and learning disabilities. The service has a registered manager appointed. A registered manager is a person who has

Summary of findings

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.

We found that 27a Old Kenton Lane provided a personalised, person-centred, service in which people were in control of the support they received and participated in decision-making for themselves and the service. People were encouraged and enabled to be more independent and there was a clear ethos and culture to promote well-being.

Staff had a good understanding of safeguarding adults' procedures and keeping people safe. They knew how to recognise and report concerns appropriately and understood how to 'Whistle Blow'.

Medicines were stored and administered correctly and staff had completed the appropriate training to ensure they were competent and safe.

Risk assessments and care plans were effective; they were individual and recorded all the required information. People and their relatives were involved in the care planning process and outcomes they were working towards were achievable and recorded in a simple, pictorial format and easier to understand.

People consented to their care and treatment and staff had a good understating of the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way.

Care workers were well trained and staff had all undertaken an induction programme before starting at the service. While there was a system in place to formally supervise care workers, we found that individual supervisions had been infrequent.

People had access to healthcare services and received ongoing healthcare support from a local GP and regular visits to the service were undertaken by visiting professionals. Reviews of people's mental health and healthcare were also undertaken by the multi-disciplinary team.

People's dignity and privacy was maintained. They were supported with personal care and other tasks and were encouraged to do as much for themselves as possible in order to maintain and increase their independence.

People were given information on how to make a complaint and how to access advocacy services. No complaints had been received since our last inspection.

The registered manager conducted regular audits at the service including random spot checks to ensure the service is delivering high quality care. Actions were carried through and discussed with the staff team for learning and improvements.

Summary of findings

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. Risks to people who use the service were identified and managed appropriately.

Staff knew how to identify abuse and the correct procedures to follow if they suspected that abuse had occurred. Recruitment procedures were in place to determine the fitness of staff to work in the home, and there were sufficient staff available to meet people's needs.

Systems were in place to manage people's medicines safely.

Is the service effective?

Requires improvement

The service was not always effective. Staff received training to provide them with the skills and knowledge to care for people effectively. However supervision was not all carried out in line with the provider's own policy.

Staff supported people's nutritional needs. People's health care needs were monitored and were referred to their GP and other health care professionals as needed.

Staff understood people's rights to make choices about their care and the requirements of the Mental Capacity Act 2005.

Is the service caring?

Good

The service was caring. Staff showed empathy and were knowledgeable about the people they supported. People's privacy and dignity was protected.

People and their representatives were supported to make informed decisions about their care and support.

Is the service responsive?

Good

The service was responsive. Care plans were in place outlining people's care and support needs, people were able to participate in stimulating activities.

Staff were knowledgeable about people's support needs, their interests and preferences and provided a personalised service.

People using the service and their relatives had opportunities to give feedback on the service and there was a complaints system in place.

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of the service people received.

The management promoted an open and transparent culture in which people were encouraged to provide feedback.

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Detailed findings

Background to this inspection

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

This inspection took place on 7 August 2015 and was announced. The provider was given 24 hours' notice because the location was a small care home for younger adults who are often out during the day; we needed to be sure that someone would be in.

The inspection was carried out by one inspector and a second inspector who shadowed this inspection as part of the CQC inspector induction.

Before our inspection we reviewed information we have about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people.

People who used the service had limited verbal communication skills, we observed care provided and spoke to two people who used the service and one relative.

During the inspection we spoke with two care workers and the registered manager.

We looked at three people's care plans and other documents relating to their care including risk assessments and medicines records. We also looked at other records held by the agency including staff meeting minutes as well as health and safety documents and quality audits and surveys.

Good

Is the service safe?

Our findings

People who used the service told us that they were safe. One comment included, "I am safe here". Care staff told us, "We ensure that we keep people safe by reviewing risk assessments regularly." Another comment by one care worker included, "I have received medicines training; this ensures that I give medication safely."

Staff had undertaken safeguarding adults training and up to date training certificates were seen in files we looked at. Staff could explain how they would recognise and report abuse and were aware they could report any concerns to outside organisations such as the police, the CQC or the local authority. We viewed the providers safeguarding procedure, which provided clear and detailed information on how to respond to allegations and concerns of abuse. The procedure corresponded with the Pan-London Safeguarding Protocol.

