Community Integrated Care

Community Integrated Care, Northern Regional 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 inspection took place on 13, 14, 15, 20, 27 June and 3 July 2017. The first day of the inspection was unannounced. We made arrangements with staff to visit people in their own homes throughout the inspection.

Our inspection was carried out at this time because of concerns we had due to the notifications we received from the service. Notifications are changes, events or incidents the provider is legally required to let us know about. The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to a criminal investigation and as a result this inspection did not examine the circumstances of the incident.

We planned to carry out a focussed inspection to consider the incidents detailed in the notifications, but due to the evidence we gathered and the improvements made in the service we changed this inspection to a comprehensive inspection to more accurately reflect our findings."

The service provides support to over 160 people living in their own accommodation. There were four regional managers in post who line managed supported living services grouped by local authority areas. A supported living service enables people to live in their own home and receive care and/or support in order to promote their independence. People who live in such services have a tenancy agreement in place for their accommodation and are provided with support by a provider who is independent of their accommodation provision. In each area services had been clustered together for management purposes and each cluster was managed by a service lead. At the time of our inspection there were 17 clusters across 10 local authorities.

At our last inspection in August and September 2016 we found the service was in breach of the following regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Regulation 12 Safe care and treatment
Regulation 17 Good governance
Regulation 18 Staffing

We asked the provider to take action to make improvements. Following the inspection the provider submitted an action plan to tell us how they intended to improve the service. We found during this inspection the provider had made improvements in each of these areas.

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. The provider had taken the decision that the four regional managers should apply to become registered managers. Each registered manager would then be responsible for services in a defined

geographical area. At the time of the inspection two managers had their applications to become registered accepted by CQC and two managers had begun the process to become registered.

Staff were supported through induction, training, supervision and appraisal to carry out their duties. Checks were in place in the provider's recruitment practices to ensure people employed in the service were suitable for their roles.

Staff had received training on how to administer people's medicines. They were then observed giving people their medicines and assessed as competent. We found people's medicines were administered in a safe manner.

People were protected from the risk of abuse because the staff understood how to keep people safe and what actions they needed to take if they were concerned a person may be at risk of harm.

We found there were sufficient staff on duty to meet people's needs.

Staff had identified and assessed risks to people and actions had been put in place to mitigate the risks. We saw where accidents had occurred these were reviewed and risk assessments were updated to prevent future occurrences.

The service was in a period of transition from introducing a new format of care plans. Staff were positive about the new format. We asked to see the current care plans in use for people and found these had been updated and contained relevant information to guide staff on how to provide care and support to meet people's care needs.

We found staff promoted people's independence and encouraged and support people to do things for themselves. Staff supported people to welcome the inspector into their home and make introductions.

Relatives told us staff were kind, supportive and respectful. We observed people approach staff with confidence. Staff were able to tell us about people's needs and their likes and dislikes. We found staff knew people well.

People were enabled to do their own food shopping and were supported by staff to cook. We found staff supported people to eat. There was guidance in place to tell staff about people's dietary requirements.

The supported living services complied with the requirements of the Mental Capacity Act 2005. Mental capacity assessments were in place and where people were unable to make decisions for themselves we found best interest decisions had been taken.

People chose what they wanted to do each day. For some people they preferred a regular weekly routine. Other people preferred to choose what they wanted to do each day. We found people were supported by staff to live the lifestyle they chose.

Relatives felt they were kept informed about their family member and confirmed to us they were invited to be involved in reviews undertaken about people's care.

The supported living services were regularly audited; actions with target dates were put in place to improve the service. The provider had put in a place a new electronic dashboard. This allowed managers to monitor the performance of each service.

People who used the service accessed community resources with the support of staff in order to meet their needs and support their well-being.

Staff were open and transparent during the inspection. They showed us what they had done to safeguard people and were aware of what they needed to do next to continually improve 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.

Staff were trained in safeguarding and felt confident their line manager would respond to any concerns they might raise. Where staff had raised safeguarding concerns and the provider had taken action to prevent any further incidents where people might be harmed.

Checks were carried out on staff before they started working in the service to ensure people were cared for by staff who were suitable to support them.

People's human rights were protected. Staff enabled people to stay in contact with their family and respected their homes.

Is the service effective?

Good

The service was effective.

Staff received support through induction, supervision, training and appraisal.

The service met the requirements of the Mental Capacity Act. Staff carried out mental capacity assessments and people who were unable to make decisions for themselves had decisions made communally in their best interests

There were communication systems in each supported living service including diaries and communication books to ensure staff were kept up to date with people's care needs.

Is the service caring?

Good

The service was caring.

