

Integrated Family Support Limited

# Integrated Family Support Limited

## Inspection report

Unit 6-7, The Wenta Business Centre  
1 Electric Avenue  
Enfield  
EN3 7XU

Date of inspection visit:  
23 July 2019

Date of publication:  
21 August 2019

### 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 Family Support is a domiciliary care agency providing personal and supportive care for children and young adults with learning and/or physical disabilities in their own homes.

Not everyone using the service receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of our inspection three people were receiving a personal care service.

### People's experience of using this service

People told us people they were happy with the care and support they received because they felt safe and all their needs were met by kind and caring staff.

People praised the managers of the service and agreed that they were approachable, knowledgeable, fair and did their job well. The staff team worked well together and supported the 'acting' manager.

The staff team was committed to providing a high-quality service and keeping people safe. They had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity. Staff knew people well. Staff managed the risks to people's health and welfare.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were given choices about the way in which they were cared for. Staff listened to them and knew their needs well. Care plans contained information about each person's individual support needs and preferences in relation to their care and we found evidence of good outcomes for people. When people did not have the capacity to make their own decisions, staff maximised their involvement and made decisions in their best interests, in accordance with legislation.

Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

Relatives and health care professionals told us staff were able to meet their needs and were respectful of their individual preferences. Relatives told us staff who supported their children were kind and caring.

Relatives confirmed the service did not miss any care calls and that staff were usually on time.

People received care and support from a small group of staff, which provided consistency.

The managers of the service actively sought the views of people and their relatives about the running of the service and they dealt promptly with any concerns that people raised.

The provider had systems in place to monitor and improve the quality and safety of the service provided.

More information is in the full report.

Rating at last inspection

At the last inspection we rated this service Good. The report was published on 12 January 2017.

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor this 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?**

The service remains safe.

Details are in our findings below.

**Good** ●

### **Is the service effective?**

The service remains effective.

Details are in our findings below.

**Good** ●

### **Is the service caring?**

The service remains caring.

Details are in our findings below.

**Good** ●

### **Is the service responsive?**

The service remains responsive.

Details are in our findings below,

**Good** ●

### **Is the service well-led?**

The service remains well-led.

Details are in our findings below.

**Good** ●

# Integrated Family Support Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We planned this inspection to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

Integrated Family Support is a domiciliary care agency providing care to people in their own homes.

At the time of our inspection the service did not have a manager registered with the Care Quality Commission. There was an 'acting' manager in place. The service was in the process of recruiting a new manager for the service.

#### Notice of inspection

We carried out the inspection visit on 23rd July 2019. It was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available at their office.

#### What we did before the inspection

We reviewed the information we held about the home which included statutory notifications and safeguarding alerts and the Provider Information Return (PIR), which the provider completed before the inspection. The PIR 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 used all this information to plan our inspection.

During the inspection

We went to the service's office and spoke with the 'acting' manager, the principal officer and two family support workers. We looked at two care records and two staff records; we also looked at various documents relating to the management of the service. After the inspection visit we spoke to two relatives and one health care professional.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- Relatives we spoke with, told us they felt their children were safe using the service, comments included, "Completely safe," and "Very safe, and most certainly trust them."
- The agency had systems in place to protect people from abuse and avoidable harm. Staff understood about child protection and knew what to do and to whom to report if they had any concerns about people's safety.
- A member of staff told us, "We can see from people's faces and moods that something is wrong. I am able to contact (name) our manager at any time to discuss anything that raises a concern for me."
- The staff assessed all potential risks to people and put guidance in place so that the risks were minimised. Risk assessments were developed that maximised people's independence and ability to remain in control of their life.
- Environmental risks and potential hazards within people's homes had been identified and were managed appropriately.

Staffing and recruitment

- The service followed a recruitment policy so that they were as sure as possible that people were suitable to work at this service. They carried out checks, such as criminal record checks and references.
- There were enough staff to meet people's needs and keep people safe. People told us they had never had any missed calls.
- People and their relatives told us they knew the staff well and had built good working relationships with them. A relative said, "They are always reliable, and no missed visits, we are happy with the service"

Using medicines safely

- The service did not currently administer medication to people using the service.

Preventing and controlling infection

- The provider had systems in place to make sure that infection was controlled and prevented as far as possible.
- Staff had undertaken training and were fully aware of their responsibilities to take appropriate measures to protect people from the spread of infection.
- Staff had access to personal protective equipment, for example, gloves and aprons. This helped to minimise the risk of infections spreading

Learning lessons when things go wrong

- The service had a system in place to monitor incidents and understood how to use them as learning

opportunities to try and prevent future occurrences.

- The management team would review risk assessments and care plans following incidents to prevent re-occurrence.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's preferences and care needs had been recorded and those who used the service were given the opportunity to be involved in the care planning process.
- A relative told us, "They call me often to update me, I feel very involved."
- The manager considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.
- The manager told us that they kept up to date with good practice in many ways, including attending meetings and reading numerous publications. This ensured that staff delivered care in line with all relevant guidelines.

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well. Most staff had achieved nationally recognised qualifications in care.
- Staff received specific training about autism and de-escalation techniques and about communication where the child or young adult had communication difficulties.
- A relative told us, "Trained definitely, they can communicate effectively too"
- New staff completed an induction which included, completing mandatory training and working alongside experienced members of staff before working alone.
- Staff felt very well supported. They had supervisions and appraisals and comments included, "I find these supervision meetings very useful I am able to discuss any concerns I have" and "the manager always gives me feedback on what my clients have said about me."

Supporting people to eat and drink enough with choice of a balanced diet

- People were encouraged to get involved in decisions about what they wanted to eat and drink. People received support to get involved in preparing their own meals.
- Not everyone received support with their meals. Relatives managed their meals, or they went out for meals.
- A member of staff told us, "I let them do as much as possible as long as it's safe. For example, washing rice or using a rolling pin."

