

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

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Management of medicines	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard
Records	✓	Met this standard

Details about this location

Registered Provider	Integrate (Preston & Chorley) Limited
Registered Managers	Mr. Peter Green Mrs. Susan Pemberton
Overview of the service	The agency Integrate Preston is managed from well equipped offices located in Ashton in central Preston. The agency provides personal care to adults with learning disabilities and mental health needs. Services are provided to support people to live independently in the community.
Type of services	Domiciliary care service Supported living service
Regulated activity	Personal care

Contents

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'.

	Page
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	4
Our judgements for each standard inspected:	
Consent to care and treatment	6
Care and welfare of people who use services	8
Management of medicines	9
Requirements relating to workers	11
Complaints	12
Records	13
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

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 unannounced 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 12 February 2013 and 15 February 2013, observed how people were being cared for and checked how people were cared for at each stage of their treatment and care. We talked with people who use the service, talked with staff, reviewed information sent to us by commissioners of services and talked with commissioners of services.

What people told us and what we found

People we visited in their homes who used the agency told us they received the service they wanted. They or their families and advocates and a representative of the agency had discussed the type of help they needed. They said they were happy with the service they received. Their support workers were very good and provided the support they needed as agreed. One person told us about the level of support they received and said, "I think they are brilliant organisation who supports me very well. I'm in a better place for it and proud I'm supported by them".

People we visited told us they have the usual support workers. One person said, "I have had the same staff for over ten years.... is great we are like friends". Another person said, "I like my staff is a lovely girl and always has a nice smile".

People told us they felt safe in and out of their homes. They had arrangements in place for staff to gain entry and to keep their home secure. A person said, "I don't go out without the staff unless I am going to work. I do that to keep me safe and nothing wrong will happen to me". Another person said, "He's like a friend but he had a conversation with me about that. He emphasised about being a professional, so we can't go out for a pint or clubbing. He explained about boundaries and I understood that and it's okay with me".

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements.

Reasons for our judgement

We visited seven people using the agency in their home and spoke to one person using the agency at the agency's office. Where people were not able to tell us about the care and support they received we observed their care and spoke to the staff that provided care and support to them. People using the agency said they were happy with the service they received.

Four of the eight people we spoke to said that they decided on the support they received from staff. We were told that before they had any service provided, they had been able to discuss what they wanted and expected from the agency with support from family members, carers, advocates or professionals involved in their care. Some people had used the service for several years. They told us they had no concerns regarding the service they received. They said everything was planned to suit them including how and when they received support from the agency. Some people were supported in supported living arrangements. We observed that where some people did not use words to indicate they agreed or disagreed with the support or choices they were offered that staff used their knowledge of the person to make a decision with them. We observed in one person's house that staff asked the person they were supporting about a leisure activity. The person did not use words but staff waited for a while and the person went and got their outdoor coat suggesting they wanted to go out.

We found evidence people were involved in person centred plans used by the agency. This included for example how people were supported in work and leisure time and arrangements for keeping people safe. We saw that each person's support plan had a statement about who they wanted to be involved in their care and support plan and ongoing reviews of their care.

There was evidence in records that where people who lacked capacity were able to identify a family member, carer, advocate or professional involved in their care to act on their behalf. Staff told us that they were aware of who to contact if they needed support in the decision or consent process. We saw that staff acted in the best interest of people they

were supporting. One person told us, "I have some issues about looking after my money. I think I'm alright but my social worker doesn't. Today I had a capacity test. I understand why it's being done as they are worried I might not be able to manage my money but I think I'll be alright. It's not done today as I have to come back in a week so they can check I understood what we talked about". Staff at one project talked about how they had recognised that a person needed dental treatment and made the decision that the person needed a visit to the dentist. We were told that the staff had not asked the person about the decision but just acted in the person's best interest. The staff told us that they were involved in making decisions for some people but level and type of decisions they made were not routinely recorded as an agreement to act in people's best interest.

The provider might like to note that any decisions about care or treatment need to involve people using the service where possible. This means that any decision that is made in the best interest of people is done with their agreement. For example, making decisions when people lacked some capacity to be involved in the decision making process. This means that people will have been included in the decision making process. If people lacked capacity to make their own decisions then their relatives or representatives could be approached to support them. This would help staff understand when they needed to seek professional advice so decisions were made in the best interest of people.

There was evidence people's care was reviewed. People using the service were given information informing them of their rights whilst they were receiving care and support and what they could expect. For example their right to confidentiality and the agencies complaints procedure. One person said, "Another great thing about Integrate is that staff don't talk to anyone outside about you, so people don't talk about your mental health problems". Another person told us, "I do what I want; I make my own meals and love curries. I like watching soaps; Corrie and Emmerdale are the best. I like listening to music or watching TV. When I'm not at work I like to have a lie in".

Managers and staff in supported living schemes staff said that arrangements were in place to make sure people were receiving the service they wanted and make adjustments where required. Staff told us that spot checks were done on them without their knowledge when the neighbourhood manager would visit without notice.

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, treatment and support that met their needs and protected their rights.

Reasons for our judgement

People we visited said they were happy with the service they received. They said that they received consistent care from the agency. People told us they received support to remain healthy and well. One person said, "Staff are brilliant at listening especially when I get anxious or angry. If I want them to leave they do and they give me space and usually will come back or telephone me to see if I'm okay". Another person said, "Staff help me go to out so I am safe. I might get myself into trouble as I am a vulnerable adult. Sometimes the local kids have made fun of me. I have epilepsy and staff know what to do".