Relatives told us they found staff to be caring and respectful.

Staff understood advocacy and listened to relatives who wished to advocate on behalf of their family members.

We found staff knew and understood people's needs as well as their likes and dislikes. Staff supported people to be independent.

Is the service responsive?

Good

The service was responsive.

People were engaged in activities which were important to them.

The provider had introduced new care plan documentation and staff were transferring people's needs onto the new documents. We found care plans were in place which reflected people's needs.

Relatives told us they were invited to be involved in regular reviews of people's care needs.

Is the service well-led?

Good

The service was well led.

Arrangements had been put in place to demonstrate there was a continuous improvement cycle throughout the service.

New electronic systems were being used which allowed the manager to review the performance of each supported living service.

Audits were regularly carried out to monitor and review the service. Actions were identified and targets set for their completion.

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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 inspection took place on 13, 14, 15, 20, 27 June and 3 July 2017. The first day of the inspection was unannounced. We made arrangements with staff to visit people in their own homes throughout the inspection.

The inspection team consisted of two adult social care inspectors and three Experts by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service. The experts contacted people and their relatives by telephone to ask their views about the service.

Before we visited the home we checked the information we held internally about this location and the service provider, for example we looked at the inspection history, safeguarding notifications and complaints. A notification is information about important events which the service is required to send to the Commission by law. As a result of the notifications we were concerned about people receiving inappropriate care. We undertook a focused inspection to look into the concerns. During our inspection we made the decision to change the focussed inspection to a comprehensive inspection to reflect the changes and improvements in the service.

We contacted professionals involved in caring for people who used the service; including local authority commissioners in advance of starting the inspection. We also contacted the local Healthwatch. Healthwatch is the local consumer champion for health and social care services. They gave consumers a voice by collecting their views, concerns and compliments through their engagement work.

Before the inspection did not ask the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We discussed with staff during the inspection what each of the individual supported living services did well and what improvements overall the provider planned to make in the next 12 months.

During the inspection we spoke with 19 staff including regional managers, service leads, senior carers and care staff. Service leads had divided responsibility for overseeing the care delivered in individual groups of supported living services known as clusters. We carried out observations of the care delivered to people who used the service and spoke with nine people who lived in their own homes and were supported by the service. We also spoke with 11 relatives. We reviewed the service files held at the regional office for nine supported living services and visited five homes.

Good

Is the service safe?

Our findings

We observed people were relaxed in the presence of staff and approached staff to meet their needs. We spoke to relatives about people's safety. One relative said, "They [the staff] are really good. They are brilliant about coaxing [person] what is safe shopping and what isn't while still letting [person] buy herself some treats." Another relative said, "[Person] is very safe with them. More importantly [person] is happy."

During our last inspection we found breaches of Regulations 12 and 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in respect of staff training records about medicines. These were unclear and we were not assured that staff had been assessed as competent to administer people's medicines. We found during this inspection improvements had been made. Staff had received training in the administration of medicines and had been observed to assess their competency in carrying out this task. Staff records confirmed this. We looked at people's Medication Administration Records (MARs) and found these were up to date and accurate. People had plans in place for medicines which were given to them as PRN. PRN medicines are given to people as and when required. People's 'when required' topical medicines were applied in line with their prescription. Staff understood what actions to take if people became agitated before they needed to use PRN medicines to help calm them.

Staff gave some people their medicines covertly. This means the medicines were disguised in food or drink and people were taking their medicines unknowingly. Whilst staff had in place the appropriate best interest's decisions to give people their medicines covertly, when we asked staff about this practice, we received a mixed response. We found some staff did not recognise that by a person receiving their medicines in yoghurt, they were being administered covertly. However, we found some staff supported people to take their medicines covertly and understood the requirements.

We asked relatives if there were enough staff to support their family members and we received a mixed response. One relative expressed concern about staff moving between different areas of County Durham which meant one person's care delivery was compromised. Another relative told us, "Safe and very well cared for. There's more than enough staff." A third relative said, "Safe, they look after him well and he's happy there. Short staffed of late the staff were saying that they couldn't take people out as much because there wasn't enough staff. "A fourth relative said, "Enough staff oh I think so yeah; we are satisfied." We looked at staff rotas and checked to see if there were enough staff to support people. Where people required one to one support we found this was in place. We found the numbers of staff required to support people safely and appropriately were reflected in the staffing levels on days we visited the service.

