Integrated Care Services Limited

Integrated Care Services Limited - 2a Tudor Gardens

Inspection report

2a Tudor Gardens
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Date of inspection visit: 20 October 2014
Date of publication: 23/12/2014

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

Overall summary

We carried out this inspection on 20 October 2014. This inspection was unannounced.

The previous inspection of the service took place on 11 April 2013 when it was found to meet all the required standards.

Integrated Care Services Limited (ICSL) - 2a Tudor Gardens provides personal care and support to up to four people with learning disabilities. On the day of our inspection there were two people living at the service. Care is provided on two floors in singly occupied rooms, some of which are spacious. Each person's room is provided with all necessary aids and adaptations to suit their individual requirements. There are well appointed communal areas for dining and relaxation. There is also a garden area to the front and a small courtyard to the rear of the home.

Summary of findings

The service has a registered manager. 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 felt safe in the home and we saw there were systems and processes in place to protect people from the risk of harm.

The Registered Manager had been trained to understand when applications for Deprivation of Liberty Safeguards (DoLS) authorisations should be made, and in how to submit one. We found the location to be meeting the requirements of the DoLS.

We found people were cared for, or supported by, sufficient numbers of suitably qualified, skilled and experienced staff. Robust recruitment and selection procedures were in place and appropriate checks had been undertaken before staff began work.

Medicines were managed safely and staff received training in the safe administration of medicines.

Suitable arrangements were in place and people were provided with a choice of healthy food and drink ensuring their nutritional needs were met.

People's physical health was monitored as required. This included the monitoring of people's health conditions and symptoms so appropriate referrals to health professionals could be made.

People's needs were assessed and care and support was planned and delivered in line with their individual care needs. The care plans contained a good level of information setting out exactly how each person should be supported to ensure their needs were met. Care and support was tailored to meet people's individual needs and staff knew people well. The support plans included risk assessments. Staff had good relationships with the people living at the home and the atmosphere was happy and relaxed.

We observed interactions between staff and people living in the home and staff were kind and respectful to people when they were supporting them. Staff were aware of the values of the service and knew how to respect people's privacy and dignity. People were supported to attend meetings where they could express their views about the home.

A wide range of activities were provided both in-house and in the community. We saw people were involved and consulted about all aspects of the service including what improvements they would like to see and suggestions for activities. Staff told us people were encouraged to maintain contact with friends and family.

The manager investigated and responded to people's complaints, according to the provider's complaints procedure. People we spoke with did not raise any complaints or concerns about living at the home.

There were effective systems in place to monitor and improve the quality of the service provided. We saw copies of reports produced by the registered manager which included action planning. Staff were supported to challenge when they felt there could be improvements and there was an open and honest culture in the home.

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. Staff knew how to recognise and respond to abuse correctly. They had a clear understanding of the procedures in place to safeguard vulnerable people from abuse.

Individual risks had been assessed and identified as part of the support and care planning process.

There were enough qualified, skilled and experienced staff to meet people's needs. We saw when people needed support or assistance from staff there was always a member of staff available to give this support.

Medicines were managed and administered safely and staff received training in the safe storage, administration and disposal of medicines.

Is the service effective?

Good

The service was effective. Staff had a programme of training and were trained to care and support people who used the service safely and to a good standard.

Staff we spoke with had a good understanding of the Mental Capacity Act 2005 and how to ensure the rights of people with limited mental capacity to make decisions were respected.

The service was meeting the requirements of the Deprivation of Liberty Safeguards.

People's nutritional needs were met. The menus we saw offered variety and choice and provided a well-balanced diet for people living in the home.

People had regular access to healthcare professionals, such as GPs, physiotherapists, opticians and dentists.

Is the service caring?

Good

The service was caring. People told us they were happy with the care and support they received and their needs had been met. It was clear from our observations and from speaking with staff they had a good understanding of people's care and support needs and knew people well.

Wherever possible, people were involved in making decisions about their care and staff took account of their individual needs and preferences.

