Community Integrated Care

Poole Office

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This comprehensive inspection took place on 6 and 8 November 2018. We gave notice of the inspection on 5 November, as this is a small service and the manager is often out of the office supporting staff.

This service provides care and support to seven people living in two 'supported living' settings, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Four people using the service lived in three flats in a block in Broadstone, and the others shared a flat in Parkstone. Staff were available to support people during the day. At night, the Parkstone flat had staff who stayed awake at night and a member of staff was on call at the Broadstone flats. The registered manager was based at an office a couple of miles away from both sites.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen.

The service had 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 were protected from abuse and discrimination. Safeguarding concerns were managed promptly and transparently, in cooperation with the local authority safeguarding team. Information about whistleblowing was readily available for staff and staff knew how to blow the whistle.

Risks to people were assessed and they were supported to stay safe in the least restrictive way possible. People were involved in this process as far as they could be. Care and support was planned and delivered in line with current legislation and good practice guidance. Assessments and care plans were holistic, detailed and individualised. People's care and support was personalised to fit their needs. People were supported to get involved in activities such as education, voluntary work, social groups and to maintain hobbies. They were also supported to stay in touch with people who were important to them.

There were sufficient staff to provide the care and support people needed. Staff had the skills and knowledge they needed to provide effective care and support. Staff had regular training and were supported through supervision and appraisal. There were checks to ensure staff were of good character and suitable for their role, before they were employed.

Medicines were managed safely so that people received their medicines as prescribed. The control and prevention of infection were well managed.

Lessons were learned when things went wrong. The provider had a process for overseeing and learning from complaints. The service had received no complaints since it was registered.

People were supported but not made to live healthily and got the support they needed to manage their health. This included support to drink enough and to maintain a balanced diet. The registered manager and staff liaised with people's health and social care workers where necessary.

The registered manager and staff worked within the requirements of the Mental Capacity Act 2005 (MCA). The MCA provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. People were supported to express their views and be involved in decisions about their care and support, as were their families. The registered manager had identified that some people were deprived of their liberty and had requested the commissioners of their care to apply to the Court of Protection to authorise this.

Staff treated people kindly and respectfully. People's privacy was respected, and their dignity and independence promoted. People usually had regular staff who they knew. Staff had a good understanding of the people they worked with, including how they communicated and their care and support requirements.

The culture of the service was person-centred, open, inclusive and empowering, with good relationships amongst people and staff. The registered manager and staff were motivated and there was strong teamwork. Staff had regular supportive discussions with their line manager to discuss their work, receive feedback, discuss their development needs and review goals.

Quality assurance processes were in place to drive continuous improvement. People's views and experiences were gathered and acted on to shape and improve the service. Staff were actively involved in developing 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 were involved in managing risks. Risk assessments were person-centred and minimised restrictions, so people felt safe but had as much freedom as possible.

Openness and transparency about safety was encouraged. Lessons learned were shared with staff to support improvement.

Staff understood what abuse is and knew how to report it.

Is the service effective?

Good

The service was effective.

Care and support was planned and delivered in line with current evidence-based guidance, standards and best practice. Assessments of need were comprehensive. This led to good outcomes for people.

Staff had the right competence, knowledge and skills to carry out their roles. They were supported through supervision and appraisal.

The service involved people in managing their health and planning their move between services. Anything that could affect health and wellbeing was identified and action was taken to address this.

Is the service caring?

Good

The service was caring.

People were treated with dignity, respect and kindness. Their relationships with staff were positive.

The service made sure staff had the time and support they needed to provide care and support in a compassionate and person-centred way. People, and where appropriate their families, were encouraged to be involved in decisions about their care.

Is the service responsive?

Good

The service was responsive.

People and where appropriate their families were involved in planning and reviewing their care. Care planning was focused on the person's whole life, including their goals, skills, abilities and how they prefer to manage their health. People's independence was promoted.

The service enabled people to carry out person-centred activities and access community facilities. It encouraged them to maintain hobbies and interests and supported them to maintain relationships with people who mattered to them.

Complaints and niggles were taken seriously, investigated and acted upon where necessary.

Is the service well-led?

Good

The service was well led.

The service had a positive culture that was person-centred, open, inclusive and empowering. Managers and staff prioritised safe, high-quality, compassionate care.

There were clear and effective governance, management and accountability arrangements. Staff were motivated and had confidence in their managers.

Quality assurance systems identified and managed risks to the quality of the service and drove improvement within the service.

