

Community Integrated Care

Nottingham Regional Office

Inspection report

Concord Business Centre
Nottingham Road
New Basford
Nottinghamshire
NG7 7FF

Tel: 01158700316
Website: www.c-i-c.co.uk

Date of inspection visit:
21 July 2017
24 July 2017

Date of publication:
23 August 2017

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 announced inspection was carried out on 21 and 24 July 2017. Nottingham Regional Office provides support and personal care to people who live independently some of whom are in a supported living environment in Nottinghamshire. At the time of the inspection there were 22 people using the service who received personal care.

The service had a registered manager in place at the time of our inspection. 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 supported by staff who understood the risks people could face and knew how to make people feel safe. People were encouraged to be independent and risks were mitigated in the least restrictive way possible.

People were supported by consistent staff who they knew. People were provided with the support they needed to take their medicines as prescribed.

People were provided with the care and support they wanted from staff who were trained and supported to do so. People's human right to make decisions for themselves was respected and they provided consent to their care when needed. Where people were unable to do so the provider followed the Mental Capacity Act 2005 legal framework to make the least restrictive decisions in people's best interest.

People were supported by staff who understood their health needs and ensured they had sufficient to eat and drink to maintain their wellbeing. People were treated with dignity and respect and their privacy was protected.

People were able to influence the way their care and support was delivered and they could rely on this being provided as they wished. People were informed on how to express any issues or concerns they had.

People were supported by a service which was person centred and put their interests first. There were systems in place to monitor the quality of the service so that improvements could be made when needed.

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 using the service because staff looked for any potential risk of abuse or harm and knew what to do if they had any concerns.

People were supported in a way that protected them from risks whilst encouraging their independence.

People were provided with the amount of support they had been assessed to require to meet their planned needs by a consistent team of staff.

People were provided with the support they required to take their medicines as prescribed.

Is the service effective?

Good ●

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet their varying needs.

People's rights to give consent and make decisions for themselves were encouraged. Where people lacked capacity to make a decision about their care and support, their rights and best interests were protected.

People were provided with any support they needed to maintain their health and have sufficient to eat and drink.

Is the service caring?

Good ●

The service was caring.

People were supported by staff who cared about them and treated them with respect.

People were involved in planning and influencing how they were provided with their support.

People were encouraged and supported to maintain their independence by staff who understood the importance and value of respecting their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were involved in planning their care and support and this was delivered in the way they wished it to be.

People were supported to follow their interests and aspirations.

People were provided with information on how to make a complaint and staff knew how to respond if a complaint was made.

Is the service well-led?

Good ●

The service was well led.

People had opportunities to provide feedback regarding the support they received and about their involvement with the service.

People used a service where staff were motivated through encouragement and support to carry out their duties to the best of their ability.

There were systems followed to monitor the service to recognise when improvements were needed and how these could be made.

Nottingham Regional Office

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 26 June 2017 and was unannounced. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We contacted some other professionals who have contact with the service and asked them for their views.

During the inspection we spoke with seven people who used the service and one relative. We also spoke with nine support workers, two service leaders and the registered manager.

We considered information contained in some of the records held at the service. This included the care records for three people, staff training records, three staff recruitment files and other records kept by the registered manager as part of their management and auditing of the service.

Is the service safe?

Our findings

People told us they felt safe using the service and they were treated well by the staff who visited them. One person told us, "I feel safe, very much so. It's everything they do, they talk to me nicely. They are there for me when I want them." Another person said, "I have no worries at about this place. I trust them impeccably." A relative told us their relation was safe using the service and trusted the staff who supported them.

The provider informed us on their PIR that staff were trained to understand and be aware of signs and indicators of types of abuse and how to report any concerns. They also referred to their safeguarding policy and procedure being discussed in monthly team meeting. Staff were able to describe the different types of abuse and harm people may face, and how these could occur. They told us they had completed training on protecting people from abuse and harm and how to use safeguarding procedures if they had any concerns.

Staff told us that if they suspected a person they supported was at any risk of harm or abuse they would inform their line manager and make records of what they had been told or witnessed. A service leader told us about some concerns they had reported to MASH, which is the acronym used for the multi-agency safeguarding hub where any safeguarding concerns are made in Nottinghamshire.

People were provided with the support they needed to keep them safe in their accommodation and when they were out in the community. One person told us, "They (staff) use my hoist safely, I feel safe with all of them." People who used the service had a portable alarm in case they needed to contact staff. A person told us, "I can contact staff when I need them." Another person said they would use this to alert staff if they were having a health related episode. Some people from a supported living service told us how they were supported to access the community safely. This included informing staff when they were going out and being able to contact staff by mobile phone if they needed any support or guidance. One person said they felt safe when using transport because, "I have an account with [taxi firm] I know the drivers."

