Integrated Family Support Limited

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Inspection report

Unit 6-7, The Wenta Business Centre
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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

Integrated Family Support is a care agency that provides support workers to undertake personal and supportive care for children and young adults with learning and / or physical disabilities. The service is based in North London and provides support to a small number of families in Hertfordshire.

This is the first inspection of the agency since registration in April 2016 and the inspection took place on 12 December 2016.

At the time of our inspection a registered manager was in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service and has the legal responsibility for meeting the requirements of the law; as does the provider.

From the feedback the agency received from families using the service and health and social care professionals we found that there was usually a good and high degree of satisfaction with the way the service worked with children / young adults and their families.

People who used the service, children and young adults, had a variety of complex support needs and from the three care plans that we looked at we found that the information and guidance provided to staff was clear. Any risks associated with people's care needs were assessed, and the action needed to mitigate against risks was recorded. We found that risk assessments were updated regularly and this included those risks associated with complex care needs.

During our review of care plans we found that these were tailored to children / young adult's individual needs, this was being done in close cooperation with their families. Communication methods of providing care and support with the appropriate guidance for each person's needs were in place and regularly reviewed.

We looked at the training records for all staff employed by the agency. We saw that in all cases, core training had been undertaken and the type of specialised training they required was tailored to the needs of the particular children / young people they were supporting. Staff supervision was taking place regularly and appraisals were undertaken annually.

Staff respected people's privacy and dignity and worked in ways which demonstrated this. From the feedback we viewed that the agency had received we found that people's preferences had been recorded. Staff focused on respecting these preferences for both children or young adults.

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. Any risks associated with children and young adult's needs were assessed and updated at regular intervals.

Staff recruitment was managed safely with all of the necessary background and employment checks being completed.

Staff had access to the organisational policy and procedure for protection of children and vulnerable adults from abuse, as well as the local authority procedures that the agency worked with. Staff knew how to respond to and report concerns.

Staff did not administer medicines unless needing to do so in an emergency. Training in safe medicine administration was provided, if required, and detailed guidance was in place for staff to follow.

Is the service effective?

Good

The service was effective. Staff supervision and appraisal systems were in place which helped to ensure that staff were well supported and their performance and development were assessed.

Staff training was comprehensive and covered common subjects, for example safeguarding people, as well as specialised training relating to complex conditions which people using the service may experience.

There was detailed information and guidance for staff about the Mental Capacity Act 2005 (MCA).

Staff effectively responded to children and young adult's care and support needs, including needs associated with complex physical health conditions and disabilities.

Is the service caring?

Good

The service was caring. We did not have any feedback from people we contacted but feedback given to the service gave a view that the service employed caring dedicated staff.

The service provided care to children and young adults who in some cases experienced communication difficulties. Care plans included guidance on methods that support workers could use. This was further supported by descriptions in care plans about how best to communicate with each person.

Is the service responsive?

Good

The service was responsive. The children and young adults who were using this service each had a care plan. The care plans described people's specific needs and reflected their wishes as well as those of their families about how care and support should be provided.

The care plans covered personal, physical, social and emotional support needs. These were updated at regular intervals to ensure that information remained accurate and reflected current and changing support needs.

Is the service well-led?

Good

The service was well-led. A system for obtaining feedback from staff, health and social care professionals and other stakeholders was in place as well as obtaining weekly feedback from families.

Communication between support workers and office based staff was regular and positively benefitted how the service operated. There were clear lines of accountability and the service was well managed.

Integrated Family Support Limited

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.

The provider was given 48 hours' notice because the location provides a domiciliary care service. We carried out a visit to the agency on 12 December 2016. This inspection was carried out by one inspector.

Prior to our inspection we looked at notifications of significant events that we may have received and any other communications regarding the agency.

As part of our inspection we contacted three families who had agreed that we could contact them to ask for their views about the service. We, at the time of writing this draft report, had not received any replies but will include any feedback that we may subsequently receive. We also contacted three local authority social workers although again had received no responses at the time of writing this report. During this inspection we spoke with two support workers, two case workers (Whose role was to coordinate care and support packages), the operations director, the provider and the registered manager of the service.

We gathered evidence of people's experiences of the service by reviewing feedback the service had obtained and by reviewing other communication that staff had with these people, their families and other care professionals.

As part of this inspection we reviewed three children and young adult's care records. We looked at the induction, training and supervision records for the staff team. We reviewed other records such as complaints information and quality monitoring and audit information.

Good

Is the service safe?

Our findings

The service operated safe recruitment procedures. We looked at the recruitment records for four staff who had been employed since January 2016. Each member of staff had the required identity verification, disclosure and barring checks (DBS) and references. The references were checked by the human resources officer who contacted referees to discuss the reference provided.

Staff had access to the organisational policy and procedure for protection of children and adults from abuse. As the service provided care and support to children and young adults for one local authority, Hertfordshire County Council, we looked at whether the service knew who to contact if concerns arose. We found that the service did have this information. We noted that no concern about alleged abuse had arisen since the service was registered.

