Integra Supported Housing

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Inspection report

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Date of inspection visit:
01 July 2016

Date of publication:
24 August 2016

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 took place on 1 July 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. At our last inspection on the 30 September 2013 the provider was compliant with the regulations inspected.

Integra Supported Housing is registered to provide personal care services to people in their own homes or supported living. People the service supports have a range of needs including physical disability and learning disability. On the day of the inspection, 48 people were receiving support. There was a registered manager in post. 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.

People told us they were safe. Care staff knew how to keep people safe and had received the appropriate training to do so. Where people were supported with their medicines we found that this was being done safely.

The provider ensured care staff had the skills and knowledge to meet the requirements of the Mental Capacity Act (2005) and people's consent was sought before they were supported. Care staff received the appropriate support to be able to meet people's needs.

The care staff that supported people provided support in a friendly and caring manner. People were involved in the assessment and care planning process and their views and decisions were taken into account when their support needs were reviewed.

The support people received was what they expected and their dignity, privacy and independence was respected.

The provider had a complaints process in place so people were able to share concerns they had. The provider ensured the quality of the service was checked and monitored regularly to ensure the quality of the service was maintained.

The provider used questionnaires, meetings and a suggestion box so people were able to comment on 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 was safe.

People felt safe.

There were enough staff to support people and meet their needs.

The provider ensured people's medicines were administered as they needed.

Is the service effective?

Good

The service was effective.

People were able to give consent before care staff supported them.

The provider ensured the Mental Capacity Act 2005 requirements were being adhered to and care staff had the appropriate guidance.

People were able to see health care professionals when needed.

Is the service caring?

Good

The service was caring.

Care staff were friendly and kind.

People were able to decide how they were supported by care staff.

People's privacy, dignity and independence was respected.

Is the service responsive?

Good

The service was responsive.

People were able to take part in the assessment and care planning process and share their views as part of how their support needs were reviewed.

People were able to share their views and make comments on the service as part of the provider's complaints process.

Is the service well-led?

Good

The service was well led.

People felt the service was well led.

The provider had systems in place so people could share their views and be provided with information about events happening in their community.

Checks and audits were carried out by the provider to monitor the quality of the service.

Integra Supported Housing

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.

Our inspection took place on 1 July 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector.

We asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report. We reviewed information we held about the service. This included notifications received from the provider about deaths, accidents/incidents and safeguarding alerts which they are required to send us by law.

We requested information about the service from a number of Local Authorities (LA). They have responsibility for funding and monitoring the quality of the service. We received information from one LA which we used as part of the inspection of this service.

We visited the provider's main office location. We spoke with five people who used the service, five members of the care staff, the registered manager and the governance manager who was also present. We reviewed five care records for people that used the service, reviewed the records for four members of the care staff and records related to the management and quality of the service.

Good

Is the service safe?

Our findings

A person said, "I do feel safe". Another person said, "I do feel safe around the staff". Care staff we spoke with were able to give examples of what would constitute abuse and were able to explain the actions they would take where someone was at risk of harm. A member of the care staff said, "I would report abuse to the manager". We found that the provider had the appropriate guidance in place to advise staff as to the actions required where people were at risk of abuse and care staff had access to relevant training. Care staff we spoke with confirmed they received this training. We found that a number of safeguarding referrals had been made by the provider to the appropriate authorities where people were at risk of harm.

We found that the provider carried out risk assessments to identify risks and the actions to reduce the risks. Care staff we spoke with were able to explain how risks were identified and the measures in place to reduce those risks. We found that care staff were able to access the information they needed to know how risks to people should be managed. We saw that a number of risk assessments were in place, including where people were at risk of choking, self-harm or were they were supported with taking their medicines.

A person said, "There is enough staff". Another person said, "There is normally enough staff to support me". Care staff we spoke with told us there were enough staff. One member of the care staff said, "Yeah there is enough staff". We found due to how independent people were, that care staff were only required to remind people to take their medicines and only a few people needed more support than that. People told us that the support they received from care staff was never missed or late. This meant the hours commissioned to meet people's support needs were low and the provider was meeting these requirements. The provider had a system in place to be able to increase hours as and when people's support needs changed.

The care staff we spoke with told us that they were required to complete a Disclosure and Barring Service (DBS) check as part of the recruitment process before being appointed to their job. These checks were carried out as part of a legal requirement to ensure care staff were able to work with people and any potential risk of harm could be reduced. The registered manager told us the process they went through as part of how they recruited care staff. We found that there were recruitment systems in place to ensure all new recruits had the appropriate skills, knowledge and experience to be appointed. We found that references were being sought to check the character of potential care staff and proof of their identification was part of the recruitment process. However we found that not all care staff recruited were consistently supplying a full work history when completing the application form to allow for the appropriate checks to be carried out. We discussed this with the registered manager who took immediate action to ensure care staff that were currently being recruited supplied a full work history of where they had previously worked.