Staff described how people were empowered rather than restricted by the risk assessment process. They told us how risk assessments were used to identify how people they supported could carry out activities as safely as possible. A service leader described how they had supported one person to obtain a mobility scooter which increased their independence within the local community. Staff described undertaking checks appropriate for the people they supported. For example checking the security of people's accommodation and undertaking health and safety checks, including fire safety. The provider informed us on their PIR that health and safety checks were completed including fire alarm testing and that people they supported at services had people's personal emergency evacuation plans (referred to as PEEPS), to give to the emergency services if needed.

People at the different services were supported by their own effective staff team. People told us they always knew the staff who supported them and there was someone available day and night if they needed them. One person said the staff who supported them were, "A marvellous team we are very lucky to have a team that do all they do for us. They work hard and all do their bit."

The provider informed us on their PIR that rotas were created to meet the needs of people supported and ensure optimum amount of staff available with appropriate skill mix. They also stated that rotas were created around people's needs and wishes. A person who used the service told us how they told staff if they wanted to go on an activity such as visiting the seaside and an additional staff member was put on duty to support them with this. The person could not recall a time when this support had not been provided to them when they requested it.

Staff said they always had the number of staff needed to provide people with the support they required. They said if anyone was absent from work this was covered by other staff members and spoke of working effectively as a team to meet people's needs.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicant's suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Two recently recruited support workers described having undergone the required recruitment process and recruitment files showed the necessary recruitment checks had been carried out.

People were provided with the support they required to take their medicines safely. Some people told us they were able to manage this independently and some others said they needed staff to support them with taking these. One person told us, "They prompt me to take my meds." A relative told us how staff always ensured their relation had the medicines they needed for the period of time they visited them for. Another person told us how staff had been trained to administer one specific medicine they may require in an emergency due to a health condition.

The provider stated on their PIR that staff received training in medicines administration and underwent competency assessments. Support workers told us they had received training on supporting people with their medicines and that following this they were then observed and assessed to be competent at supporting people with their medicines to ensure they did this safely. A service leader described the arrangements they followed when someone they supported was away from the service when they were due to take their medicines. This involved taking the required medicines with them or giving these to a relative who would support the person to take them. We discussed with the registered manager if this was the safest way on managing this situation and they said they would review their policies and procedures for this.

Support workers displayed an understanding of safe practices and how to respond in the event of an error being made. Some support workers also spoke of having had additional training to support people who had more complex medicine administration needs.

Is the service effective?

Our findings

People were supported by staff who had the skills and knowledge to meet their needs. People said they were supported by staff who knew how to provide them with the support they needed. One person said, "I feel they have been trained." The provider stated on their PIR that staff may need some additional training for people with specific needs. Some people told us staff were having some training about their needs. One person told us, "They have training, they did a special course for me." The person also said they had a video about their health needs they showed to new staff. Another person said, "I think others (staff) are going on a course to learn about it (their health need)." The registered manager also told us that some staff were provided with specific training that was needed to support people with certain specific needs.

Staff told us they were provided with the training and support they needed to carry out their work. This included induction training when taking up employment to prepare them for the work they would need to undertake. Then induction included a set of five or six days 'classroom based' training which included being enrolled on the Care Certificate. The Care Certificate is a set of national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support.

Two recently employed staff told us they felt their induction had prepared them for their role. One service leader told us their staff team were 100% compliant with their training. Other staff spoke of how useful courses such as positive behaviour management were in helping them in their work. We saw the staff training matrix which showed that the majority of staff were up to date with their training. The registered manager told us there were a few staff who needed to be completely up to date and they had a plan in place to achieve this.

All staff had an individual development programme, known as 'You Can'. This provided a forum where staff discussed their work individually with a manager who was assigned to be their supervisor. This identified any additional training and support needs staff had and gave feedback on their work performance through an annual appraisal.

People told us they were always asked if they consented to staff providing them with any care and support. People felt staff supported them to make decisions and respected these when they did. One person told us how they "do what we want ourselves."

Staff told us they obtained people's consent about their support and any other matters wherever possible. They described how they looked to see the best way each person could be supported to retain and understand the information they needed to make a decision.

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.

We checked whether the service was working within the principles of the MCA. A staff member told us most people they supported had capacity to make decisions for themselves, but a best interest decision had been made for one person, which they had done following the MCA. The registered manager told us there was another person who they had made some decisions for in their best interest.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. For people who live in supported living accommodation this requires the local authority to make an application to the Court of Protection. The registered manager told us they had notified the local authority of circumstances where people they supported may be deprived of their liberty for them to consider if an application was required.