We spoke with staff about safeguarding vulnerable people. Staff told us they had received training in safeguarding and felt confident in approaching managers with any concerns they may have about a person. Certificates were on file to confirm the training had been completed. We saw staff meetings included the issue of safeguarding as a standing item. Service leads confirmed the issue of safeguarding was discussed at staff meetings. One relative said, "There's no neglect; [person] is well looked after." We reviewed what actions had been taken by the service after submitting safeguarding notifications to CQC. Staff had reviewed risks and updated care plans to ensure people were safe. Staff were knowledgeable about the incidents and

were able to explain what was in place to prevent a reoccurrence.

The provider had in place a staff disciplinary policy to address concerns where staff may have acted inappropriately. At the time of our inspection there were no on-going staff disciplinary issues. We saw evidence that where there were issues with staff competence, appropriate action was taken by the provider to investigate and address any concerns.

Staff were given opportunities to tell the provider about any worries they might have using a whistle-blowing policy. There were no on-going investigations into whistle-blowing during our inspection.

We reviewed nine staff files and found each prospective staff member was required to complete and application form detailing their previous training and experiences as well as provider the name and contact details of two referees. The provider had sought two references for each staff member. Staff were required to provide identification documents. The Disclosure and Barring Service (DBS) carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also prevents unsuitable people from working with children and vulnerable adults. We found the service carried out DBS checks to enable them to make safe recruitment decisions when employing new staff.

Risks to people had been identified and actions taken to reduce the possibility of accidents and incidents occurring. Where these had taken place we found each accident or incident was documented on an electronic system. These had been reviewed by the service lead and steps taken to prevent re-occurrences taking place.

Community Integrated Care supports people living in their homes. Each person had a tenancy agreement and the landlords for each property had systems in place to monitor people's homes. This included fire protection. Staff had access to landlords to report any issues with the property and carried out regular checks to make sure people were safe living in their own homes. People had in place Personal Emergency Evacuation Plans (PEEPs). These plans gave information to staff and emergency services on how to evacuate people from their home should the need arise.

We saw people's human rights were protected. Staff showed respect for people's private lives, their home and their family life. They supported people to have contact with their family.

Good

Is the service effective?

Our findings

We asked relatives about communication between them and the service. One relative said the staff were, "All very dedicated to their jobs. They write everything down in a communications book; yes we are kept up to date." Another relative confirmed, "We get letters and phone calls about [person] regular." Communication in the services was assisted through the use of diaries, handover books and daily notes. This meant staff coming on duty had information available to them to ensure they were up to date about people's needs.

During our last inspection we found a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not received appropriate support through supervision and appraisal. At this visit we found improvements had been made and staff were now supported with regular supervision and appraised of how they carried out their duties. One relative told us, "I think they are really well trained and know what they are doing. I have no concerns about safety when they are with [person]." New staff underwent an induction to the service. Staff had received updated training in topics including safeguarding, first aid, medicines administration and moving and handling. They also confirmed to us they had received training since our last visit to meet the specific needs of people in their care.

The provider had introduced a supervision programme called "You Can". This involved a minimum of four contacts between a staff member and their line manager to look at setting and reviewing targets including an appraisal of staff performance. We found the "You Can" programme had been embedded in the service. Staff confirmed to us they understood the programme and we saw on staff files that they were receiving supervision in line with the requirements set by the programme.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met. We found staff had been trained in MCA and understood their role. Supported living services had carried out mental capacity assessments and reported their findings to local authority representatives with a view to applications being made to the Court of Protection to restrict people's liberty, where appropriate and necessary.

We saw the service had engaged with other professionals and family members to look at the least restrictive options of working with people. One person had been involved in the discussions and consented to an alarm on the front door to their flat. Where people were unable to consent to issues we found capacity assessments and best interest decisions were in place. Relatives had been invited to consider decisions and

signed consent forms. One relative told us, "I have to sign a form so they can take him to appointments; I'm his next of kin." This meant staff understood the requirements and were complaint with the MCA.

Staff maintained a record of people's appointments in a diary and supported people to attend or made arrangements with their relatives to accompany them. Relatives confirmed the arrangements for people's appointments. One relative said, "The physio comes out, they take [person] to appointments". Another relative said, "They take him to outside agencies and appointments". We found staff documented the outcomes of people's appointments and retained letters on file from medical staff to confirm the outcomes of people's hospital appointments.

People who lived in their own homes were enabled by staff to shop for their food which they prepared with the assistance of staff when each person wanted their meals. People who lived in shared accommodation each made a contribution to a household budget from which food and household items were purchased. We observed staff offering people food and fluids throughout our inspection and people chose what they wanted to eat. Staff were aware of people's individual diet needs and had incorporated any advice from Speech and Language Therapy Teams (SALT) into their care plans if applicable. Dietary advice, menus and records of people's meals were well documented in people's files.