Care plans we looked at included relevant risk assessments including any mobility issues and risks identified to the individual or others as a result of possible behaviours that challenged the service. Where a risk had been identified the registered manager and staff had looked at ways to reduce the risk and recorded any required actions or suggestions. For example, where someone had been identified as being at risk of choking, the person was referred for a speech and language assessment and appropriate guidance to protect this person had been put in place and was followed as observed during meal times.

We saw that people's risk assessments had been discussed with the person or their family where appropriate and were reviewed on a regular basis. We saw that changes had been made to people's risk assessment where required. This meant that people were supported against known risks by staff who were given up to date information.

Recruitment files contained the necessary documentation including references, proof of identity, criminal record checks and information about the experience and skills of the individual. The registered manager made sure that no staff were offered a post without first providing the required information to protect people from unsuitable staff being employed at the home. Staff confirmed they had not been allowed to start working at the home until these checks had been made.

People using the service and staff we spoke with didn't have any concerns about staffing levels. We saw that staff had time to be with people and to sit and chat together with them. The registered manager and care workers confirmed that staffing levels were adjusted to meet the current dependency needs of people and extra staff were deployed if people needed to attend healthcare appointments or recreational activities.

We saw that the help and support people needed to keep safe had been recorded in their care plan and this level of help and support was being regularly reviewed. We saw that risk assessments and checks regarding the safety and security of the premises were up to date and being reviewed. This included fire risk assessments for the home and the provider had made plans for foreseeable emergencies including fire evacuation plans.

People we spoke with said they were happy with the way their medicines were managed at the home. The registered manager told us that medicine records were checked each morning and error reporting forms were available if any mistakes had been made. All medicines in use were kept in a locked medicines cabinet.

We saw satisfactory and accurate records in relation to the management of medicines at the home. Staff told us they had attended training in the safe management of medicines and felt confident in this area of their work. We saw that people's medicines were reviewed every six months by a mental health professional or their GP.

Requires improvement

Is the service effective?

Our findings

People told us "The staff helps me with some things." One relative said, "The staff have time to spend with people and that makes all the difference".

Staff had the knowledge and skills to enable them to support people effectively. Staff had undertaken induction training before they started working at the service and also worked towards achieving a Diploma in Health and Social Care Level 2. Training was mostly completed online during the time staff were off duty and outcomes were further discussed during staff meetings and annual appraisals. Staff told us they had easy and good access to training, which they saw as an improvement since our last inspection.

Records showed that the registered manager maintained a system of appraisals. However formal individual one to one supervisions were not provided in two monthly intervals as stated in the providers supervision policy. Appraisals were scheduled annually and we saw that staff had received their annual appraisal in 2015. Staff we spoke with told us that they had group supervisions during team meetings which were held regularly. Minutes viewed confirmed this and we saw that staff training as well as peoples changing needs were discussed. Staff told us that they were happy with the level of support and supervisions provided. Staff spoken with said they felt well supported by the registered manager. They told us that the registered manager was always available to discuss issues that arose.

Staff had a good understanding of the Mental Capacity Act (MCA) 2005 and how to support people using the principles of the Act. One care worker said, "It's important that people are not restricted and that they have a choice in everything they do, including what they wear, personal care and the food they wish to eat". Staff confirmed they had received training on MCA and DoLS before they started working at the service. We saw evidence that people had consented to care and treatment and care plans had been agreed and signed.

The registered manager had made contact with the local authority Deprivation of Liberty Safeguard Team and visiting professional with regards to a possible referral for a deprivation of liberty. DoLS exist to protect the rights of people who lack the mental capacity to make certain decisions about their own wellbeing. Services should only deprive someone of their liberty when it is in the best interests of the person and there is no other way to look after them, and it should be done in a safe and correct way. We saw evidence of this and the registered manager was awaiting a response to their request. Currently the service has no access to advocacy services, however the registered manager told us that during a recent care plan review meeting with the placing authority it was discussed to provide independent advocacy for one person with no family involvement. The records stated that the persons placing officer will source a local advocacy service.

People that used the service and their relatives thought the food was good. One person said, "The food is good and I choose what I want on a daily basis." One relative we spoke with stated that their relative was losing weight before they came to the service but now they have put on weight and their weight was stable. This was confirmed in their care records.