We saw people's privacy and dignity was respected by staff and staff were able to give examples of how they achieved this.

Is the service responsive?

Good

The service was responsive. People's health, care and support needs were assessed and individual choices and preferences were discussed with people who used the service and/or a relative or advocate. We saw people's care plans had been updated regularly and when there were any changes in their care and support needs.

People had an individual programme of activity in accordance with their needs and preferences.

People were given information on how to make a complaint and systems were in place to appropriately respond to complaints.

Summary of findings

Is the service well-led?

Good

The service was well led. The systems for monitoring quality were effective. Where improvements were needed, these were addressed and followed up to ensure continuous improvement.

Staff were clear about the standards expected of them and told us their manager was available for advice and support.

Regular quality checks ensured that quality of care was monitored and improvements were made if required.

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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 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.

A single inspector carried out this inspection.

We inspected the home on 20 October 2014. At the time of our inspection there were two people living in the home. We spent some time observing care in the lounge and kitchen to help us understand the experience of people who used the service. We looked at all areas of the home including people's bedrooms, communal bathrooms and lounge areas. We spent some time looking at documents and records that related to people's care and the management of the home. We looked at two people's support plans and spoke with two people living at the home.

Before our inspection, we reviewed all the information we held about the home and the provider had completed a provider information return (PIR) which we received prior to the inspection. We were not aware of any concerns by the local authority, or commissioners.

On the day of our inspection, we spoke with two people living in the home, one member of staff, the registered manager and the registered provider.

Good

Is the service safe?

Our findings

People told us they felt safe living at the home. A person who had mobility difficulties and used a wheelchair said, "Yes I feel safe here. They help me when I use my frame and provided a walk-in shower room." Another person told us "I am safe here; they make sure that I don't do things which gets me into trouble."

Staff had received training provided by the local authority in safeguarding adults and regular refreshers were arranged to ensure staff were kept up to date with new legislations. Staff demonstrated a good understanding of the signs of abuse and neglect and was aware of what to do if they suspected abuse was taking place. Safeguarding Adults Multi-agency Policies, Procedures and Guidance were available within the home and contained relevant information about how to raise safeguarding alerts including contact details.

Staff were informed about the organisation's whistleblowing policy and staff told us that information about how to raise concerns about poor practice confidentially was provided to them during their induction. All staff we spoke with were clear that they could raise any concerns with the manager of the home, but were also aware of other organisations with whom they could share concerns about poor practice or abuse, such as the local authority, police or Care Quality Commission.

People's records contained appropriate risk assessments which covered a range of areas. For example, we saw assessments had been undertaken to identify whether people were at risk of falls. Where people visited relatives in England or abroad risk assessments were developed together with the family member to ensure people were safe. Robust risk management plans ensured people who used the service were protected.

Staff told us that daily handovers were undertaken which summarised people's key needs and any changes or concerns about their wellbeing. We observed one handover meeting during our visit, which confirmed this. This helped to ensure continuity of care and effective communication between staff.

Staff employed to work at the home included a registered manager who was supported by the registered provider. Care was provided by the registered manager and one care worker. A maintenance person was available to deal with small repair jobs. We observed that the care worker, the registered manager and registered provider demonstrated good relationship with people and readily engaged with them whilst undertaking their duties, which helped to promote a positive atmosphere within the home.

There was an effective system in place to ensure that staffing levels were monitored, reviewed and adjusted in light of changes in people's needs and the layout of the building. The registered manager told us that additional staff can be called in to support people when attending appointments. Staffing levels reflected the current number and needs of people who used the service. During the day there was one member of staff available and during the night there was one sleep over staff available.

We looked at the staff rotas for the week of the inspection and the previous three weeks. These showed that the home was sufficiently staffed to meet the needs of people. During the day two members of staff were on duty and one person was on duty during the night. We also saw that additional staff was rostered to accompany people to healthcare appointments. The registered manager explained that she was able to increase staffing levels if this was required for particular reasons. For example, we saw that additional staff was available to accompany one person to a hospital appointment.