People who required support to ensure they had sufficient nutritional and fluid intake to maintain their health and wellbeing were provided with this. One person told us, "They will prepare meals for me if I want them to." Other people told us that staff supported them to prepare meals. A person said, "I pick out what I want and they (staff) support me to cook it."

Staff described how they met people's dietary needs on an individual basis. This included people who were able to be supported to prepare meals of their choice, or when they could not do so preparing these for them. A support worker told us how they had supported one person to lose some weight which had a positive effect on their wellbeing.

The registered manager said that they encouraged people to make healthy eating choices and supported people with specific diets for health, cultural and religious reasons. They said although there was not anyone they supported at present who needed their nutritional or fluid intake to be monitored, they would do this if needed. The registered manager also told us that they would involve any healthcare professionals if needed to provide people with nutritional and dietary support.

People were provided with the support they required to maintain their wellbeing and seek any medical advice and support when required. People told us how staff supported them with their health needs. A relative said that staff, "Sort out all their (relation's) medical appointments, things they couldn't organise for themselves."

Staff told us they understood people's health needs and how to support them with these. They spoke of identifying signs to show someone may not be well and encouraging people to make any healthcare appointments they needed. Staff described encouraging people to be active and of supporting people with their mental health. They described working closely with healthcare professionals and said they had good working relationships with them. The registered manager said that people were supported by staff to undergo routine healthcare checks and they worked closely with any healthcare professionals involved with a person they supported. All staff were required to complete first aid training and staff told us if needed they would call the emergency services.

Is the service caring?

Our findings

People felt they were supported by staff they had good relationships with and who treated them kindly. One person said, "They are really caring. They put my mind at ease." Another person told us staff were, "Absolutely wonderful. [Name] in particular. I especially feel assured in their company." A relative said staff were "good at listening".

People said they had some enjoyable times with staff. One person told us about some fun they had with a support worker and said staff were, "really nice". They went on to say, "We have good moments, we have some fun." Another person told us, "I couldn't be happier if it wasn't for them I would be in a (care) home."

Staff spoke with passion about their work and providing people with the best care and support that they could. One support worker told us, "We think the world of everybody here." Staff talked about the satisfaction they got when people made any progress and achieved their targets and goals. One support worker said, "It is rewarding to see how people have progressed since they have been living here"

The registered manager described how they ensured staff were providing a caring service by the outcomes for people they supported. They spoke of asking staff about the people they supported and what things could influence them having a good or bad day, and how they would support them with these. The registered manager said they read team meeting minutes to see what was discussed and expected prospective new staff to display caring values when being interviewed.

People were supported to be involved in planning and making decisions about their care. The provider informed us on their PIR that, 'The people we support are at the heart of developing their service.' and that people's rights and choices were promoted through developing 'person centred support plans' in line with their preferences and choices. One person said, "They will do anything that I want them to. I'm lucky to be here." Another person told us, "I have said what I want to happen."

Staff told us people "steered their support". A senior support worker described how they had made changes to how they organised one person's support in line with decisions they made about activities they wanted to take part in and their routines. The registered manager told us people were as involved in planning their support as they wanted to be and described how they tried to involve them in this. They told us how one person had typed up their own support plans. The registered manager also said that people were able to make suggestions in tenants' meetings and with staff who supported them and people were able to be involved in the recruitment of new staff.

Staff told us there was no one who used the service at present had the support of an advocate, however they would assist anyone to contact one if needed. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them. We saw an action plan following a survey of people's views that included ensuring a person was given details of advocacy services as well as displaying these in a communal area.

People who used the service had their independence promoted and they were supported by staff with dignity and respect. The provider informed us on their PIR that, 'The principles of FREDA (Fairness, Respect, Equality, Dignity, Autonomy) are firmly embedded in the culture of our services.' One person told us, "They treat me with respect, especially when I am in the shower. They are so supportive." Another person said, "I feel I am treated with respect."

Staff told us how they respected people's dignity by being proactive and following good practices that protected their modesty when providing any personal care. Staff told us how they only entered people's accommodation with their permission. The registered manager said the way to promote each person's privacy and dignity was looked at it individually.

Is the service responsive?

Our findings

The provider informed us on their PIR that each person they supported had an individual person centred support plan which identified their likes and dislikes as well as their preferences about how they were supported. One person told us, "We have talked about my care, we talked all about my past. I think they have it right there is not a thing I would change." Another person said, "They (staff) have been through my care plan with me. I agree with what it says."

Service leaders told us they were in the process of implementing a new support plan format. One service leader said these were "a lot more detailed". The registered manager described how the new format was designed to enable them to be "flexible in the way we deliver support" so this was provided in the way that best suited each person.