Although there were no formal written menus, staff told us that they discussed food choices with people each day and shopped most days to ensure food was fresh. We saw evidence that food provided and consumed by people was documented well. The records showed that meals were varied, nutritious and well balanced. We also noted that the records reflected people's likes and dislikes as recorded in their care plans we viewed. People often went with staff to do the shopping. We saw people being offered choices at breakfast. We saw that lunch was freshly cooked and people had access to fruit. People who required additional support to eat had received input from the speech and language team to assess their needs and currently awaiting a referral from a dietician. Assessment information and care plans clearly stated food and drink preferences and how individuals were supported to eat and drink safely.

Staff supported people to access health services and appointments. People were also registered with a local GP. Any actions and outcomes from appointments were shared and recorded in people's case files. Staff worked closely with relatives of people using the service around the health needs to ensure they were supported to maintain good health, access to healthcare and received ongoing healthcare support.

Good

Is the service caring?

Our findings

People told us “I like the staff, they take me on holiday”. A relative told us “The staff do genuinely care and inform me regularly of any changes.”

Staff demonstrated a detailed understanding of people’s life histories. For example, one member of staff was able to tell us about the childhood and family lives of two people living at the service. The staff member demonstrated an understanding of the significant events in these people’s lives and how these had contributed to some of the problems they were currently facing. They detailed the actions that had been taken to help people with their problems and showed empathy when explaining these to us.

Staff understood people's diverse needs and supported them in a caring way. For example, one care worker showed a detailed understanding of one person’s relationship with their family and how this affected the type of care they required. The care worker explained how this affected the food the person wanted to eat, the clothes they wore and how the person preferred to be given personal care. The person confirmed that staff supported them in accordance with the involvement of the person relative and we saw their care records included detailed information to support staff to do this.

Staff knew how to respond to people's needs in a way that promoted their individual preferences and choice. Care plans recorded people's likes and dislikes and included their preferred diet, if they wished to have same gender care and their personal care support needs. We saw evidence that people’s personal preferences were respected throughout our visit.

People were involved in decisions about their care. One person said, “Staff help me with what I need,” and another person said, “They do what I want.” We saw evidence in care planning records that people were involved in making decisions about their own care. For example, all care planning records were written from the person’s perspective with extensive comments from the person about the type of care they wanted.

The registered manager told us and care staff confirmed people could access advocacy services if required. The registered manager told us that currently one person had been referred to the local advocacy service. The home was still waiting to hear from the advocacy service.

People’s privacy and dignity was respected and promoted. Relatives told us “They have their own room. They have privacy when they want.”

We observed staff knocking on people’s doors before they entered and people confirmed that staff did this routinely. Staff gave us examples of how they protected people’s dignity. For example, one staff member gave us examples about how they delivered personal care. They told us, “I always check what help they need first and do what they ask me”.

Staff encouraged people to maintain relationships with their friends and family and to be as independent as possible. Relatives told us “We can visit whenever we want and staff support my relative to visit us regularly at home.” The registered manager and care staff told us, which people had family members involved in their care and referred to them by name. We saw details of discussions with family members recorded in people’s care records.

Good

Is the service responsive?

Our findings

Care workers told us that three of the four people living at the home went on holiday this year. People who used the service confirmed this. “I liked my holiday” and “”Good food”. We observed people accessing the community with support of staff. One person told us “I like going to the shop and have a coffee.”

People’s care plans were person centred. They included detailed information about people’s personal history, individual preferences and information about activities they liked to take part in. For example one person liked to go swimming and we saw in activity records that regular swimming sessions had recently recommenced. This was following discussions during the person’s most recent care plan review. Care plans had been reviewed regularly and people who used the service and their relatives had been involved in the process. We found that this system was effective, with care plans amended appropriately when people’s care needs changed. All care plans had a summary of information about the person at the front of the record, for easy access. We also saw that the most recent care plan reviews had been attended by the person’s placement officer and included a placement review to ensure that the service continued to meet the peoples’ changing needs.

The care staff told us that they would escalate any concerns to the registered manager, for example if someone lost weight or if they were unwell. We saw evidence of this where a person had lost weight and the person had been referred to their GP and an appointment with the dietician had been arranged for September 2015. This showed that the service responded well to peoples’ changing needs.

