

Integrated Care and Support Services Ltd

Integrated Care and Support Services LTD

Inspection report

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27 February 2019

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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

About the service: Integrated Care and Support Services (I.C.A.S.S) is a domiciliary care agency that provides support to young adults with complex needs; the service provides support to people in their own homes as well as offering short break and respite services. At the time of our inspection 12 people were receiving support with personal care.

People's experience of using this service:

The management team and staff at I.C.A.S.S pride themselves on supporting people to access a range of social activities to allow them to live as normal a life as any other person. The provider's ethos is "everyone is equal and we should focus on ability not disability". People are at the forefront of the service and encouraged and supported to make decisions about how aspects of the service should run. The 'service user led' approach taken by the management team has allowed people to develop the confidence to offer their views and feedback.

People had access to a wide range of social activities and were instrumental in the planning and development of the services' activity planner. Activities were developed to help promote independence, skill development, social inclusion and healthy lives.

Staff were motivated to deliver care that was person-centred and based on people's needs and preferences. People were encouraged to be independent and supported by staff to do so. Positive comments were received regarding the caring approach of the staff team and how well they knew people's needs. Positive relationships had been developed between staff and people using the service. People were treated with kindness, compassion and respect and staff interacted well with people.

Family members told us they felt their relatives were safe when being supported by staff and were confident they were well looked after. Risks people faced were assessed and those identified were safely managed by competent staff. Where people required support with medication this was managed safely and family members confirmed people received medication on time. Staff showed a good understanding of their roles and responsibilities of keeping people safe from harm. The environment was clean and safe and people had access to appropriate equipment where needed.

Enough suitably qualified and skilled staff were deployed to meet people's needs and keep them safe. Staff received a range of training and support appropriate to their role and people's needs. Staff told us they received a good level of support from the management team and were encouraged to develop within their roles.

People's needs and choices had been assessed and planned for. Care plans identified intended outcomes for people and how they were to be met in a way they preferred. People were supported to have sufficient food and drinks and encouraged to participate in meal preparation where appropriate. The healthcare needs

of people were met and understood.

The leadership of the service promoted person-centred care and a positive culture within the staff team. Staff and family members described the management team as supportive and approachable. By using effective quality assurance systems and working closely with other organisations and community groups, the management team showed a desire to continuously improve on the service provided.

Rating at last inspection: Good (report published September 2016)

Why we inspected: This was a planned comprehensive inspection based on the rating from our previous inspection.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

This service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

This service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

This service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

This service was well-led.

Details are in our Well-led findings below.

Good ●

Integrated Care and Support Services LTD

Detailed findings

Background to this inspection

The 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.

Inspection team:

This inspection was conducted by one adult social care inspector on all days of the inspection.

Service and service type:

Integrated care and Support Services is a domiciliary care service providing support and personal care to people in their own homes; including respite and short break services.

The service had a manager registered with the Care Quality commission. This means they and the provider are legally responsible for how the service is run for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection visit because it is a small service and we needed to make sure that someone would be available.

The inspection site visit started on 14 February and ended on 27 February 2019. We visited the provider's office on 14 February to see the registered manager and to review care records and other records relevant to the quality monitoring of the service.

What we did:

Our planning took into account information we held about the service. This included information the

provider sent us in their provider information return (PIR) since the last inspection and information about incidents the provider must notify us about. We looked at issues raised in complaints and how the service responded to them. We obtained information from the local authority commissioners and safeguarding team. We used all this information to plan our inspection.

During the inspection we observed the care and support provided by staff and spoke with three family members to ask about their experience of care. We also spoke with the registered manager, deputy manager and three members of staff. We looked at four people's care records and a selection and other records including quality monitoring records, recruitment and training records for four staff and records of checks carried out on the premises and equipment.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Staff received safeguarding training and had access to relevant information and guidance about protecting people from harm. Staff understood what was meant by abuse and were confident about how to report safeguarding concerns.
- Staff ID badges contained a quick reference guide on how to report safeguarding concerns.
- The registered manager kept a record of safeguarding incidents that had occurred. Incidents were dealt with appropriately and action taken to minimise further occurrences.
- Personal emergency evacuation plans (PEEPs) provided guidance for staff to safely evacuate people in an emergency.
- The service provides a 24 hour on-call system for staff to contact; this provides support and guidance when incidents or concerns occur.