A person said, "I do get my medicines when I am anxious". Another person said, "Staff do support me with my medicines". A member of the care staff said, "I have had training in medicines". We found that care staff were provided with training in medicines before they were able to support people with their medicines. We saw that checks were carried out to ensure staff were competent to support people with their medicines and care staff spoken with confirmed this. Where people received medicines 'as and when required' care staff had appropriate guidance in place to support them with their medicines. Care staff were also able to explain

the circumstances as to when these medicines would or would not be administered.

The provider had the appropriate procedure in place to ensure care staff had the guidance they would need to support and manage people's medicines. We found that the provider had a Medicine Administration Record (MAR) in place to show when people's medicines were administered or when people were supported with their medicines. Care staff we spoke with told us they were using these records and knew what support people needed with their medicines. Where controlled drugs were being administered we found that systems were in place to ensure they were stored appropriately. These medicines were recorded as is required when administering these types of medicines. When people were administered their medicines we found this was done by two care staff at all times.

Good

Is the service effective?

Our findings

A person said, "Staff are skilful and know what they are doing". Another person said, "Staff just prompt my meds and that is fine". Care staff we spoke with told us they did feel supported. One member of the care staff said, "I do feel supported and I do get regular supervision". We found that care staff were able to get regular support that took place in the form of regular supervisions. Supervision is a formal meeting where care staff and their manager are able to discuss work concerns. Care staff were also able to attend staff meetings and take part in an annual appraisal system so their development needs could be identified as part of improving their skills and knowledge.

We found that care staff were able to get regular training as part of the essential training the provider expected staff to take part in. For example, training in manual handling, first aid, person centred care and health and safety. Care staff were also able to access more specific training to meet individual support needs of people, for example, training in diabetes, psychiatric drugs and epilepsy. We found that while staff we spoke with confirmed they were able to access training, they were not receiving any training in falls prevention. Care staff had limited knowledge of how they would manage or deal with a situation where someone was found on the floor and they did not observe the person falling. One member of the care staff said they would help the person up. This could lead to further injury to the person. We discussed this with the registered manager who told us this training would be made available as a matter of urgency.

We saw that the provider had an induction process in place which gave newly appointed care staff the opportunity to shadow more experience staff as part of their induction, which care staff we spoke with confirmed. We found that the Care Certificate was being used as part of the induction process for newly appointed care staff. The Care Certificate is a national common set of care induction standards in the care sector, which all newly appointed staff are required to go through as part of their induction.

A person said, "Staff always ask before they do anything". Another person said, "My consent is sought". We found that care staff had an understanding as to how they would use their knowledge of people and gestures to gain consent if a person lacked the ability to verbalise their consent.

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.

We found that care staff were required to take part in training in the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS), which care staff confirmed. They were able to explain how the MCA and DoLS impacted people where they lacked the capacity to make decisions. At the time of this inspection there was nobody using the service assessed as lacking capacity.

We found that not many people needed support with their meals. Where support was needed people told us that staff were only required to help them cook their meals. People made their own decisions as to what they had to eat and drink and were able to feed themselves. One person said, "I wash and dress myself, all staff do is help me with the cooker". Care staff were able to demonstrate an understanding of healthy eating options and how they would support people if needed to make these decisions.

People we spoke with all felt if they needed medical support that staff would support them to get the help they required. We saw from the records we looked at that where people saw their doctor, dentist or other health care professional that this was identified on their care records. A member of the care staff said, "We do ensure where people need to see a doctor we take them". One person said, "My mom arranges all my appointments, staff do not need to do this". We found staff were aware of people's health care needs and where required they would support them to attend routine appointments where necessary.

We found that where people were at risk of choking that the appropriate health care professionals were involved. The Speech and Language Therapist (SALT) gave care staff the appropriate guidance to be able to support people and we saw these documents to confirm how people were supported. We saw that other monitoring of people took place, for example, their daily food and drink intake, regular monitoring of people's weight and people's health and wellbeing.

Good

Is the service caring?

Our findings

A person said, "The staff are friendly and kind". Another person said, "The staff are brilliant".

Care staff only supported people to live their lives how they wanted. We found that people were very independent and managed most things themselves. A person said, "Staff do respect my independence". Where care staff support was required it was to offer minimal support or a reminder service to people. Care staff told us they encouraged people to do as much as they were able for themselves and people were very independent. We found that people were able to manage their own personal care and care staff were only required to support people with the areas they were unable to reach.

A person said, "Staff do listen". While another person said, "I am able to share my views with staff". Care staff we spoke with told us that people were able to attend house meetings where they were able to share their views on the service and make decisions. A member of the care staff said, "We always listen to what people tell us". People we spoke with confirmed these meetings did take place so they could share their views in the decisions about where they lived. We found that people were able to decide how they were supported by staff. Where people did not need support people were listened to and care staff would only offer support where people requested it.

A person said, "Staff do respect my dignity, privacy and independence". Another person said, "Staff always knock before they come into my room". Another person nodded their head to confirm that care staff knocked their bedroom door before entering. Care staff explained that they would always respect people's privacy and dignity. Care staff gave examples of closing doors when supporting people with personal care and covering people over to respect their dignity as examples of how they supported people. These examples showed that staff had an understanding as to how to respect people's dignity and privacy. We saw in the provider's statement of purpose had a section that explained how they expected care staff to respect people's dignity at all times.