Staff we spoke with all told us they had training about protecting children and adults from abuse and were able to describe the action they would take if a concern arose. It was the policy of the provider to ensure that staff had initial training which was then followed up with periodic refresher training. When we looked at staff training records we found that this was happening for all staff and guidance available to them was detailed and clear.

People had continuity of care and were usually supported by the same staff. Staff were assigned to specific families and if a replacement was needed the service only used replacement staff who had all of the necessary training to safely provide the care required.

People who used the service, children and young adults, had a variety of complex support needs and from the three care plans that we looked at we found that the information and guidance provided to staff was clear. Any risks associated with people's care needs were reviewed and assessed, and the action needed to mitigate against risks was recorded. We found that risk assessments were updated regularly and this included those risks associated with complex care needs and were unique for each person. Any identified changes to risks was recognised and responded to and families played a very important role in this process.

The service had arrangements in place to deal with emergencies, whether they were due to an individual's needs, staffing shortfalls or other potential emergencies. We were told by the registered manager that they were available to be contacted outside of office hours although calls were reported as being very rare. Other senior managers covered for the registered manager in their absence. None of the staff we spoke with reported any difficulties in using this system, although again it was rarely required, staff felt confident that should the need arise they would get the support they needed to respond to any emerging concern.

The service was not responsible for obtaining medicines on behalf of anyone using the service as this was managed by each child or young adult's own family. The provider had a detailed policy and procedure for medicines, including a specific emergency (PRN) medicines policy, each of which clearly outlined the reasons and process for administering medicines in these circumstances. Medicines administration, either regularly or in an emergency, was not something that the agency usually carried out and was not required

for anyone using the service at present. Safe medicines handling and administration training was provided to staff , in rare circumstances, where the agency was asked to provide emergency medicines administration. We found that in one case a member of staff had undertaken this training as they were supporting a person earlier in the year where this had been required.

Good

Is the service effective?

Our findings

The provider had a system in place for staff supervision. Some support workers worked part time and did no more than a few hours each week and in some cases less frequently. We talked with the registered manager and operations manager about how staff were supported. We were told that staff were in regular contact with the agency by telephone and email if they were not visiting the office frequently. The aim of the service was to provide monthly supervision to full time staff and we found this generally did occur and was consistent. Appraisals were happening on an annual basis and records showed this applied to all staff that had been in post for at least the last year leading up to this inspection.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the 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 when this is in their best interests and legally authorised under the MCA.

We checked whether the provider was working within the principles of the MCA and whether any conditions on authorisation to deprive a person of their liberty were being met.

Although the agency cared for children and young people under the age of 18 although there were three who were over 18 years of age. The service had detailed policy and guidance in relation to the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS). It should be noted that the agency would not have responsibility for making applications under either of these pieces of legislation. However, they would have responsibility for ensuring that any decision on the MCA 2005 were complied with. Mental Capacity Act assessments had been not been carried out by the local authority for two of the three young adults over the age of 18.

The care plans showed that consent to care and support was being obtained. This was obtained from children's or younger adult's next of kin.

We spoke with the operations manager who explained the system used for mandatory and optional training courses. We found the mandatory training covered core skills and knowledge for staff, for example child and adult safeguarding, health and safety and moving and handling. The staff data base listed those who had received specific training about specialised care and support needs and specifically about communication where the child or young adult had communication difficulties. The operations manager told us that if a child or young adult had needs that required specialised training then only staff who had received this would be used to care for the person.

All staff had completed their induction, apart from a member of staff that had been employed recently. The

induction process was designed around staff obtaining the "Care Certificate" (a nationally recognised qualification in care) and covered principles of care across a wide range of areas.

The operations manager told us that training was provided by the agency, external training providers, local authorities and health and social care professionals. This meant that staff were supported to develop the skills and knowledge required to provide the most appropriate care for people. We looked at the training records of all staff. The staff training records also listed the frequency with refresher training was required which supported the provider's aim to ensure that people were only supported by staff with the necessary skills.

Meals were never prepared by support staff as this was always done by the families of children or younger adults. Specialist feeding support was not required for anyone using the service. Where a support worker was asked to help a child or young adult to eat, the person's family showed staff how this was done and we were told they were always present when this occurred, usually at breakfast time.

The service did not take primary responsibility for ensuring that healthcare needs were addressed. However, the service required that any changes to people's condition observed by staff when caring for someone were reported to their relative, parent or guardian. Care plans showed the provider had obtained the necessary detail about people's healthcare needs and had provided guidance to staff, backed up by guidance from each person's own family, about signs to watch for which may show a healthcare need was developing or changing.

Good

Is the service caring?

Our findings

Care and office based staff we spoke with all described the work that they do with people, and in particular the children and young adults they work with, in caring and compassionate terms.