People living at the home and their relatives confirmed that they were consulted about their care when they moved into the home and their needs changed. This was recorded in people's care records. Monitoring records were in place for people who had particular needs such as mental health issues, or a risk of chocking. Health and social care professionals told us that they found the home’s care plans to be clear and up to date.

Activities recorded for people included swimming, visits to the café, lunch at the local pub, shopping, day centres, drives and walks in the local park. People had been on holiday to Skegness in July 2015, one person chose not to go on holiday and the home accommodated this decision. The lounge/dining room was decorated with large, bright pictures and some drawings produced by people living at the home. There were some stimulating displays including photographs of people at various events. Relatives told us that there were quite a lot of organised activities going on.

In addition to the care plans each person had a ‘daily log’ book. This was used to communicate between shifts and to summarise the care needs required on each shift.

People did not have any complaints about their needs being met, but said they felt able to speak up if they had any concerns. One relative told us, “I have no complaints whatsoever.” We asked staff how they would deal with complaints and concerns raised by people living at the home or their relatives or other representatives. They all said that they would deal with the complaint/concern at the time if they could, and also inform the registered manager. As one staff member noted, “If someone didn’t like the food I would offer them something else, but I would let the manager know.”

No complaints had been recorded since the previous inspection. The complaints procedure was available on the notice board and had been made available in pictorial format for people who were not able to read.

Good

Is the service well-led?

Our findings

People and their families felt they were kept updated of any issues that affected them. They felt the registered manager and the staff team were open and honest. One relative said, “We are very impressed with the management, any problems that come up they deal with and they always get back to me”.

There was a general feeling from care workers that the registered manager had made real attempts to promote a family type environment, where people felt safe and they could be themselves. They also told us that since our last inspection improvements had been made in the provision and accessibility of training.

Staff told us they felt well supported by the registered manager and felt able to contact them about any issue that arose. One said, “We’re never on our own, we can always call and someone will come straight way”. We saw this in the interaction between the care workers and the registered manager, although professional there was openness and transparency displayed. Staff described an ‘open door policy’ from management, and were very positive about the working environment. Staff told us that they were well supported by the registered manager and provider. None of the staff raised concerns that they did not have formal one to one supervisions and told us that the monthly group supervisions met their needs and helped to improve the service provided to people who used the service. During the inspection we observed the registered manager engaging with people, and supporting people during lunchtime, demonstrating leadership by example.

There were policies and procedures in place to ensure staff had the appropriate guidance required and were able to access information easily. Policies and procedures we saw each had a review date to ensure information was appropriate and current.

Staff told us and records confirmed that there were regular fire drills and fire alarm checks and servicing of alarms and firefighting equipment. A recently reviewed fire risk assessment and evacuation plan were in place. Certificates were available to demonstrate current and appropriate gas and electrical installation safety checks, and portable appliances testing.

We asked the management how they reviewed the quality of the service. They showed us records of audits undertaken including those relating to medicines records. Quality assurance checks were also carried out by head office staff including some placement reviews, and reviews of staffing, financial audits, cleaning, fire safety and accidents and incidents.

The registered manager had monitoring systems in place to measure quality and to ensure high standards of service delivery. We saw that several audits had been undertaken recently, including, infection control, care plan audits, and medicines audits.

Staff explained the procedure for reporting items which needed to be repaired. Management were informed and items were documented in a maintenance book. Management then arranged for a handy man to undertake the work. Records indicated that maintenance issues were addressed swiftly. On the day of the inspection we saw the handy man undertook repairs in the home of furniture due to wear and tear.

The service promoted clear visions of promoting people’s independence and the registered manager spoke to us about their aspirations for people to move safely on to independent living, if appropriate. They spoke of empowering people in every aspect of the care and support provided by the service to enhance and improve people’s quality of life. The feedback received from relatives confirmed this approach and that staff knew how to engage people in activities that supports social inclusion and enhances their social confidence.

People who used the service, relatives and care staff had regular opportunities to make their voices heard. We saw evidence of this during the inspection. As well as formal meetings recorded, there were several one to one discussions taking place between care staff and people who used the service and this seemed to work well.