A relative said that "Things are going wonderfully well. [Relation] has a lot of input from staff." We saw a description of the progress the relation had made. They were initially described as having an "uncertain future" when they started to use the service, but were now "excelling".

The provider informed us on their PIR how people's support plans described how they should be supported whilst maintaining as much independence as possible. One person told us they were able to be as independent as they wanted to do. They said, "If I need any support I go and ask them (staff) for it." A relative said, "It's good they have this level of independence."

The provider informed us on their PIR that they created rotas to meet people's needs. The registered manager said the rota was prepared in a way that reflected the needs of people who were being supported. This involved staff working hours being flexible around people's needs. One person told us, "Staff will take me out" and said this included day trips further afield as well as local ones. The registered manager said staff responded with that flexibility, for example working a block of time so that a person could be supported to go away on holiday. The registered manager said, "It is the support that drives the rota not vice versa."

Staff told us that the support plans told them what they needed to know about supporting people and that they went through how people's needs were being met in team meetings. One staff member said, "We do meet people's needs, every day is different and things can change every day." Staff spoke of knowing people well and how things could change. They referred to undertaking wellbeing calls to check on people if these were felt to be needed.

People who used the service, or relatives acting on their behalf, were able to raise any issues or concerns which were listened to and acted upon. One person told us, "We can talk about problems with staff they listen and make it right." Another person said, "I could say to staff if anything wasn't right."

The provider informed us on their PIR that, "People supported, as well as family or others important to that person, are provided with information about how to raise a complaint, this information is available in accessible format which is also displayed in communal areas of services."

Staff told us people were provided with details about how to make a complaint if they wished to. Staff from one service told us that the service leaders visited people each week to ensure they were happy with everything and did not have any complaints. We reviewed the complaints folder which showed that people had raised concerns and complaints which had then been addressed appropriately including carrying out an investigation and taking action to correct issues when needed.

Is the service well-led?

Our findings

People who used the service felt the service was well run and effective at communicating with them. One person told us the staff at their service, "Do a good job, they are a fantastic team." A person from a different service told us their staff "work well together as a team".

Staff spoke positively about the support they received and told us they had monthly team meetings. A staff member said they functioned well as a team and discussed issues together. The provider informed us on their PIR that all staff were encouraged to actively challenge and report poor or unsafe practice. We observed a staff team during a staff meeting discussing how they could most effectively support one person to enable them to receive the support they needed whilst enabling them to pursue an interest. The registered manager said they met with the service leaders each month and also attended some of the different service's team meetings.

We saw copies of monthly newsletters which informed people of events taking place as well as reporting on achievements of both people who used the service and staff. These include how one person had successfully been supported to move from a long stay hospital placement into a supported living service. Another person was described of having made 'an amazing achievement' when they were able to be supported to have a holiday.

The registered manager told us that most services had a tenants meeting. They said where one service had chosen not to do this they had introduced a service newsletter to ensure that the information that would have been passed on at a tenants meeting was still provided to people in that service.

Every staff member in the organisation had prepared a 'one page profile' which described, 'What's important to me', 'What people like and admire about me' and 'How get the best from me'. These were shared with people they supported and other staff. Staff told us any resources they needed, such as personal protective equipment (PPE), were always available.

The provider informed us on their PIR that there was always a manager available for advice and support and how staff could access their policies and procedures at any time. Staff told us they could always contact a manager for advice, including out of hours when there was an 'on call' service provided. Staff were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner, this is known as whistleblowing and all registered services are required to have a whistleblowing policy.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of events in the service the provider was required to notify us about.

Staff spoke positively about how they were managed and supported. They described working in supportive

individual teams led by a service leader. They knew the service leaders were managed by the registered manager, who they said they could contact if they needed to. One person told us the service leader in their service "works really hard". Staff knew the registered manager and saw them when they visited the service they worked in. The registered manager told us that staff could contact them by phone or email and that they often did.

There was a file kept of any compliments received. One of these included a comment made by a relative which stated their relation had, "Never had such a good staff team as they do now. The obvious care staff have for [name]." They went on to say, " Thank you just doesn't seem enough. I know you went above and beyond your duties."

There were systems in place to identify what was working well in each service and if any improvements were needed. Staff undertook internal audits of the service they worked in along with monthly audits undertaken by the registered manager. In addition a Quality and Excellence officer from the provider (Community Integrated Care) undertook a further quality audit. We reviewed a sample of these audits which were positive and showed the services were working well and achieving in their objectives.

People who used the service, their relatives, other interested parties and staff had the opportunity to complete a survey form and comment on the services provide. One person told us, "I have filled in a questionnaire." We saw the reports prepared on the findings of these surveys which showed that people had commented positively about the service. There was an action plan which showed that where suggestions and suggested improvements had been made these had been acted upon.