

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

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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

We carried out an announced inspection of the service on 19 and 21 September 2018. This service provides care and support for 58 people living in 'supported living' settings, which will be referred to as 'sites' in this report. The sites referred to are people's homes. People live at these sites with support from staff so that they can live 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.

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 has two registered managers, one of which was present during the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. Each of the 'sites' was managed by a service manager who reported directly to one of the two registered managers.

This is the service's second inspection under its current registration. In our previous inspection the service received a rating of 'Good' overall. After this inspection, the service has retained this rating.

Prior to the inspection we had received concerns that some people may have experienced neglect or avoidable harm at the service. During this inspection we reviewed these incidents with the registered manager and found they had taken the appropriate action in relation to these incidents. Most of these incidents were not substantiated, where inappropriate staff action had taken place, this was dealt with through disciplinary or dismissal. We concluded that the provider had the appropriate systems and staff in place to protect people from neglect and avoidable harm.

People had detailed risk assessments that were designed to support people to lead active lives, without unnecessary restrictions, whilst keeping them safe. Most of these were up to date and where they were not, action was taken to address this. People had the support of staff to keep them safe and lead their lives in the way they wanted to. People's medicines were managed safely and staff followed procedures to protect people from the risk of the spread of infection. Processes were in place to ensure if accidents or incidents occurred, they were investigated and preventative measures put in place to minimise the risk of recurrence.

People's received care and support in line with current legislation and best practice guidelines. Staff were well trained and received regular supervision of their role. People were supported to lead healthy lives and

this included making healthy food choices. Effective relationships with external health and social care organisations were in place to ensure people's health was regularly monitored. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service support this practice.

People liked the staff and had formed positive relationships with them. Staff treated people with respect and dignity and people were supported to make decisions about their care and support. Advocates were made available if people needed further support. People's diverse needs were considered when care and support was planned for them. People's records were handled appropriately and in line with the Data Protection Act.

People's support records reflected their personal preferences and focused on supporting people's independence. Where a small number of these support records needed updating, the registered manager had acted to ensure this was done. Transition arrangements for people joining the service were effective and well planned. Formal complaints had been responded to appropriately. Information was provided for people in a way they could understand. End of life care was not currently provided; however, efforts had been made to support people with making informed choices about their wishes for end of life care.

People liked where they lived and felt they received the support from staff that they needed. Each service manager that we met, spoke enthusiastically about improving people's lives. The registered managers had a good oversight of each of their sites and took swift action to address any areas of concern. Staff felt valued and could give their views about the direction of service. People were offered the opportunity to comment on the development of their service. Robust quality assurance processes were in place which enabled regular monitoring of each sites performance.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? This service remains well-led.	Good ●

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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.

This comprehensive inspection took place on 19 and 21 September 2018 and was announced. We gave the service 24 hours' notice of the inspection visit. We gave this notice because we planned to visit people in their homes and we needed to make sure they were notified of our potential arrival, causing them minimal disruption. On the 19 September 2018, two inspectors and two Experts by Experience carried out visits to people's homes. An Expert by Experience is someone who has cared for someone who has used this type of service. Eight sites were visited as part of this inspection. On the 21 September 2018 two inspectors visited the provider's office.

On this occasion, we had not asked the provider to send us a provider Information return (PIR). A PIR is a form that asks the provider to give some key information about the service. This includes what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt was relevant.

Before the inspection, we reviewed other information we held about the service, which included notifications they had sent us. A notification is information about important events, which the provider is required to send us by law.

During the inspection, we spoke with the 11 people who used the service. Most of these could communicate their views verbally, whilst others used non-verbal methods to tell us their views. We also spoke with one relative, nine members of the support staff, four site managers and one of the two registered managers.

We looked at records relating to 14 people who used the service, as well as staff recruitment records. We looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for support staff, staff duty rotas, meeting minutes and arrangements for managing complaints. We asked the registered manager to provide us with additional information after

the inspection which they provided within the required timeframe.

Is the service safe?

Our findings

People felt safe when staff supported them. One person said, "They [staff] are always checking in on you so you're never alone. I have an emergency buzzer in the flat to contact them if I need to, but I haven't had to yet." Another person said, "I've lived here for [time period]. I am safe and don't get scared."