People's individual care plans included information about their cultural and religious heritage, daily activities, including leisure time activities, communication and guidance about how personal care should be carried out and when this was provided. We found that staff were provided with information about people's unique heritage and had care plan's which described what should be done to respect and involve people in maintaining their individuality and beliefs. The service provided training and guidance to staff around equality and diversity and this was evident from the person centred approach the agency staff we spoke with displayed.

We were told that the agency deemed it important that a good matching process took place. The aim of this was to ensure a good match between the skills of support workers being the most appropriate for the person they were supporting and their family. We saw details of a recent situation where the matching process had been more complex due to family as well as the young adult's needs and the process that the service went through to accommodate this and find an appropriate match.

The service provided care to some people with communication difficulties. We saw a clear communication policy that included recommendations on methods that support workers could use during care to maximise people's involvement in how they were supported.

We looked at the rostering system that was used by the service to assign support workers. We saw that the service respected requests from people and their families about the gender of the support worker assigned.

When we looked at care plans we found evidence that children and young adults, as far as was practicable, and their families had been involved in decision-making as had associated health and social care professionals when relevant. Where personal physical care was provided by support workers they were trained to do this for each person and were informed of the person's own wishes, and / or, their family's wishes. The provider and staff did this not only to ensure that wishes were respected but that privacy and dignity were maintained. The service had, apart from wishes about specific care tasks, clear and unambiguous guidance and training for staff about human rights and promoting and supporting people to exercise their rights.

People's independence was promoted. Some people were allocated staff to support them to take part purely in activities. As an example we looked at a care plan which specifically related to the person being taken out for activities to enable their parents to have a break. The service placed emphasis on maximising people's right to maintain as much autonomy as they could, whilst ensuring that people and families were placed at the centre of how the care and support was provided.

Good

Is the service responsive?

Our findings

The children and young adults who were using this service each had a care plan. We looked at the care plans for three of these people. The care plans covered personal, physical, social and emotional support needs. Care plans were unique to the person the care plan referred to. The plans described people's specific needs and reflected each person's lifestyle and preferences for how care was provided. In the matching process a staff member's ability to acknowledge and respond to people's cultural and linguistic needs were carefully considered.

Care plans were updated at regular intervals, usually six monthly, to ensure that information remained accurate and reflected each person's current care and support needs. Where care needs changed or where parents requested alterations to how care was provided, we found that the agency was responsive to these needs. For example, we looked at a care plan where a young adult and their family had additional support needs. It was evident that the service was working closely and communicating well with partner agencies that were also involved. The registered manager and staff that we spoke with, who were involved with the person's care, were all clearly able to describe the actions being taken to ensure continued and effective support was provided. The service was responsive to changes required and care plans were signed by the parent or guardian caring for the child.

A monthly support summary was compiled for each person using the service. We looked at summaries for the last three months for each person whose care plan we viewed. This process was consistent in all cases and outlined the support provided during the month and any significant events and changes were recorded.

The provider's complaints policy had been most recently updated in January 2016. We looked at the complaints record and found that no complaints had been made in the last 12 months. The registered manager informed us that the focus of positive communication and relationship building with children and young adults and their families meant that any queries raised were quickly dealt with and this resulted in people not feeling the need to raise formal complaints.

Staff we spoke with talked about people who used the service in a polite and respectful way. They also told us they believed that it was important for the service to build and maintain positive and open relationships with those they supported and their families. From these conversations, we were confident that the service listened and responded to people's needs.

Good

Is the service well-led?

Our findings

Apart from the registered manager we spoke with the provider, operations manager, two support workers and two case workers (who coordinated the provision of the care packages provided). They all knew how and who to contact within the service and what roles people had. Support workers were able to tell us what they would do in particular situations, for example if something had occurred that was of concern. We were also told that the service was well managed and that the agency provided a high degree of support for staff and transparency in communication.

The service operated an out of hours on call system. Staff, families and others could contact the office during the normal working week with the registered manager or other senior staff taking responsibility for providing out of hours cover. We did not receive negative feedback from staff of any concern about the effectiveness of this system. We found that it was well understood by staff and the service had the capacity to respond to out of hour's calls that may be made although these were reported to us as being a very rare occurrence.

Staff had specific roles and responsibilities for different areas and were required to report to the provider about the way the service was operating and any challenges or risks to effective operation that arose.

There was a clear management structure in place. The provider of the service, the registered manager and operations manager told us about, and showed us, the monitoring systems for the day-to-day operation of the service. For example, changes to staffing requirements for people using the service or anything that may potentially interrupt effective service delivery. Monthly senior management meetings took place and we viewed examples of the minutes of these meetings for the previous six months leading up to our inspection. These showed that the meetings discussed all aspects of the service delivery and operation and tailored this to respond to the five key questions that CQC examine as part of the regulatory and inspection process.

Feedback about the service was sought and recorded at monthly quality monitoring meetings. It was evident that feedback was continually sought from people and this feedback was listened to and any action that was needed as a result was taken. However, the service did not currently publish any feedback as a part of their on-going quality assurance process.