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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 was a routine comprehensive inspection and the service had been registered in its current form for almost a year. This was the first inspection of the service.

The inspection took place in November 2018. We gave notice of the inspection a day ahead, as this is a small service and the manager is often out of the office supporting staff. It was undertaken by an adult social care inspector.

Inspection site visit activity took place on 8 November 2018. It included meeting four people who used the service and speaking with one of them about their experience of the service. We also spoke with four support workers and made general observations, for example, of how staff interacted with people. Following the inspection, we spoke with a relative. We visited the office location on 6 and 8 November 2018 to see the manager and to review care records and policies and procedures. These included two people's care records, including their medicines administration records, four staff files and records relating to the management of the service.

Before the inspection we gathered and reviewed information we held about the service. This included notifications from the service and information from stakeholders. A notification is information about important events that the service is required to send us by law. Due to technical problems, the provider was not able to complete a 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.

Good

Is the service safe?

Our findings

People were protected from abuse and discrimination. A person said they felt safe with the staff who supported them, and a relative commented, "I know [person]'s safe." People looked comfortable with staff and readily approached them. Safeguarding concerns were managed promptly and transparently, in cooperation with the local authority safeguarding team. Staff had training in safeguarding and understood what might constitute abuse or discrimination and how to report it. Where necessary, staff worked with people to help them understand what staying safe meant, for example, online or in sexual relationships.

Risks to people were assessed and they were supported to stay safe in the least restrictive way possible. People were involved in this process as far as they could be. Their risk assessments were individualised, proportionate and reviewed regularly. Examples of risks assessed and managed included leaving the flat without support, having access to the kitchen, swallowing difficulties and weight loss. They also included behaviour that was challenging. One person had a history of behaviour that challenged. They had experienced significant changes in their life earlier in the year, which could have caused the person to feel distressed. However, there had been no significant escalation in the behaviour that challenged, as the person had been involved in decisions about how staff should support them and there had been continuity in the staff team, which was the person's preference. Staff had a good understanding of the person and their behaviour, and regularly discussed how they worked with the person at staff meetings and during supervision. The service communicated any concerns to the person's community learning disability team. The person had worked with their flat mate and staff to devise house rules, which helped them to feel secure.

There were sufficient staff to provide safe, effective care and support. A person told us they had a regular team of staff, which was important to them. A relative commented that the staff were good but there seemed to be a high staff turnover and that staff often left just as their family member had got to know them properly. The registered manager was aware of the importance of having a stable staff team. They noted that recruitment conditions locally were challenging, particularly in view of public transport links to one of the sites from areas where staff were likely to live. Staff confirmed staffing levels were sufficient for them to be able to work effectively. People's care records reflected a regular team of staff working with them, thus providing continuity of care.

Safe recruitment practices were followed before staff were employed to work with people. There were checks to ensure staff were of good character and suitable for their role. These included obtaining a full employment history with reasons for leaving employment, criminal records checks, checks of entitlement to work in the UK and obtaining references.

Medicines were managed safely so that people received their medicines as prescribed. People's ability to self-medicate was assessed and care plans set out how staff would support people to take their medicines properly. There were clear instructions for staff about how and when to administer medicines that were prescribed 'PRN' (as necessary) rather than regularly. Staff kept accurate medicines records. There were regular checks to ensure medicines were correctly recorded and accounted for. Staff had regular training in

handling medicines and were observed annually to check they were competent in this.

The control and prevention of infection were well managed. Staff had training in infection control and in food safety. They supported people to keep their accommodation clean. Personal protective equipment such as disposable gloves was readily available for staff when they needed it.

Lessons were learned when things went wrong. Accidents, incidents and near misses were recorded on the provider's event tracker system. The registered manager reviewed each record promptly to ensure any necessary action had been taken so people were safe. The registered manager and provider also monitored for any developing trends that might suggest further changes were required. Any relevant learning was shared with staff through handovers, team meetings or supervision.

Good

Is the service effective?

Our findings

Care and support was planned and delivered in line with current legislation and good practice guidance. Assessments and care plans were holistic, detailed and individualised, addressing people's physical, emotional and social needs. They reflected people's aspirations and strengths as well as areas of their lives they needed support with. Areas covered included health, communication, eating and drinking, community involvement and activities, mobility and independence, relationships, and sleep and overnight support. Care plans were regularly reviewed and updated in consultation with people and where appropriate their families.