We found people had access to annual health checks with their GP and dentists. Staff arranged regular optician's appointments. Where people required specialist medical care we saw the service had worked in partnership with NHS staff, for example diabetes nurses. This meant people's health care needs were addressed.

Good

Is the service caring?

Our findings

People were supported by kind and compassionate care staff. Relatives confirmed this. They told us staff are respectful and polite and observe their relatives' rights and dignity. We saw people's personal care was carried out behind closed doors to protect their privacy.

One relative said, "They do their very best. I can't say more than that." Another relative said, "Sometimes there are staff changes which unsettle [person] for a bit, but they soon get over it as long as people are kind to him, which they all are."

The staff approach to people involved promoting their independence and encouraging them, for example, to get their own drinks and their own meals as a part of living in their own homes. Staff supported people to open their front door and welcome us into their homes. One relative thought their family member was being stretched to do more and felt that was important. They said their family member, "Lives reasonably independently" and has "all their own facilities so they are learning to cook." Staff showed us an electronic system they used for one person to monitor their whereabouts. If the person went beyond their normal boundaries the electronic system alerted staff. We observed the person preparing to go out. Staff ensured they had their charged mobile phone with them so they could stay in touch.

One relative said, "Nobody involved has ever said no. They go the extra mile for [person]. I would recommend this service to anybody who asked." Another relative said their family member was, "Very happy and that takes a weight of me because I know [person] is well looked after." We observed people had good relationships with their staff team. Staff knew people well and how to promote their well-being. They were vigilant in the care they provided and understood what actions to take if people became distressed. Where there had been a number of incidents between people who lived together staff were aware of the incidents and demonstrated to us the actions they had in place to ensure people's well-being was protected. We observed the staff gave consistent messages to one person to manage their behaviour and promote the well-being of other people in the house.

Staff spoke to us about people's likes and dislikes and understood people's preferences in detail. They spoke to us about what people liked to eat and drink, the films and television programmes they liked to watch and their daily routines including their choice of clothing. We saw people were well-groomed and well-presented.

During the inspection we visited people's homes and we heard staff give people information and explanations. People were gently reminded by staff of information they had forgotten or what was happening next. This included information about their chosen activities.

People told us that their relatives were supported to make their own decisions and that their preferences were taken into consideration. One relative said, "I think they try hard to be accommodating and come over as understanding." We saw people and their relatives were involved in the service. Their involvement included making decisions about people's holidays and their changing needs.

Staff understood advocacy and involved people in decisions to enable them to speak up for themselves and exercise their rights. The supported living services had listened to relatives who advocated on behalf of people who used the service.

People's rights were promoted and the service offered equality for people with learning disabilities and mental health needs. Staff supported people to become members of the community and access community services.

People's documents were stored confidentially. Staff understood the need for confidentiality and how to protect people's information.

Good

Is the service responsive?

Our findings

.One relative told us, "There are no problems at all. I would recommend them to anybody. I hope nothing gets changed because that's my only fear to be honest." People told us they enjoyed living in their own homes supported by staff.

We spoke with relatives about how the service had assessed people's needs. Families told us they had been involved in needs assessments and their relatives' care. One relative said, "They went through everything but it's a long time ago. I think they called it a needs assessment." Assessments of people's needs were documented in their care plans.

During our last inspection we found a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Staff had not assessed people's changing needs and people were at risk of receiving inappropriate care. We saw new care plan formats had recently been introduced and information was being transferred between the old and new care plan documentation. Staff had been trained in how to use these new care plan formats and were being advised by regional managers to transfer the information onto the latest formats when each person's next review was due. We looked at the new formats and found where they had been implemented they provided significant person centred detail. This meant care plans were focussed on each person.

We asked to see the current most up to date care plan for each person and found people had a one page profile to give staff an 'At a glance' sheet of information. These were detailed and provided staff with information on how to care for individual people. They included where relevant information on people's mobility, medicines, continence and activities.

People's care needs were regularly reviewed and we saw people were invited to attend and contribute to their review. Relatives told us their family member's care was, "Reviewed every six months." They told us they also received regular letters and phone calls, and one relative told us their family member had, "Come on a lot." Another relative said, "They are good at contact with us. If they're doing any sort of review, they always get in touch and ask if we want to go." A third relative told us, "We are invited to reviews and kept up-to-date." A fourth relative said, "I'm invited to attend any meetings and reviews, care reviews are yearly" and told us their family member was also, "Fully involved."

We found there had been no complaints made about the service since our last inspection. One relative told us "If I needed to complain I'd go to the manager, if that didn't work then the regional care manager, if that didn't work then social services." Information was provided to people and their relatives on how to complain. One person who used the service told us they had, "No complaints."