We looked at four person centred plans kept in people's homes that we visited. We found support planning was based on activities required at specific times. For example support to get washed and dressed, bathing, meal preparation, medication support and social and recreational care. There were support plans and risk assessments in place for people who enjoyed doing challenging physical and recreational activities, or where people needed support outside of their homes due to personal risk and safety. The support plans we saw were person centred and contained the people's choices and decisions. This meant their care and support was provided according to their wishes, choices and respecting their need for safety. There was evidence that staff completed daily records demonstrating they were providing care and support.

Where people had identified health care needs this was recorded in their assessment and support plan. We saw that the agency's training programme also included training in medication administration, autism awareness, epilepsy awareness, diabetes awareness and mental health. When we visited supported living schemes we saw staff assisting people with their lifestyle choices. Two people told us they received advice on healthier eating and one person told us, "I am trying to lose weight and have a salad for dinner which I made myself".

We saw people's needs were regularly reviewed. Where people's needs had changed, they were supported to access other health and social professionals for additional support.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We looked at the arrangements for supporting people to manage their medicines and how the agency managed medicines on behalf of people. We spoke to four people that used the agency and several staff about medicine management. Three of the four people we spoke to and staff from the agency told us about the arrangements to support people to manage their medicines. Where people were not able to tell us about the care and support they received we observed their care and spoke to the staff that provided care and support to them.

Three people told us they were supported with medicines management. One person told us, "They give me advice about taking my medication. They don't force you to take it as it's up to me. I have capacity". Another person said, "Staff give me my tablets I agreed to that. I need to take them as I have seizures and I would forget to take them". Another person told us, "Staff keep my tablets. I don't want to and would forget to take them. I agree they keep them and they ask me when I need them".

We saw that the policies and procedures that staff followed when involved in the administration of medicines. The policies gave clear guidance on the procedures that staff had to follow including guidance/definitions of the difference between occasionally reminding people to take their medicines (prompt) to regularly reminding them (administration). We saw the training package that staff had to undertake as part of their induction and ongoing training in medicines management. This was detailed and offered staff guidance on the different procedure they could be involved in.

Staff gave good examples of how they supported people to manage their medicines and how they ensured that people could agree to take or not take their medicines. Staff were clear on the procedures to follow if people refused to take their medicines if staff were supporting them. One staff member told us, "The medicines policy is that we don't delegate our responsibilities. What I mean is I work with.... he will take his medicines if I remind him. If I see him take them I sign the MAR sheet (medicines administration record) that he's taken them. We don't check service user's mouths to see it's about trust. If he wants me to leave them for him to take later then I will make a note for the other support workers to check he has taken them and I will sign the MAR to say he is taken them himself". We spoke to staff about the training. Recently appointed staff said that the

training was useful and helped them understand their responsibilities. They told us they had medicines training during their induction. The director of the agency confirmed that all staff would be having their medicines management training repeated.

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

We looked at staff records in relation to recruitment within the service. We found records of completed application forms, references received and evidence that Criminal Record Bureau (CRB) were checked against applicants prior to them working in the service. There was evidence recruitment and selection took into account and applied equal opportunity for all applicants and that people that used the agency were involved in the recruitment process. This meant people were selected fairly and were the most suitable applicant to meet the needs of people using the service were recruited taking account of the wishes of people using the agency.

Staff employed had been given a contract of employment that included a range of human resource policies, for example, safeguarding guidance. New staff had completed induction training and attended other training provided. Induction covered the role of the health and social care worker, personal development, communicating effectively, equality and inclusion, principles of safeguarding, person centred approach and health and safety in adult social care.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

Three of the eight people we spoke to were able to tell us of their awareness of the complaints system. They were given support and reassurance should they wish to exercise their right to make a complaint or comment it would be acted upon and taken seriously. One person told us, "I can't remember it (complaints procedure) but it's here in my life plan". Another person said, "I know about the stuff in the complaints procedure. I ripped it up when I was feeling angry along with my care plan and diary. If I had any problems I would tell...he would listen. I have no complaints as Integrate is brilliant".

Staff at all levels were aware of the complaints procedure and process. They told us that the agency had different methodologies for recording if people were unhappy. People that use services were provided with a pictorial complaints procedure that had the photographs of the people who dealt with complaints.

We looked at logs maintained of contact with the agency. We saw that all minor issues raised were dealt with through the complaints process. As part of the quality assurance process of the agency all complaints were tracked to see the process was followed using the organisation's complaints process. We looked at several complaints received by the agency and saw that there was a thorough investigation of complaints made. Complainants were offered an explanation on each aspect of their complaint.

We saw that complainants were offered the opportunities to meet with manager's from the agency to discuss their complaints before this was passed to the local authority or ombudsman. We have received no concerning information about this service at the Care Quality Commission in the last twelve months.

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 protected from the risks of unsafe or inappropriate care and treatment because accurate and appropriate records were maintained.

Reasons for our judgement

We saw that copies of original or archived records of people that used the agency were held securely in the agency's offices. People living in supported living schemes had their own records in their properties. People showed us their person centred plans and that they had contributed to them. One person showed us their person centred plan and said, "This is my plan, all my information and no one can look at it without asking me. The staff ask me can they look at it and write in it. There's things in there I have agreed not to do for my safety".

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 dentists and other services at least once every two years. 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 but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

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. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. 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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