Assessing risk, safety monitoring and management; Using medicines safely

- Individual risks to people had been assessed and care plans provided detailed guidance for staff to keep people safe from avoidable harm.
- Risks were regularly reviewed and records updated to reflect any changes in identified risks to ensure people received the right support in the least restrictive way possible.
- Family members told us they felt their relatives were safe; comments included, "Yes [name] is safe when they are with staff, I have no concerns at all," "[Name] has never raised any concerns with me so I feel they are safe" and "I don't see [name] when they are with staff but they are always happy to go with them and they have never told me they are unhappy."
- Regular safety checks were completed on the environment and equipment used to ensure it remained safe.
- Medicines were managed safely by suitably trained staff. Family members told us they felt relatives received their medication on time. Staff completed medication administration records (MARS) where required.

Staffing and recruitment

- Sufficient numbers of suitably qualified and trained staff were deployed to meet people's needs and keep them safe.
- Family members told us they felt their relatives received support from the correct amount of staff. One family member told us "[Name] needs two people to support them and there has never been an issue with the amount of staff that turn up."
- People were supported by consistent staff and received the correct number of hours each week.
- Safe recruitment processes were being followed.

Preventing and controlling infection

- Staff received training around preventing and controlling the spread of infection and had access to relevant guidance and information about good infection prevention and control.
- Staff had access to personal protective equipment (PPE) and followed correct guidance in relation to disposal of PPE and other waste products.

Learning lessons when things go wrong

- A record of any incidents or accidents that occurred were kept and reviewed to identify any patterns or trends so that lessons could be learnt when things when wrong.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence

People's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care

- Assessments were completed with the involvement of health and social care professionals prior to people receiving support to ensure staff were able to meet people's needs. This information was used to help plan effective care.
- Assessments of people's care and support needs were completed in good detail and included expected outcomes based on their needs and choices.
- Where people had not received support for a long period of time from the service, the registered manager worked closely with people, their family members and health and social care professionals to complete full re-assessments of people's needs.
- Staff knew people well and how best to meet their needs. Staff used the training and experience they had received to support people and provide good outcomes and a good quality of life.

Staff support: induction, training, skills and experience

- Staff were competent, knowledgeable and skilled and carried out their roles effectively. Newly recruited staff had completed a comprehensive induction and continued to receive training relevant to their role and people's needs.
- The service offered apprenticeships to new staff who then had the opportunity to remain in a permanent post.
- Staff were encouraged to specialise in areas of interest such as learning disability to provide skills to effectively meet individual needs and bring specialist knowledge to the service.
- Staff felt supported in their role and received regular one-to-one supervision. They told us the on-going support enabled them to discuss work concerns or learning and development when needed.

Supporting people to eat and drink enough to maintain a balanced diet

- People were mainly dependant on family members to support with meal preparation. However care records documented when people required support with meals.
- Where required care records detailed people's dietary requirements and any identified risks such as those related to swallowing difficulties.
- People were encouraged and supported to help with meal preparation to maintain independence and learn new skills.

Supporting people to live healthier lives, access healthcare services and support

- Where people received additional support from healthcare and social care professionals this was

recorded within their care records.

- Where required the management team worked closely with healthcare professionals to monitor and identify changes to people's health needs such as those with epilepsy to ensure the right care and support was provided.
- The service had developed a 'care passport' that provided all relevant information regarding people's care and support needs including health and communication. This was used by staff when out in the community and when supporting people to access healthcare.

Adapting service, design, decoration to meet people's needs

- People had access to the services' day centre on a daily basis; this had been designed to meet the needs of people attending.
- The service had a sensory room for people to relax in when feeling anxious or agitated. The deputy manager told us they planned to improve this room to provide a more relaxing and stimulating environment.
- People had been involved in the decoration of some aspects of the service, such as the kitchen. The registered manager encouraged people to offer ideas and views on how the service should be decorated.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment with appropriate legal authority. In the community any restrictions need to be referred to the Court of Protection for authorisation. At the time of our inspection there was no-one who required a referral to the Court of Protection.

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- At the time of our inspection there was no-one who required a referral to the Court of Protection.
- Staff showed good knowledge of MCA and were aware of the importance of offering people choice and control over the care they received.
- Records to evidence consent for care were not always signed by the right person, however this did not impact on the care received. This was addressed during the inspection and new MCA documents were created.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People received good care and support from staff who knew them well.
- People were treated with kindness and family members were positive about the caring attitudes of staff. Comments included "[Name] is always happy when staff come to pick them up, staff are always lovely with him," "Staff always seem really nice, they get on well with [name]" and "[Name] always has a good laugh with staff, I think they are lovely."
- Staff knew people well and displayed positive, warm and familiar relationships when interacting with them. Interactions between staff and people were genuinely kind and compassionate.
- Staff understood and supported people's communication needs and choices; various methods of communication were used to ensure information was made accessible to people.
- Staff used information about people's life history, important relationships, likes and dislikes as well as positive interaction to get to know them. This helped to engage people in meaningful conversations.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and provided compassionate support in an individualised way.
- Staff wore casual clothes when on duty as this made people feel more comfortable and meant they were not identified as people who needed support whilst out in the community.
- Staff understood the importance of maintaining people's dignity whilst providing support and explained ways in which they would do this.
- Staff ensured people's confidentiality was maintained; care records that were kept at the main office were locked away when not in use.
- People were encouraged and supported to have choice and control over their day-to-day lives. A 'service user' council had been set up to encourage people to make decisions about how they wanted to spend their time.

