

Integra Care Homes Limited

Integra Care Homes Limited - 105 Water Lane

Inspection report

105 Water Lane
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13 December 2018

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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

Care service description

105 Water Lane is a residential care home for up to eight people with a range of needs including learning disabilities and autism spectrum disorder. The property is arranged into three separate living spaces across two floors with an activities space in an outbuilding. At the time of the inspection there were six people living in the home.

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 a learning disability and autism using the service can live as ordinary a life as any citizen.

The service did not have registered manager in post at the time of the inspection, however there was an interim manager in place and the provider was recruiting. 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.

Rating at last inspection

At our last inspection on 03 August 2016 we rated the service Good. At this inspection we found the evidence continued to support the rating of Good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report was written in a shorter format because our overall rating of the service has not changed since our last inspection.

Why the service was rated Good

Staff were knowledgeable about the signs of abuse and neglect and felt confident to report any concerns.

People's risks were assessed and risks were managed in the least restrictive way. There were suitable numbers of staff to keep people safe.

Medicines were managed safely, people received their medicines as needed. The home was clean and tidy. The building was maintained safely and risks of fire were managed appropriately. Incidents were reported, staff were confident to report and appropriate actions were taken in response.

People's needs and preferences were fully assessed and support plans were in place to meet their needs. Staff had the appropriate skills, knowledge and experience to deliver effective care.

People were supported to eat and drink enough and to maintain a healthy diet. Professional guidance was sought where needed and support plans were written in line with this guidance.

People had access to healthcare services. The service had made improvements to the building since the last inspection, which now met people's needs, though superficial works were required around décor and furniture to make spaces more personalised, which were underway.

Staff had a good understanding mental capacity. 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 supported this practice.

People were treated with kindness and compassion. People were supported to express their views and wishes. People's privacy and dignity was respected. People were encouraged to be independent where possible.

People's support was provided in line with their needs and wishes. People were supported to participate in activities which engage them. People were supported to develop life skills. There was a "final wishes" document which helped people to express their views around end of life care or wishes after death.

There was a clear set of values within the home with a person-centred approach. There was a robust governance framework in place to review the quality of the support provided and ensure the safety of the service. Change was viewed positively and as an opportunity to improve and try new things.

Further information is in the detailed findings below.

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 remains Good.

Is the service effective?

Good ●

The service has improved to Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains 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 was planned to check whether the provider was 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 11 and 13 December 2018 and was unannounced.

Before the inspection we asked the provider to complete a Provider Information Return (PIR). This is a form that helps gather information about the service and helps to inform the inspection. We reviewed information we held about the home including previous inspection reports and statutory notifications. A notification is information about an important event which the service was required to send us by law. We also reviewed information contained within the provider's website.

The inspection was carried out by one inspector. People living at the service were unable to speak with us, however during the inspection we observed people's interactions with staff. We spoke with the interim manager, deputy manager and two members of staff.

We sought feedback from five people's relatives. We reviewed records related to two people including their plans of care and risk assessments. We reviewed other records, including two medicines administration records, audits and quality assurance documents, team meeting minutes, policies and procedures, activity plans and meal plans.

Is the service safe?

Our findings

People were protected from the risks of abuse and neglect. Staff were knowledgeable about signs of abuse and neglect and felt confident to report them. Staff received training in safeguarding people and understood people's individual vulnerabilities.

People's risks were assessed and risks were managed in the least restrictive way, allowing people their freedom while keeping them safe. Risk assessments were detailed and gave staff guidance to manage and reduce risks.

There were suitable numbers of staff to keep people safe and manage their risks. Staffing levels were calculated based on people's needs and funded support hours. The service had low levels of vacancies. Bank and agency staff were used where needed. The service had regular bank and agency staff who knew people well.

Staff recruitment procedures were robust. Staff had undergone relevant pre-employment checks as part of their recruitment, which were documented in their records. These included references to evidence the applicants' conduct in their previous employment and a Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

There were good systems in place to safely manage medicines. People received their medicines as needed. There were detailed support plans outlining what medicines people were on and their support needs. Where people had 'as required (PRN)' medicines, there were detailed protocols for their use. Records showed medications used to manage people's behaviours were used minimally and in line with guidance from doctors and specialist teams.

The home was clean and tidy, staff followed good infection control practices to protect people from the risks of infection. There was personal protective equipment available for staff and hazardous substances were stored and managed safely. Staff understood and followed good food hygiene practice.

The building was maintained safely and risks of fire were managed appropriately. People had personal evacuation plans which outlined the support people required should the service need to be evacuated. There were regular audits and checks of building safety and any issues were addressed. Staff had specific delegated responsibilities relating to health and safety and took these responsibilities seriously.

Incidents were reported openly and were treated as learning opportunities. Staff were confident to report and appropriate actions were taken in response to reduce the likelihood of re-occurrence. Incidents involving people were reviewed for themes or triggers to better support them.

Is the service effective?

Our findings

At our last inspection on 03 August 2016 we found improvements were needed in the layout and décor of the premises and the training of staff. The provider was not compliant with Regulation 18 of the Care Quality Commission (registration) Regulations 2009 as the provider was not meeting their obligations to report notifiable incidents to CQC. At this inspection we found the necessary improvements had been made and the provider was no longer in breach of regulations.

People received effective support which met their needs. People's needs and preferences were fully assessed and support plans created with them to meet their needs.

People's support plans included positive behavioural support for behaviours that challenge. These included triggers, signs of distress and management techniques. Staff supported people appropriately when they became anxious or their behaviours escalated. The provider had implemented evidence-based training for managing behaviours which challenge. Incidents of escalating behaviours had reduced since the last inspection.