Staff had the skills and knowledge they needed to provide effective care and support. New staff completed a thorough induction. Those who were new to care were expected to obtain the Care Certificate, which reflects a nationally agreed set of standards for health and social care workers. Refresher training was undertaken at set intervals and included topics such as moving and handling, safeguarding adults, the Mental Capacity Act and Deprivation of Liberty Safeguards, fire safety, food safety and emergency first aid. Staff were encouraged and supported to undertake qualifications in health and social care. This had been delayed for some staff due to difficulties with the organisation contracted to provide the training. The registered manager was seeking a suitable replacement. Staff had regular support through supervision meetings with their line manager. Supervision and appraisal were used to develop and motivate staff, reviewing their practice and focussing on their professional development.

People were supported to have enough fluids and to maintain a balanced diet. Care plans detailed people's food preferences, their involvement in shopping for and preparing snacks and meals, special dietary requirements and any support required to eat and drink. A person showed us their meal planner, which helped them have a healthy and varied diet and not to feel overwhelmed with choice when they opened the fridge. Where people had swallowing difficulties that put them at risk of choking, they cross-referenced to safe swallow plans devised by speech and language therapists.

People were supported but not made to live healthily and got the support they needed to manage their health. For example, staff discussed healthy food options with people and promoted a varied diet. They also encouraged and supported people to keep active. Staff liaised promptly with health and social care professionals when there were concerns about people's health. They also supported people with appointments for health reviews or screening, such as dental check-ups and annual health checks.

The registered manager and staff liaised with people's health and social care workers to ensure people had the support they needed. For example, staff had requested input from community learning disability professionals in relation to people's capacity to consent to sex and to keep themselves safe in relationships.

The registered manager and staff worked within the requirements of the Mental Capacity Act 2005 (MCA). The 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. Where there was doubt about someone's ability to consent to aspects of their care, the person's mental capacity to give this consent was assessed. If the person was found to lack capacity a best interests decision was recorded, reflecting how the care could be provided in the least restrictive way possible. People, and where appropriate their families, were involved in this process. Examples of mental capacity assessments and best interests decisions related to consent to care and treatment, consent to medication, managing finances and locking away sharp knives.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. The registered manager understood a Supreme Court judgment that deemed people as deprived of their liberty if they were under constant supervision and control and were not free to leave. They had identified that some people were deprived of their liberty and had requested the commissioners of their care to apply to the Court of Protection to authorise this.

Good

Is the service caring?

Our findings

Staff treated people kindly and respectfully. Everyone we met looked relaxed with the staff who were with them. All the interactions we saw were positive. Staff talked about people with affection and told us how important it was to them that people were shown respect. They demonstrated this respect in the way they spoke about someone who could be challenging to support, valuing them as a person and understanding the reasons for their behaviours. The registered manager and senior staff role-modelled the importance of treating people with respect and discussed this in staff supervision, meetings and ad hoc conversation.

People usually had regular staff who they knew. A person spoke about their staff by name and told us they liked them. They said they mostly had staff they knew, "although we do have new ones". They said staff understood what was important to them. Staff were based in either the Parkstone or the Broadstone site and mostly worked there unless they were covering leave. They had a good understanding of the people they worked with, including how they communicated.

People were supported to express their views and be involved in decisions about their care and support, as were their families. A relative said the registered manager or staff would contact them if they needed to know anything, and that they could easily get in touch with the registered manager or senior worker. Care plans reflected people's preferences, for example their preferred routines through the day and foods and activities they enjoyed. They also set out any support people needed from staff to make choices. We observed people making choices with respect from staff, and these choices being respected.

People's privacy was respected, and their dignity and independence promoted. Staff had had training about data protection and understood their duty to maintain people's confidentiality. People's preferences and needs regarding the gender of staff who supported them were taken into account in rostering staff. For example, a woman who used the service always had female staff to assist with intimate care such as washing and dressing. Staff promoted people's independence, as did care plans, which set out what people were able to do for themselves.

Good

Is the service responsive?

Our findings

People's care and support was personalised to fit their needs. A person told us they were very happy with their support. A member of staff described how the person used to get 'stuck' when they were out but this happened less often as they had got to know and trust staff to provide the right support. People, and where appropriate their families, were involved in discussing and reviewing their care and support. Support plans focused on people's aspirations and strengths and promoted independence, as well as detailing what people needed help with. People's own ideas and wishes were incorporated into their support plans; for example, someone had suggested staff help them wake by opening the curtains and playing cheerful music. Staff had a good understanding of people's care and support requirements. For example, they told us how a person's ethnic identity was very important to them and influenced the activities they enjoyed.