Staff working with other agencies to provide consistent, effective, timely care

- Staff worked closely with other agencies such as social workers, GPs, schools, district nurses and occupational therapists to make sure that people's needs were met.

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

- Where people received additional support from healthcare professionals this was recorded within their care records.
- The registered manager and staff were aware of the processes they should follow if a person required support from any health care professionals.
- When concerns were noted regarding people's health and wellbeing, information was shared with GPs, district nurses and other relevant healthcare professionals.

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

- The manager sought appropriate consent to care in line with the Children's Act 1989. They visited people to go through their care plans to ensure they understood and consented to care.
- Staff continued to have a good understanding of this legislation and when they should be applied. People were encouraged where possible to make all decisions for themselves
- Care plans were developed with people and we saw that relatives had agreed with the content and had signed to receive care and treatment and gave their consent.
- A staff member told us, "I always give people their choice, but we know their needs well, we always offer them a choice, my clients usually gesture or point to things they want."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 told us that staff were kind and caring. "The carer is kind and we have had the same one for a long time"
- Staff spoke about people with respect and compassion. It was clear they had good relationships with people. One staff member told us, "it's just understanding their needs, and treating them with kindness and respect, we get to know people well, so we understand them, even though they are non-verbal."
- Staff we spoke with were knowledgeable about people's preferences, personalities and things that were important to them. This indicated staff had caring relationships with the people they looked after.
- Relatives told us their individual needs and wishes in respect of their values, culture and religion were respected.

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

- People and their representatives were regularly asked for their views on their care and their plans. A relative told us "they usually call us every day to see if everything is ok."
- Staff told us that they had enough time to engage with people to make sure that each person had everything they needed
- People who used the service confirmed that they usually had their needs met by a small group of staff and that they always knew who was going to be visiting them
- Most staff had worked for the agency for many years, this meant there was consistency and continuity in care.

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values
- People were enabled to be as independent as possible and staff knew where they needed to encourage people or remind them.
- A relative told us "They help her to do as much as she can for herself, and they handle her well when she is upset or angry"
- People had no concerns about the way staff treated them. Staff described ways they protected people's privacy and dignity, such as knocking on doors. And closing the curtains.
- A staff member told us. "One of my clients likes to have the door open and she struggles to hold the shower, so I do it for them."
- The service recognised people's rights to confidentiality. Care records were stored securely in locked cabinets in the office. There was a confidentiality policy in place, which complied with General Data

Protection Regulation (GDPR) law, which came into effect on 25 May 2018.

## Is the service responsive?

### Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. 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 and their relatives told us they were happy with the care and support provided. A relative told us "they take her out to the park and to the chicken shop which she enjoys"
- Staff confirmed they checked people were happy and had everything they needed before they left them.
- People's care plans contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them. The care plans covered personal, physical, social and emotional support needs.
- People received personalised care and support specific to their needs and preferences. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved.
- Care plans gave staff detailed guidance so that staff knew each person's individual likes and dislikes.
- Each care file also contained Monthly summary report, this outlined the support provided during the month and any significant events and changes were recorded.
- When people's needs changed this was quickly identified and prompt, appropriate action was taken to ensure people's wellbeing was protected.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Where people had specific needs relating to the way in which they communicated, or the support required around their communication, this was recorded within the person's care plan.
- Staff described how they communicated with people for example showing a bunch of keys so they understood they were going out or pointing to shower gel when it was time to have a shower
- This included information about any support aids that the person may use to support them with their hearing or their eye sight..

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Most people engaged and participated in their own interests and hobbies with the support of their relatives or support workers. People were supported to carry out activities in the community with either one or two support workers according to their needs
- Support staff explained the importance of developing and maintaining relationships with people they supported to avoid social isolation.

Improving care quality in response to complaints or concerns

- We looked at the complaint's records held at the office and noted that the service had not received any recent complaints.
- People told us that they had never had to formally complain. They were comfortable raising any issues. They were confident that the manager would address and resolve these quickly.
- A person told us "I only complained once regarding one carer and they sorted it out straight away."

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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.

- People and relatives told us the managers at the service were visible and known to them and approachable. Comments included "it's a good service, they have never let us down "and "it's well led, there is no doubt,"
- Staff were fully aware of their responsibility to provide a quality, person-centred service
- Staff told us of the positive management structure in place that was open and transparent and available to them when needed. One staff member said, "It's a good organisation and it's the most rewarding job I've ever done."
- The manager promoted transparency and honesty. They had a policy to openly discuss issues with relevant parties if anything went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were happy, and proud to be working at the service. One member of staff told us, "They are very supportive here, they always have time to listen to you."
- The manager understood their legal duties and submitted notifications to CQC as required.
- Although having an informal process to monitoring, the 'acting' manager was aware that if their business grew they would need to improve the quality checks undertaken by formally documenting their findings and developing service development plans to address any issues they identified.
- Spot checks and telephone monitoring were taking place on a regular basis
- The 'acting' manager told us that they called relatives daily. They told us "this helps nip things in the bud"

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider and staff team encouraged people and their relatives to express their views about the running of the service. Staff felt involved in the running of the service and had opportunities to have their say about how the service could improve.
- The provider sent surveys to people and relatives each year. We saw that action had been taken to improve staff timekeeping because of the survey carried out in January 2019

Continuous learning and improving care

- 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.

- The management team kept themselves updated with new initiatives and guidance by attending regular 'provider forums' in the local authority.

Working in partnership with others

- The service worked with social workers, schools, GPs and district nurses to ensure relevant information is passed on and there is continuity of care.