On our previous inspection, we identified staff were not always appropriately trained. At this inspection we found staff had the appropriate skills, knowledge and experience to deliver effective care. Staff were provided with a range of training and had a robust induction prior to starting work. The interim manager had delivered a range of additional training to staff, which had been well received.

People were supported to eat and drink enough and to maintain a healthy diet. People's risks around eating and drinking were assessed and managed. Staff understood people's dietary needs and supported people to make healthy choices.

Professional guidance was sought where needed and support plans were written in line with this guidance. People had access to healthcare services, such as the GP, optician, chiropodist. People were supported to remain active and healthy.

At our last inspection we found that the building required some works to replace broken fixtures and furniture, and to update décor. Staff had also reported the layout of the property made responding to incidents to support people's behaviours more difficult.

At this inspection we found that the building met people's needs. The building had been renovated to change the layout into individual and shared flats. The provider had implemented some personalisation of décor and had plans for further works.

At our last inspection we found not all people had their mental capacity to make certain decisions assessed. At this inspection we found staff had a good understanding of consent and mental capacity. People's capacity to consent to care was assessed. Staff worked to give people choice and control of their day to day lives.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making decisions on behalf of people who may not have 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 make a decision, any decision made on their behalf must be in their best interests and as least restrictive as possible. We found the service was following the principles of the Act.

Some people in the home had Deprivation of Liberty Safeguards in place. 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. The authorisation procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards. We identified that the home was following appropriate procedures to ensure people were not unlawfully deprived of their liberty.

At the last inspection it was identified that the service had failed to notify the CQC of Deprivation of Liberty authorisations approved by the Local Authority, as required under Regulation 18 of the Care Quality Commission (Registration) Regulations 2009. At this inspection we found the service was no longer in breach of this regulation and had made appropriate notifications to the CQC.

Is the service caring?

Our findings

People were treated with kindness and compassion by staff. Staff knew people well and understood how best to support them and what they enjoyed. Staff told us, "No two days are the same." One person's relative told us, "[Staff] do their best to help him enjoy his life."

People's emotional needs were understood. Staff recognised signs of distress, anxiety and agitation and acted quickly to support people in line with their support plans. Staff spoke with people as equals and recognised their individual strengths.

People were supported to express their views and wishes and be actively involved in decisions about their care and support as far as was possible. Staff understood and worked with people's different abilities to communicate to ensure they had choice and control of their lives wherever possible. One person's family told us, "The [staff] respect that he knows what he wants and certainly what he doesn't want."

People's privacy and dignity was respected, people had access to private living areas to have their own space. Staff respected people's confidentiality and information was kept securely.

People were encouraged to be independent wherever possible. People's abilities were not underestimated by staff. Staff supported people to set goals and think of ambitions, and to work to these by breaking them down into steps. People's achievements were celebrated, for example, one person had worked towards being able to go on holiday with family without staff.

Is the service responsive?

Our findings

People's support was provided in line with their needs and wishes. People were involved in planning their care and support. People's needs were fully assessed. Care and support plans considered people's skills and abilities and promoted people's independence.

People's support plans contained detail of how best to communicate with people. Staff understood people's communication needs and found ways to remove barriers to communication. One member of staff told us, "There aren't really any barriers. Just because he doesn't speak doesn't mean he can't tell you things."

People were supported to participate in activities which engaged them, people were supported to go out and access the community and follow their interests. People planned their activities schedule and chose what they wanted to do each day, such as going to the pub, visiting the shops or watching a film.

People's educational needs were understood and people were supported to develop life skills. Staff supported two people with maths and money skills every week. People had "interact" sessions, which gave people regular intensive one-to-one support and activity.

People were encouraged to maintain relationships with people who were important to them. People's friends and relatives were able to visit and were made welcome. People were supported to stay with their families and to go away with them on holiday when they wanted.

No complaints had been received in the past 12 months. There was a complaints policy in place which appropriately informed people and families how to raise a complaint or concern.

The service supported people and families to complete a "final wishes" document which allowed them to express their views around end of life care or wishes after death. However, many of these had not been returned from families. The provider planned to follow up with families in the future.

Is the service well-led?

Our findings

The service did not have a registered manager in post at the time of the inspection, however there was an interim manager in place and the provider was recruiting to the permanent post. Staff fed back positively about the interim manager and felt well supported. One staff member told us, "It's a great place to work." Another member of staff said the interim manager was "brilliant".

There was a clear set of values within the home with a person-centred approach, this was reflected in staff approach and in recruitment processes. Staff were encouraged to positive risk take to enable people to have opportunities to try new things and fully access the community.

The quality and safety of the service was reviewed regularly. There was a robust governance framework in place to review the quality of the support provided and ensure the safety of the building. Expectations of staff were clear and there was a robust management structure within the service. Responsibilities for specific quality checks were delegated to staff who took pride in their work.

Staff fed back positively about the management team. Staff felt there were good opportunities to learn and develop their skills and progress within the company. The service fostered an open and honest culture within the staff team and there was a good rapport between staff. Staff were positive about the service, their colleagues and felt valued.

People and their families were involved where possible, and staff felt able to make suggestions for improvements or different ways of working. An annual survey was sent out to families to gain their views of the service. People were supported to feedback on their care through reviews of their support plans. Staff were encouraged to suggest new ideas and ways of working through team meetings and in supervision.

Change was viewed positively and as an opportunity to improve and try new things. The service was working to build and further improve relationships with other agencies, such as commissioners of people's care.