

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Integra Supported Housing

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Date of Inspection: 30 September 2013

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November 2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard
Records	✓ Met this standard

Details about this location

Registered Provider	Integra Supported Housing
Registered Manager	Mr. Jonathan Allen
Overview of the service	Integra Supported Housing provides personal care and support to people living in their own homes.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 30 September 2013, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We carried out this inspection to check on the care and welfare of people. Following the inspection we conducted telephone interviews with three relatives. On the day of the inspection we spoke with two people, four members of staff, the service manager and the joint owners, one who was also the registered manager.

We found that people were dressed in clothes that reflected their preferences. People's dignity, privacy and independence were respected. One person said, "I make my own decisions and choices".

Records showed that people's support needs were delivered in a way that promoted their own lifestyle choices. One relative said, "My son is much more independent now and I have to respect that".

We found that the provider had a policy for ensuring people's safety and staff were trained to recognise abuse.

The provider ensured that all staff were recruited appropriately by having all relevant checks carried out.

We found that there was a quality assurance system in place to ensure the service people received was appropriate to their needs.

We found that the provider did not have relevant information on people's needs kept securely within their office to ensure that records could be accessed when needed and only appropriate staff had access to them.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected.

Reasons for our judgement

People we spoke with told us their dignity, independence and privacy was respected by staff. One person said, "Before staff enter my bedroom they always knock". Another person said, "Staff check I am covered over before supporting me to wash my back". Staff we spoke with gave us examples of how they promoted people's independence and dignity. We found that people lived within an environment where they had their own front door and as a result they were able to get privacy at any time. This meant that people could be reassured that their dignity, independence and privacy would be respected in the way their needs were met.

Relatives we spoke with told us that people were supported by staff to make decisions and choices. One person said, "I make my own decisions and sometimes staff will support me". Another person said, "Staff support me with my meals, but I decide what meal I cook". Staff we spoke with confirmed this and said where people lacked capacity their relatives would support them in making decisions. One relative we spoke with confirmed they were actively involved and staff regularly contacted them when best interest choices or decisions were needed.

We found that people were supported to maintain their cultural needs and people's equality and diversity was respected. Where people had particular cultural needs, for example going to church, this was recorded and staff supported them to do this. Staff we spoke with told us they provided people with the support they needed, however we found that some staff needed further training and support to meet some people's specific cultural requirements. This was discussed with the provider who confirmed specific training would be made available to staff to support their skills and knowledge to meet people's cultural needs.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and support was planned and delivered in line with their individual support plan. We looked at three people's care records and found that support plans were in place to identify people's needs. People's care records also provided information about people's personal and medical history, their likes and dislikes, family networks, how they wanted to live their lives and other vital information needed to support them. One person said, "Staff support has helped me to live more independently". This meant that people could be assured that any support provided would be done in the way people wanted.

Relatives we spoke with told us that people received support when it was needed in a timely manner. One person said, "Staff are on time and when support is needed staff are available". People told us that when staff were running late they were kept informed by the office. Relatives confirmed this. People told us they were supported to take part in activities they wanted to. One person said, "Staff do support me if I want to go out, for example when I go shopping". We also found evidence of staff supporting someone to get to work.

Care and support was planned and delivered in a way that ensured people's safety and welfare. We found that risk assessments were completed as part of reducing potential risk to people and staff. However the action required to reduce any risks were not always recorded clearly. One person who used bedrails did not have a risk assessment in place or any records of their consent for this equipment to be used. This was discussed with the provider who clarified that the equipment was at the request of the person but accepted they had no documentation to show this. The provider told us that the appropriate consent and risk assessments would be put in place.

We found that one person was diagnosed with epilepsy and even though they had not had a seizure for a couple of years, staff were unclear as to how they should be supported in the event of them having a seizure. Records showed that this person's care records did have this information noted. There were other people being supported with similar concerns where people's care records did have the information recorded and staff did not have the appropriate knowledge as to how they should be supported in the event of an emergency. Records showed that staff had received training in first aid. Staff we spoke

with confirmed this. This was discussed with the provider who confirmed specialist training would be provided to staff in certain situations where people had particular illness that staff needed further information in order to support people appropriately.

There were arrangements in place to deal with foreseeable emergencies. The provider had a system in place to support staff who were working outside of normal office hours. For example, evenings, weekends and bank holidays. Relatives told us they were able to contact staff out of hours if they needed to. Staff we spoke with told us they had a contact number that they could use for support or emergencies. This meant that people would always be able to get the support they needed when the office was closed.