Recruitment and induction practices were safe and relevant checks had been completed before staff worked unsupervised. These included identity checks, obtaining appropriate references and criminal record checks. We found that the registration details of nursing staff had been checked with the body responsible for the regulation of health care professionals and that these checks were repeated on a monthly basis. The registered manager was aware of the process to follow to ensure that staff that were no longer fit to work in health and social care were referred to the appropriate bodies.

People's medicines were obtained, stored and administered appropriately and safely. Staff had received medicines training provided by the dispensing pharmacy and their competency had been assessed. Medicines were stored in the staff office, which was kept locked. We viewed medicines administration records for all people who used the service, which were completed correctly and without errors. We took a sample of medicines and checked the stock levels, which were consistent with records viewed.

Good

Is the service effective?

Our findings

People told us that they were pleased with the care, treatment and support they received. We found that the home was effective in assessing and planning people's care needs. One person told us, "The staff are great here, I like all of them." Another person said, "Staff are very kind, it's my home here."

People were supported by skilled and knowledgeable staff. New staff received a comprehensive induction which covered their familiarisation with the environment, the people living at the home and the policies and procedures of the organisation. The registered manager told us that if a new staff member did not have prior experience of working in health and social care, then they would be supported to complete a wider induction in line with Skills for Care Common Induction Standards. The majority of staff had been employed at the home for some time which meant that the staff team was stable and supported the delivery of consistent care by staff who were familiar with the needs of people.

Staff received appropriate training. The registered manager told us that within the first six weeks new staff were required to complete a range of essential training which included; safeguarding adults, infection control, fire safety and Mental Capacity Act 2005 and Deprivation of Liberty Safeguards. There were opportunities for staff to undertake training in other subjects related to the needs of people. For example, we saw that staff had undertaken challenging behaviour training and breakaway training. Systems were in place to alert the registered manager if staff needed to update aspects of their mandatory training. One care worker told us, "We were recently asked if we would want to do additional training and as a response to this we were all enrolled in a level 2 foundation course in care."

Additional training for staff had been provided in response to people's specific needs. For example, training had been arranged to ensure that staff were informed about epilepsy, Diabetes or challenging behaviour.

Staff were given appropriate supervision and support which helped to ensure they were able to provide effective care. Staff told us they felt well supported in their role. We saw records which showed that staff were receiving regular supervision in line with the organisation's supervision policy. Staff told us that discussions in supervision covered their goals, performance, whether they were happy in their job.

Policies and procedures were in place in relation to the Mental Capacity Act (MCA) 2005 and we saw the home had a copy of the MCA 2005 Code of Practice. All staff had received training in the MCA 2005 and were able to describe some of the key principles of the Act. The MCA 2005 is a law that protects and supports people who do not have the ability to make decisions. Our observations indicated that people were able to give consent and were outspoken if the treatment or care provided was not according to their wishes.

The Care Quality Commission (CQC) monitors the operation of the Deprivation of Liberty Safeguards (DoLS) which applies to care homes. These safeguards protect the rights of people using services by ensuring that if there are any restrictions to their freedom and liberty, these have been agreed by the local authority as being required to protect the person from harm. Whilst there were no DoLS authorisations for people living at the home, we found that the manager understood when an application should be made and how to submit one. The manager was aware of a recent Supreme Court Judgement which widened and clarified the definition of a deprivation of liberty.

People had a care plan in relation to their capacity and abilities to consent. These plans considered how people could be involved in making decisions about their care and who they might like to support them with this process. For example, one person's plan stated that they should be given time to discuss options so that staff could find out their wishes and choices. Another care plan had information of how to contact their next of kin in case that there were any concerns in relation to the treatment and care provided.