Staff understood how to reduce the risk of people experiencing avoidable harm. They could explain who they would report concerns to within the organisation and if needed, to external agencies such as the CQC, local authority safeguarding team and the police.

Prior to the inspection we had received several allegations that some staff were not supporting people in an appropriate manner. A small number of staff were accused of verbally threatening behaviour towards the people they supported. We discussed each of the allegations with the registered manager. They had a thorough knowledge and understanding of each allegation. They were able to show us records which detailed how each allegation had been investigated, the appropriate authorities had been notified and timely action taken by the provider to address any substantiated concerns. The registered manager told us a small number of staff had been suspended with some dismissed because of their investigations. The registered manager assured us that people's safety was their top priority and swift action was always taken where necessary to safeguard people. We were satisfied by this response and that people were protected from avoidable harm.

The provider had ensured that processes were in place to investigate and act on any accidents or incidents that occurred. Each of the site managers completed documentation following an accident or incident, which was then forwarded to the registered managers for review. More serious incidents were discussed at provider level with senior management to agree the most appropriate action to ensure the risks to people's safety were reduced. Records viewed showed this process worked effectively in reducing the number of accidents that took place. This meant people's on-going safety was protected by robust investigation and analysis of accidents and incidents.

In seven of the eight of sites that we visited we noted that the risks to people's safety had been appropriately assessed and reflected people's current needs. This included the risks associated with people's medicines, accessing their community and their finances. We did note that in one of the sites people's risk assessments were not all complete. After the inspection we were forwarded an action plan from the provider on how they planned to support this site's service manager to make the required improvements. However, in the other seven sites we visited, records were detailed, reviewed and reflected people's needs. This meant the risks to people's safety were reduced.

People told us staff were there when they needed them. We noted people were assigned specific hours per day when they had a member of staff to provide them with one to one hours. During this time people were supported to carry out activities of their choice, or they may wish to have support with domestic tasks or doing their shopping.

People were supported by staff who had commenced their role following the completion of robust recruitment procedures. In each of the seven staff files that we looked at, we saw a variety of checks had

been completed to ensure each staff member was suitable for their role. These checks included, references, evidence of identification and a criminal record check. No staff commenced work until these checks were completed. This meant people were protected from the risk of unsuitable staff.

The service managers told us people received support from a consistent team of staff. They told us this had seen a decrease in the number of incidents or presentations of behaviours that may challenge others. Records showed the number incidents involving some people had reduced. We did note that in one of the sites there was a higher usage of agency staff than at others and action was being taken to address this by recruiting more full time staff. We also noted that at this site, agency staff had not always completed the provider's 'agency staff checklist' to ensure that agency staff new to the site were aware of the potential risks. We have been assured by the registered manager that although the same agency staff were used where possible, which helped to reduce the risk to people, these records will be monitored in future.

People received their prescribed medicines when they needed them. Two people we spoke with told us staff managed their medicines to ensure they took them when needed. Another person who had been assessed as having capacity to manage their own medicines told us, "They (staff) check on me that I've had them." This person understood why they were taking the medicines.

Risk assessments had been carried out to determine people's ability to manage their own medicines. We checked the stocks of people's medicines. We found they had the correct amount of medicines in place. Medicine administration records (MARs), used to record when a person had taken or refused to take their medicines, had been appropriately completed. People's allergies and preferences for how they would like to receive their medicines were also included on the records. We noted medicine errors were reported in a timely manner. We did identify one medicine error on the day of the inspection when the wrong days tablets had been dispensed, but not administered. This had been reported to the service manager. These processes contributed to the safe management of people's medicines at the home.

People were supported by staff who had completed infection control training and understood how to reduce the risk of the spread of infection. Some people lived in their own flats with shared communal areas. People were supported to maintain a clean and hygienic living environment as well contributing to the cleaning of communal areas. Regular checks of the environment to ensure they were safe and clean were carried out at each of sites we visited.

Is the service effective?

Our findings

The site managers had ensured that an assessment of people's needs had been completed prior to commencing with the service. The protected characteristics of the Equality Act were considered to ensure that people were not discriminated against because of a disability or specific care need.

People told us they were supported by staff who understood their needs and provided them with the care they needed. One person said, "They listen and have got faith in me. I was always told in the other place [where they used to live] that I couldn't do things and they didn't let me do things. They help me, they don't tell me I can't do something. They understand my anxieties."