People were supported to get involved in activities such as education, voluntary work, social groups and to maintain hobbies. A person talked about their plan to go out and purchase Christmas decorations later in the day. This person was working with staff to find suitable voluntary work. Their flatmate was unable to meet us as they were out at college. Staff told us how they went for walks in the country with someone who enjoyed walking. Other staff talked about how they spent a lot of time in the community with people. For example, one member of staff described the people who lived in the flat in Parkstone as well-known at the nearby pub, church, cafes and shops.

Staff supported people to stay in touch with members of their family and their friends. For example, people went to visit their parents, and had their family come to see them. A person's relationship with their family had improved as the person settled into their new accommodation, which meant they were able to visit their family more often. Staff had recently supported someone to host their own birthday party with a large group of friends.

The service complied with the Accessible Information Standard. This requires that services identify, record, flag, share and meet the information and communication support needs of people with a disability or sensory loss. Care plans and records flagged people's information and communication support needs, with clear details of how staff should provide this support.

Information about how to raise a complaint was available in written and easy-read versions. People were given copies of the easy-read information. The provider had a process for overseeing and learning from complaints. However, there had been no complaints since the service was registered. A relative told us how they had discussed with the registered manager something they felt needed addressing and that this had been done, which their family member was pleased about.

Good

Is the service well-led?

Our findings

The culture of the service was person-centred, open, inclusive and empowering, with good relationships amongst people and staff. A relative described the registered manager and the senior worker for their family member's home as "both really good". The registered manager and staff were enthusiastic about the service. The registered manager and staff came across as motivated and having a strong sense of working as part of a team. Staff said the registered manager was readily available and was supportive. Comments included, "Staff morale is good", "Everyone's so upbeat, so positive" and "Ours is a great team to work with. If they weren't I wouldn't be here". The registered manager spent much of her time with people and staff, which enabled her to monitor how things were day to day.

People's views and experiences were gathered and acted on to shape and improve the service. This happened informally, through the registered manager's regular contact with people and their families. There was also an annual quality assurance survey distributed to people and to their families. The most recent survey had taken place in late spring of 2018. The only adverse comments had related to the usage of agency staff. The registered manager had since met with the agency with a view to reducing the number of agency workers who came to its services.

Staff were actively involved in developing the service, through regular team meetings at which there was open discussion of staff ideas, as well as discussion of learning from significant events. A member of staff commented, "At staff meetings we do have our say." There was also staff involvement at provider level through the 'Game Changers', staff representatives who had monthly meetings with regional managers, with further representation nationally. One of the service's support workers was a 'Game Changer'. Organisational values were clearly communicated to staff through supervision and through communications such as the staff newsletter.

Staff had regular supportive discussions with their line manager to discuss their work, receive feedback, discuss their development needs and review goals. These 'You Can' supervision meetings took place quarterly. Supervision notes reflected open and constructive discussion, with relevant and realistic goals for development. Staff confirmed they found supervision useful and supportive.

Information about whistleblowing was readily available for staff and staff knew how to blow the whistle. They expressed confidence that the management team would respond appropriately to concerns raised.

The registered manager understood and worked in line with regulatory requirements. They had made statutory notifications as required by the regulations. They were open and transparent with people and, where appropriate, their families following an incident, for example if a safeguarding concern was raised. Staff had all had training about their responsibility for data protection.

Quality assurance processes were in place to drive continuous improvement. The registered manager and provider monitored significant events, such as accidents, incidents, safeguarding and complaints, for developing trends. There was a programme of quality checks, including audits within the service overseen

by the registered manager, monthly oversight and checks by the regional manager, and checks by the provider's quality team. The actions from the registered manager's and regional manager's audits, and other provider monitoring, fed into the service's continuous improvement plan. Actions were reviewed by the registered manager and regional manager to ensure they had been completed within the specified timeframe. The registered manager confirmed they were well supported through the provider's quality processes, through monthly managers' meetings and through peer support with a manager of two sister services locally.

The service worked in partnership with other agencies to support care provision. For example, staff liaised with people's community learning disability professionals to plan moves to the service or to review care. The registered manager had a good relationship with the community learning disability team, as they had a placement there when they were a student. The registered manager and regional manager were also working with commissioners in preparation to tender for the new provider framework, as a local authority merger was due in 2019. People were encouraged to maintain links with the local community, to use facilities and to develop social networks.