The provider was aware of advocacy services but due to how independent people lived their lives the services were not being referred to.

Good

Is the service responsive?

Our findings

A person said, "I have a copy of my assessment and care plan". Another person said, "Yes I was involved in the assessment". Care staff we spoke with told us that assessments and care plans were in place and people were involved in the process. We saw that these documents were in place and care staff had access to them as part of meeting people's support needs. However the documents were not consistently the same in how they were being used and appeared in people's care records. For example lifestyle plans were not always being completed and paperwork was not the same across all files. We found that the provider had already recognised the shortfalls and had already taken action to implement a better care planning process that would lead to much better consistency in documentations. While people were independent and did not need much support in their daily living, this would ensure that staff would complete information consistently and more accurately.

We saw that people's preferences, likes and dislikes were being noted, but this was not always consistently shown on people's lifestyle plans. People lived in a supported living environment where care staff had a responsibility to ensure they were able to take part in social events of their choice. We found that these plans were not consistently completed to show people's preferences, some documents were blank. Care staff we spoke with did know what people's likes and dislikes were and was able to explain how they supported people with their preferences. We discussed this with the registered manager who had already identified the concerns and were taking the appropriate actions to ensure the plans were being used and completed consistently.

A person said, "I do get reviews". We found that reviews were taking place to ensure where people's support needs had changed that the appropriate actions could be taken. However we found that the process for completing reviews was not consistent as there was no appropriate review paperwork being used to show who had attended the review and the content of the discussion and actions agreed. The registered manager told us they would implement an appropriate document immediately.

A person said, "I do know who to complain to, but I have never had to complain". Another person said, "I would complain to staff, but I have never had to". We found that the provider had a complaints process in place and care staff we spoke with knew about the process and how they should use it where people wanted to complain. A member of the care staff said, "I would try and resolve the complaint but if I was unable to I would inform the manager". We saw that the complaints process was available in more than one format to enable people to be able to understand the process. Where complaints were received we saw that logs of who made the complaint, when it was made along with the actions taken. Trends were also being monitored by the provider. We found that a suggestion box was available in the office location to enable people to make comments/suggestions on the service.

Good

Is the service well-led?

Our findings

People and care staff we spoke with told us the service was well led. A person said, "I would say the service is definitely well led". A member of the care staff said, "I do feel the service is well led". People told us they knew who the registered manager was and we found people who visited the office location to be relaxed around the registered manager and office staff. A member of the care staff said, "The manager is approachable".

We saw that the culture within the office when people visited was relaxed, friendly and warm towards people. People were seen laughing and chatting with office staff in a comfortable manner.

We found that while the wellbeing of people was checked and monitored the registered manager did not have in place health actions plans or hospital passports to ensure in an emergency that health care professionals would have access to information about people's health care needs. The manager recognised the importance and told us this would be implemented.

We found the provider had a process in place to record accidents and incidents to ensure that these events were logged and trends monitored appropriately. Care staff we spoke with were able to explain the actions they would take if an incident or accident was to take place. We found that incidents and accidents were managed appropriately and a record kept. Trends were monitored as a way of reducing the levels of accidents in the service.

We found that the provider had a whistleblowing policy in place to enable care staff to raise concerns on an anonymous basis. Care staff we spoke with confirmed they were aware of the policy and knew in what situations they would use it. Care staff told us they had never had to raise a whistleblowing concern but would if they needed to.

A member of the care staff said, "There is an on call system in place and staff do know the process to use it". We found that the provider had a system in place to enable care staff to get support during times of the day when the office was shut or during a bank holiday. Care staff told us the process worked well.

A person said, "I have had a questionnaire". Care staff told us that questionnaires were sent out to people, relatives and care staff and written feedback was given as to the outcome. We found that questionnaires were being used to gather views on the service and once the results were analysed they were shared so people, relatives and staff knew the outcome. Some of the comments we saw from the most recent questionnaire sent out are as follows. A person said, "Integra is a great company to live within because they are supporting us to live independently and make sure all their clients are happy". Another comment was, "Staff support me well and listen". We found that newsletters were also sent out regularly to people, relatives and staff to update them regarding social events happening in the area, holiday opportunities, competitions and much more. The registered manager provided information to show how the outcome from the questionnaires were actioned.

We found that spot checks and audits were carried out to ensure the quality of the service was of a high standard. A member of the care staff said, "Quality assurance checks are done and we get feedback". We found that checks were carried out on a monthly basis by the registered manager to ensure medicines were managed appropriately, to check on the environment where people lived and to ensure care staff were supporting people as was expected.

We found that the registered manager knew and understood the requirements for notifying us of all deaths, incidents of concern and safeguarding alerts as is required within the law.

Before the inspection, we asked the provider to complete a provider Information Return (PIR). Due to technical problems a PIR was not available and we took this into account when we inspected the service and made the judgements in this report.