Records showed staff had received a training programme which the provider had deemed mandatory for their role. Most of this training was up to date, with staff identified who needed to complete their on-line refresher courses. Records confirmed staff received on-going supervision of their role. Staff felt supported to carry out their role effectively. One staff member said, "I enjoy coming to work. I can always ask for help and don't feel inhibited with queries." Staff were also encouraged to complete professionally recognised qualifications. The on-going development of staff is important to ensure that people continued to receive care and support that met their current and changing needs.

People were encouraged to follow a healthy and balanced diet. People contributed to buying their own food and where able with cooking their own meals. Records showed where needed, people's food consumption was monitored to ensure they were not eating too much or too little that could have an adverse effect on their health and/or weight.

People were supported to access local health and social care agencies when needed to assist them in maintaining good health. Records showed regular visits to their GP and dentist were carried out. Staff attended appointments with people who needed support. Where people had more complex needs, we saw other health and social care professionals such as occupational therapists were involved with supporting people.

The sites where people lived varied throughout the service. Some lived in houses whilst others lived in multi-occupancy buildings with their own flats and shared communal spaces. The sites we visited were well maintained and adapted to provide people with everything they needed to support independent living. People told us staff supported them to make their own decisions and acted on their wishes. One person said, "They're all right you know, they listen and help."

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 and found they were. Assessments had been conducted where needed and it was clear who had been involved with decisions to ensure they were made in people's best interest.

Is the service caring?

Our findings

People had formed positive relationships with staff. People told us they liked the staff and staff told us they enjoyed supporting people. One person said, "I talk to staff if I am worried and the buzzer (call bell) is good, good, good. [Staff member name] is my favourite." Another person said, "They [the staff] are always there to help me, they're very supportive to me." A staff member said, "I don't see this as work, I see it as helping friends."

We observed staff engaging with people in meaningful conversation, adapting their approach to ensure that people with varying abilities to verbally communicate were always included. Makaton and picture communication exchange systems (PECS) were used at some of the sites we visited. These communication systems use signs, symbols and pictures as a way of communicating with people with a learning disability such as autism spectrum disorder, also known as ASD. The systems were used to help some people to make their views known.

People felt that staff were interested in what they had to say and acted on their wishes. We observed many engaging conversations where staff treated people as equals and respected their opinions. Records showed people had been involved with decisions that affected them, or their housemates. This included what food to buy and what activities people wished to take part in. It also included how people liked staff to support them. People also had access to advocacy services to support them to put forward their views and wishes about care. This meant people were encouraged to be actively involved in their care, and their independence was promoted.

Staff treated people with dignity and respect. Staff spoken with understood the importance of ensuring people were supported with their personal care in a dignified way, maintaining their privacy at all times. People's private space was respected. A person explained to us how staff understood when to leave them alone.

People's records were, in most of the sites, stored securely to ensure their confidentiality. We did note an occasion where people's records had been left in a communal area which could mean they were accessed by unauthorised personnel. We raised this with the site manager and this was dealt with immediately. The registered manager told us they had the processes in place that ensured all records were managed in line with the Data Protection Act and The General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union

There were no restrictions on people's family and friends visiting them.

Is the service responsive?

Our findings

Prior to people commencing using the service a detailed assessment of their needs was carried out to ensure staff would be able to support them. This included discussing people's diverse needs and what support they needed. Once agreed, people could start visiting their new home, the people they would be living with and the staff who would be supporting them to aid their transition. Detailed person-centred support plans were then put in place to enable people to receive care and support in their preferred way. Most of the records we looked at in each of the sites we visited, were regularly reviewed and reflected people's needs. The registered manager assured us that in the one site where records were not fully completed these would be immediately. This meant people would continue to receive care and support in their preferred way.

People told us they could receive the support they wanted in line with their preferences. One person praised the approach of staff and in particular their key worker. They said, "I've got the best key worker ever, I feel part of the family." Staff understood how to support people and had a good understanding of people's needs. They knew how to communicate with each person and tailored their approach depending on who they were communicating with. We saw one person could use their picture book and signs to communicate their preferences. A staff member said, "[Name] can tell you by pointing. We also give options saying, 'this or this?'. It just takes a little bit of patience and reassurance, we try different ways to help and we get there in the end and the result is great!" The staff member also stated, "It's quite nice to know that we have helped [Name] to settle down. It's been a massive change, everyone's noted it, including their family."