There was a strong emphasis on nutrition in maintaining people's wellbeing. Appropriate steps had been taken to identify those people who could be nutritionally at risk. The home had liaised with professionals such as speech and language therapists (SALT) or dietician to inform nutrition plans and manage identified risks such as swallowing difficulties.

People told us that the food was tasty and was provided in sufficient quantities. Options were offered at breakfast,

Good

Is the service effective?

lunch and supper and we saw that drinks were available throughout the day. Fresh fruit was available in the kitchen and we saw people being offered to eat this. One person said, “The food is appetising and we have plenty of choice.” Another person said, “We can have something different if we ask.” One person enjoyed Asian food, the menu viewed reflected this and the person told us “I love rice and salads, which I have regularly.”

The home had developed effective working relationships with a number of health care professionals to ensure that people received co-ordinated care, treatment and support including support to manage challenging behaviour and regular hospital appointments for one person who suffered hearing loss. People’s families were involved in the care and their feedback was sought in regards to the care provided to their relative. We saw that people had health action plans which stated what support they required to maintain their health and wellbeing. People attended regular appointment to see their GP or audiologist to ensure that their health care needs were met. Where necessary action was taken in response to changes in people’s needs. For example, we saw examples where staff had identified that people were unwell and had arranged for the person to be seen by their GP.

Good

Is the service caring?

Our findings

People told us that they were well cared for. One person told us, "I feel they take good care of us. They [staff] are so kind and careful." Another said, "I am very happy here and I have a good relationship with people who live here and staff."

People were supported by kind and attentive staff. Staff treated people with dignity and respect and we saw that care was delivered in an unhurried and sensitive manner. Staff were courteous and people were relaxed and comfortable in the presence of their care workers. We observed that staff clearly knew people well and spoke with them about the things that were meaningful to them. We observed friendly and light hearted discussions. . One person told us, "I am pleased to talk to the carers, they are my friends."

Staff had time to deliver person centred care and knew people well. For example, one person becoming withdrawn when we talked to the person. Staff told us that this is a sign of the person becoming restless and did not want to talk with us any longer. We observed the care worker speaking to the person in a calm and reassuring manner which prevented the behaviour from escalating. The home was sensitive to people's cultural and religious needs. People told us that they went regularly to church on Sundays, which they enjoyed and which helped them to maintain external relationships.

Staff encouraged and enabled people to complete tasks for themselves, even if this took a long time. For example, we observed one person being encouraged to clear the table after they had their tea. When we spoke with the person, they told us how pleased they had been that they had been able to manage this independently. Staff told us that where possible, they encouraged people to care for themselves, even if this was by completing a small task. A care worker told us, "Whilst It is tempting to intervene, it's important that people think and do for themselves. The manager told us that people could access advocacy services if required. However all people had very strong links with their families, who were fully involved in their care. We saw that people called their relatives regularly and meetings had been arranged if care plans were reviewed or amended to seek their view.

People were involved, where able, in decisions about their care which helped them to retain choice and control over how their care and support was delivered. Where people were unable to express their views and wishes, relatives were consulted to support people to make well informed decisions about the care of people. We saw correspondence between the home and relatives and were told by the registered manager, that the new care plan was currently with the person's next of kin for approval and comments. We saw evidence in people's care records that family members were promptly informed when their relative was unwell. The home encouraged people to visit family members regularly for a one or two week holiday abroad or in the UK.

Good

Is the service responsive?

Our findings

People's needs were regularly assessed and reviewed and they were involved in the assessment of their needs. One person told us, "They [staff] always tell me what is going on and ask what I would like to do." Another person told us "I meet regularly with staff and we plan what happens in the future."

Care plans were based on people's choices and preferences. Each person had a person centred plan, which included pictures to make the plan easier to read and understand for people. The person centred plan detailed people's personal history and their spiritual and cultural needs, their likes and dislikes, activities and information of people who were important to them. This helped to ensure that staff knew the preferences of the people they were caring for and enabled them to be responsive to their needs. We saw that staff knew people very well, for example one person became withdrawn during our visit and staff told us that this happens when the person doesn't know the person.