People were protected from social isolation. They were encouraged to be part of their community and continue relationships and activities that were important to them. This meant people were supported to be involved in relationships including those with their family and friends.

Some people who used the service attended day care services whilst others chose what they wanted to do each day. We found some people preferred to have a regular timetable of events and staff supported them to attend clubs and disco's each week. In one supported living service people had equal shares of a pet dog. People told us their plans for the days we visited their home. One person wanted to go shopping and returned to show staff their purchases. Another person told us they were going to the pub for lunch. Staff took a person out to a local nature reserve to feed ducks. Staff had also provided a garden area for one person as they had previously enjoyed gardening. One member of staff told us a person had to give up volunteering for personal reasons. Other people in their care had refused to go out, but staff told us this did not deter them from continuing to offer opportunities to engage in activities. We found choice was a key factor in the service. Staff gave people choices about what activities they wanted do.

Good

Is the service well-led?

Our findings

People told us they considered the service to be well managed. Everyone we spoke to told us they had not found any problems with the organisation and management of the service.

Relatives spoke to us about service leads and said, "Since the new manager, things have improved. The new manager is approachable I feel I can get on with her. She's even given me her mobile number in case I'm worried about anything. She's interviewed five people. My [relative] now has a one to one key worker she's very good. She often rings to keep us in the loop". Another relative said "We can voice our concerns to the manager and we feel listened to". One professional commented on the "Thorough, warm and willing to help in any way" approach taken by a particular service lead.

A decision had been made by the provider that the four regional managers should become the registered managers for a geographical area aligned with local authority boundaries. At the time of the inspection two out of the four regional managers had submitted an application to CQC which had been accepted. The remaining two regional managers had received their DBS checks and were in the process of submitting an application.

During our last inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not routinely assessed the quality of the service. During this inspection we saw the Quality Excellence Partners (QEP) had reviewed each supported living service. A QEP was a person employed by the service to carry out regular audits. We found the auditing was now embedded and each individual independent supported living service was reviewed approximately every eight weeks. Actions were devised with target dates put in place. We found that actions identified by QEPs had been carried out in the services, although some targets had needed to be revised in order to bring in-depth care plans up to date.

Service leads undertook monthly audits of people's homes including addressing repairs and any health and safety concerns. Regional managers were also required to carry out regular audits, however, we found not all of the regional managers audits were in place. Where the QEP had set targets for services to carry out improvements, we were unable to find evidence that these targets were being monitored. One regional manager reassured us the QEP targets were reviewed by them when they carried out their monthly auditing visits to each cluster but acknowledged the written evidence may not always be available. This led to a discussion about questioning current practices and how this could be integrated to demonstrate what actions were taken.

The provider had recently introduced a new process in one document whereby service leads completed a monthly audit and then regional managers visited the supported living homes and carried out further checks. The process ensured on-going and regular checks. Service leads told us the new auditing process documented what they were already doing in one handy document. We saw regional managers had begun to use these documents. This meant the auditing processes of the supported living services were consistently applied.

We found the culture of the organisation to be open and transparent. Staff were willing to discuss the changes made to the service since our last inspection and show us what they had done to progress the changes. They were aware of what needed to be achieved as they undertook continuous improvements. Levels of responsibility were clear. We consistently held the same conversations with members of staff in the same staffing role, about what they were expected to do.

Relatives confirmed to us they had received surveys sent to them by the service. One relative said, "I just want what's best for him they look after his health needs. I used to get questionnaires but didn't fill them in because I know he's looked after." Another relative told us, "We've had questionnaires and they listen to us; he's well cared for". A third relative told us they had just filled one out. Regional managers told us the next surveys were due to be carried out.

The regional managers held monthly governance meetings to review the performance of the service. On the provider's website they stated they were constantly improving the service. We found the provider had recently introduced a dashboard; this was an electronic system which pulled together performance information. Regional managers were able to see at a glance how each service was achieving goals such as staff supervision and people's reviews. They were able to interrogate the information to understand each service and identify which services were performing well and those which required additional support.

Each service had its own community links in place driven by the needs of the people who used the service. People were familiar with access to banks, local shops and local pubs for meal outings. Other community resources were utilised such as activity centres, day centres and discos.

At the time of our inspection each person had care records which had been brought up to date pending the transition to the new care plan format being put in place. Staff were able to access records for our inspection and provide information and documentation on request. Personnel files for staff were held at the regional office or a satellite office for ease of access. These were stored in lockable cabinets and their contents were audited on a regular basis.

We found there were clear partnership working arrangements in place. These included working with people who used the services, with their relatives, health care providers and community groups