People were supported to lead active lives and to follow their chosen activities. People were supported to access their local community and were encouraged to do more for themselves wherever able. We noted rotas were planned to ensure that wherever able, staff who could drive worked on shifts when people wanted to go further afield. We noted in one site that this was not always possible but the site manager told us they were always seeking to recruit more staff with driving licences. However, they assured us that people were not restricted and were still able to access many of things they wanted to each day.

The registered manager and site managers was aware of the Accessible Information Standard. This Standard ensures that provisions are made for people with a learning disability or sensory impairment to have access to the same information about their care as others, but in a way that they can understand. A wide variety of easy documentation was in place including company policies and procedures.

The registered manager had processes in place to respond to and act on formal complaints. We noted eight formal complaints had been received since our last inspection. Records showed these had been fully investigated and acted on appropriately. Most of the people we spoke with told us they felt their views and concerns were acted on by staff.

Plans were in place that ensured people's rights and wishes were respected at the end of their life. Whilst no-one was currently receiving end of life care, planning had begun to discuss people's needs with them and/or their relatives, should they require this support. A document called 'What if?' was in place for people to

explain to them what options were available to them. We also noted people had been supported at one site to help them deal with grief and bereavement for a person who had passed away who many people knew. A book had been given to people which described in picture format, what would happen at a funeral. This book also enabled people the opportunity to record their views either in written word or picture format about how they are feeling, enabling staff to provide them with appropriate support. This meant people's needs were responded to effectively.

Is the service well-led?

Our findings

People told us they were happy living at each site and staff told us they enjoyed their role. One person who was unable to express their views verbally pointed to a sad face when asked about their previous home and a happy face when we asked them about where they currently lived. Another person said, "I like it here." A staff member said, "It's a great service with great support."

Most people told us they were pleased with the way their hours were used and the support they received from staff. Some people wished to increase their hours. However, we were informed by the registered manager that the number of hours assigned for each person was assessed and commissioned by the local authority. The registered manager told us they reviewed how one to one hours were used with their service managers and if it was felt that people needed more, then this could be discussed with the local authority. We were informed that the less one to one hours people received was because they had been assessed as requiring less support from staff and were more able to live independently.

Staff felt valued and could build fulfilling careers at the service. The registered manager said, "We promote from within, we have a very good team and interesting backgrounds which work well together." Staff were given the opportunity to express their views about how the service was progressing. A 'Gamechangers' group was in place. This enabled staff to meet both regionally and nationally to discuss any themes and changes to corporate approach and policy. The registered manager described this as a 'staff advocacy' group where staff could tell others how they felt about the service in complete confidence. This contributed to staff feeling appreciated and respected by the provider.

Each of the site managers we met and spoke with told us they were supported to carry out their role effectively by the registered managers. They were expected to complete detailed weekly and monthly quality assurance documentation which the registered manager could review and assess progress against a number of key areas. We viewed the registered managers' 'dashboard' and this showed each site's current status in areas such as supervisions, care plan reviews, agency numbers and training. The registered manager told us they could review this monthly and could "dip in and out to check any risks quickly and to act on them". This meant robust quality assurance processes were in place that were used to reduce on-going risk to people.

People were supported to express their views about how the service was supporting them and others they lived with. People were assigned key workers and their wishes and feedback about their care was discussed. This feedback was then provided to the site managers, and registered managers and where needed, changes and improvements were made. We noted the registered manager was quick to act on feedback and told us issues we had raised during our visits had already been addressed when we arrived for the office based part of the inspection.

A whistleblowing policy was in place, which gave staff the guidance needed to report poor practice. Whistleblowers are employees, who become aware of inappropriate activities taking place in a business either through witnessing the behaviour or being told about it.

The registered manager had a good understanding of their role and responsibilities and this included ensuring the CQC and other agencies, such as the county council safeguarding team were notified of all events that could affect the running of the home and people's safety.

It is a legal requirement that a provider's latest CQC inspection report is displayed at the service and online where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed on the provider's website and in their office.

We have been assured by the registered manager that the issues we have highlighted at one of the eight sites we visited have been addressed. They will continue to monitor this site closely and address any further issues quickly. This reassurance has contributed to the continued overall rating of 'Good' for this inspection.