We saw that care plans provided information about the care and support people needed and how this should be provided. For example, we saw that there was a comprehensive care plan for the management of one person's behaviours which was evidence based and in line with relevant quality standards.

People were involved, where able, in decisions about their care which helped them to retain choice and control over how their care and support was delivered. New care planning documentation was being introduced and implemented on the day of our inspection, which encouraged people to express what was important to them in relation to their care. The new care planning format ensured that people were comprehensively reviewed and every aspect of their care and support, including, their dietary preferences, their environment and social activity were assessed.

People were offered a range of social activities in-house or in the community. People attended day centres regularly and told us that this was important to them. One person told us that going to the day centre is like having a 'job'. People told us that they regularly go shopping to local shopping centres, go to the cinema and have been on an annual summer holiday. They told us that the holiday was great and they enjoyed being away from the home. Another person told us that Christmas is very important and plans are already underway in putting up decorations.

People knew how to make a complaint and information about the complaints procedure was included in the service user guide, including how to raise concerns with CQC. People were confident that any complaints would be taken seriously and action taken by the registered manager. One person told us, "I've no complaints, everything is fine here, but I would go to the [registered manager] if anything is wrong." We looked at the complaints records and found that the home had not received any complaints since our last inspection.

The registered manager told us that regular resident's and relatives meetings were held. People told us that their concerns were noted and acted upon. One person said, "I always go to the 'residents meeting' and have my say."

Good

Is the service well-led?

Our findings

People and their relatives spoke positively about the manager. Comments included, “The manager always listens to what I have to say, she takes her time.” Another person said, “Her door is always open.”

Staff were positive about the leadership of the home. One member of staff told us, “You are able to raise concerns, she listens to you, she is a very caring person, she spends time out on the floor and helps, and she knows the residents personally.”

The registered manager of the home had worked in the home for a number of years and initially started as a care worker. We found that the registered manager maintained a strong and visible presence within the home and actively encouraged feedback from people and staff and used this to make improvements to the home. We saw that meetings were held with people on a regular basis. We saw that their concerns or comments were noted and acted upon. For example, we saw that the recent summer holiday had been discussed and people chose where to go. The last satisfaction survey undertaken with people, relatives and care staff was in October 2014. The registered manager told us that staff asked for more sector specific training such as National Vocational Qualifications in Care. This had already been actioned.

Staff told us that they attended regular staff meetings and found these meetings relaxed although, communication was focused and effective. Staff were encouraged to ask questions or offer comments or suggestions and individuals were listened to. This helped to ensure that there was an open and transparent culture within the home and meant that the engagement and involvement of staff was promoted within the home.

We observed that the registered manager was supportive of all of the staff and was readily available if staff needed any guidance or support. The registered manager ensured that staff had opportunities to continuously learn and develop, for example, one of the care workers we spoke with told us they were undertaking a competency based health and social care qualification. This helped to ensure that staff were able to carry out their duties effectively so that people received good care and treatment.

A range of systems were in place to monitor and improve quality and safety within the home. For example, health and safety checks, care plan audits and medicines audits. The provider used an external organisation to ensure that the quality of care was regularly monitored and assessed. This helped to ensure that the registered provider was able to make effective changes to the quality of life of people who used the service. The external organisation was responsible for implementing policies and procedures, undertake regular quality audits and provided support in employment matters.

The quality audits were undertaken to monitor the effectiveness of aspects of the home, including care documentation, nutrition, medicines and infection control. Health and safety audits were undertaken to identify any risks or concerns in relation to fire safety.

There was a business plan which detailed aims to improve the quality of the service provided. This included; improving the activities available within the home, improvements to the care plans and updating of the environment. The provider told us that they plan to achieve this by December 2014.

The registered manager told us that they were proud of the care provided and of the staff team who she explained had worked so hard to make improvements and remained committed to achieving the on-going development of the home.