Supporting people to express their views and be involved in making decisions about their care

- People, along with family members, were encouraged to share their views about the care provided with regular care plan reviews and meetings. One family member told us "Staff hold regular social events at the community centre that we can go to and share our views, they are good as we also get to see how staff are with people."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People received person-centred care that was based on their individual needs. Staff knew people's likes, dislikes and preferences and provided care and support in the way people wanted.
- People, and their family members where appropriate, were involved in care planning.
- Care plans contained detailed and person-centred information that was relevant and up-to-date; where people had not received support for a long period of time, the registered manager completed detailed reviews to ensure staff had access to relevant information.
- Care plans included information regarding all tasks required for each visit or hours of support and ensured people received care that was person-centred and appropriate to their needs.
- Staff maintained daily records in order to provide up-to-date information regarding the support people received and any identified changes to people's needs.
- Family members told us staff always arrived on time and provided the correct amount of hours support as agreed in people's care plans.
- The service recorded and shared information relating to people's communication needs as required by the Accessible Information Standards. Care records identified alternative forms of communication for those who
- This service was set up to provide young adults with complex needs access to social activities on a regular basis.
- People were encouraged to be part of the activity planning; a 'service user' council had been set up to give people the opportunity to discuss and plan activities people wished to take part in. All activities arranged were those chosen by people using the service.
- Planned activities also included 'projects' chosen by people that would help to encourage learning and development of new skills.
- Activities were also used to promote healthy living through access to exercise and physical activity.
- Feedback was received from people following each trip or activity to obtain their views and ensure that all activities were person centred and 'service user' led.

Improving care quality in response to complaints or concerns

- People and family members were given information about how to make a complaint. Family members were confident about making a complaint and felt they would be listened to. Comments included "I've never had to make a complaint but I know I can ring the office any time" and "I have complained in the past and it was dealt with straight away, no issues and everything has been fine since."

End of life care and support

- No-one using the service was receiving end-of-life support at the time of our inspection.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- Managers promoted a culture of person centred care by engaging with everyone using the service and family members.
- The provider's ethos is to focus on 'ability' not 'disability' and 'everyone is equal'. The management team were passionate about encouraging people to be part of the decisions made regarding the service and involved them wherever possible.
- Family members spoke positively about the management team; comments included "The managers are lovely, really approachable and on hand whenever you need them. [Name] always seems happy to go to the centre and on any trips they arrange," "I can't fault them [managers] any time you ring the office you can speak to them, they deal with problems straight away and always happy to help if you have a problem" and "Having this service support [name] gives us some respite, they [managers] have supported [name] since they were a child and they have been great. I can't fault them."
- Staff were positive about the management team and the leadership of the service. They told us they were always supported and encouraged with learning development and felt appreciated in their roles.
- Staff understood the registered manager's vision to provide people with access to a varied and meaningful social life and to encourage development and independence whilst keeping them safe and providing the best care possible.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The service was well-run with a clear management structure in place. The registered manager was also the provider; they were supported by a deputy manager. Both managers worked well together and had a clear understanding of each other's roles and responsibilities.
- The registered manager was aware of their legal requirement to notify CQC about certain events and submitted notifications when required.
- Quality assurance systems were in place and used effectively to monitor key aspects of the service. Audits and checks were completed on a regular basis by the management team to identify areas of improvement.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The management team involved people and family members through meaningful discussions about their care. Their views were obtained through regular meetings and information obtained was used to improve the service.

- The registered manager told us the service was 'service user' lead and actively supported and encouraged people to provide their views about the service; the service user council offered people the opportunity to do this.
- People had developed 'rules of the day centre' which gave clear information about how people and staff should be expected to behave whilst using the day centre.
- The management team and staff worked closely with other agencies and community groups to achieve good outcomes for people. This extended to local shops and businesses who knew people well and offered support if needed.
- Fundraising events were organised to help raise money for the community centre; people using the service would decide what the funds were used for.