Records showed that people had access to health professionals when needed. People were able to visit a dentist, optician and visit their doctor when they were not well or just for regular check up as part of a screening program. Relatives told us that people had access to these services when needed and staff would support them to get to their appointments. This meant when people needed specialist medical support this was available.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who used the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

We found that the provider had a system in place to protect people from abuse. We discussed with the provider a safeguarding alert that had been recently raised with the local authority. The provider confirmed they were not yet aware of the concerns but would respond to any contact made by the local authority. People we spoke with told us they felt safe around staff. One relative we spoke with said, "Yes, I do feel my son is safe while being supported by staff".

Records showed that staff had received safeguarding training, but it was unclear as to what the course covered. Staff we spoke with confirmed they had received this training and were able to tell us what they would do if concerns were identified. One member of staff told us they had received training in The Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS) as part of their induction process. However, other staff were unclear as to whether they had done both, none or just one of the training sessions. Staff we spoke with had limited understanding of the MCA and DoLS. The provider may wish to note that staff should receive appropriate training in MCA and DoLS in order to ensure they have the appropriate skills and knowledge required to keep people safe from harm.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

There was a system in place to ensure that staff who were recruited were appropriately checked to work with vulnerable people. We looked at three staff files and found that a Disclosure and Barring Service (DBS) check (previously known as Criminal Records Bureau checks) and two pre-employment references were carried out. Staff we spoke with confirmed they had provided this information before their appointment. Arrangements were in place to manage the risk of staff that had concerns identified within their DBS check. However this was not recorded appropriately. This was discussed with the provider who confirmed this would be recorded in future.

We found that the provider had a process in place for the induction of staff. Staff we spoke with confirmed this and also said they were able to shadow more experienced staff during their induction period. People told us that staff were "Friendly, kind and professional in supporting them". One relative said, "Staff were exceptional", and another relative said, "The support provided was marvellous". This meant that people could be assured that staff would have the appropriate knowledge, skills and support to care for them.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

Records showed that a questionnaire was used to gather the views of people and their relatives. The questionnaire used was also available in other formats to meet individual needs so people could give their views. One person said, "Yes I do get a questionnaire to complete". Relatives we spoke with told us they did not remember whether they were sent a questionnaire, but told us the provider was very approachable and they could contact them with any concerns and they would always be responded to. This meant that people were potentially being given the opportunity to share their views and action needed was taken. However some action was required to ensure that relatives, staff and other professional's are also given the opportunity to share their views on the quality of the service.

We found that regular meetings with people and their relatives took place. These meetings allowed people to share any concerns they had. Records showed that these meetings were recorded and outcomes were identified and acted upon by the provider. This meant that people and their had a regular forum in which to share their views.

We found that a system was in place to record incidents and monitor any trends. Staff we spoke with were able to explain the action they would take in the event of an incident occurring. They also confirmed that the appropriate documentation would also be completed and passed onto the relevant manager. Records showed that this was being done and actions taken were recorded as part of monitoring any trends for service improvement.

The provider had a complaints process in place which also had a system for logging complaints and actions taken. Records showed that a number of compliments were also received on the service they provided. We found that the complaints process was not visible in the entrance area but this was rectified before the end of the inspection. Relatives and people we spoke to told us they were not given a copy of the complaints process or did not remember, but would know who to speak to if they had a complaint. One relative said, "I am very happy with the service and have never complained. I have never seen the complaints process and wouldn't know who to complain to, I guess

probably be the manager". Records showed that people were given a copy of the service user guide that was available in their flats and the complaints process was included.

Staff we spoke with told us that spot checks on how they supported people were carried out by their team leaders. We spoke with the provider who told us that spot checks were carried out, however these were not being recorded. The provider confirmed this would be recorded in future.

Records

✓ Met this standard

People's personal records, including medical records, should be accurate and kept safe and confidential

Our judgement

The provider was meeting this standard.

People were not protected from the risks of unsafe or inappropriate care and support.

Reasons for our judgement

We found that records had the relevant information needed to care for people. People and relatives we spoke with told us that they had been given a copy of their support plan and all relevant documents. Staff we spoke with told us that they were able to access people's records when needed as part of meeting their support needs. This meant that the provider had the appropriate records in order to support people.

Records relevant to the management of the service were not always accurate and fit for purpose. We found inconsistency in some of the paperwork being completed on people's care records. For example, staff signing sheets to confirm they had read and understood someone's support plan, were only being used in one out of the three care records we looked at. Records also showed where risk assessments were carried out the documentation completed was not being used consistently.

Records were not available within the provider's office base and kept securely. We found on the day of our inspection that the records the provider had on how people's needs were being met were not kept securely within their office. Records we needed in order to evidence how people's support needs were being met had to be collected from where people lived. The provider did have other appropriate documents within their office but these related to the management and quality assurance system used within the service. The provider may wish to note that in order to be able to access records when needed, these should be available within the office and are securely kept.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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