



Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru
Care and Social Services Inspectorate Wales

Care and Social Services Inspectorate Wales

Care Standards Act 2000

Inspection Report

Integra Community Living Options
The Maltings
Cardiff
CF24 5EA

Type of Inspection – Full

Date(s) of inspection – Wednesday, 15 November 2017

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Summary

About the service

Integra Community Living Options is registered to provide a domiciliary care service to support people living with mental health conditions in their own home, including supported living accommodation.

The registered provider is Integra Community Living Options Ltd. and there is a nominated responsible individual (RI) who represents the company, which means they have responsibility for overseeing its operation. The registered manager is Paul Gregory.

The service operates from the head office in Cardiff. At the time of the inspection the service provided was limited to a low number of people.

What type of inspection was carried out?

We carried out a full, unannounced inspection which considered people's quality of life, staffing and leadership and management. We visited the agency 23 November 2017 and visited service users the following day. The following sources of information were used to inform our report:-

- Information held by us about the service, including the last inspection report, notifications and concerns, discussions with other agencies;
- Discussion with one service user.
- Discussion with two members of staff.
- Discussions with the operations director as the registered manager was not available at that time.
- Examination of four service user care files.
- Examination four staff personnel files.
- Consideration of the Statement of Purpose.
- Consideration of the Service User Guide.
- Consideration of the agency quality assurance annual report.
- Staff supervision matrix.
- Staff training matrix.
- Staff meeting minutes
- Agency policies.
- Information from 5 staff questionnaires and 5 service user questionnaires left at the inspection. At the time of writing this report five staff and one service user questionnaire have been received.
- Follow up phone call with one service user
- Follow up email to three professionals, at the time of writing this report two

professionals had responded.

What does the service do well?

We did not identify any specific areas of outstanding practice at this inspection that were over and above that which are determined by the National Minimum Standards (NMS) for Domiciliary Care Agencies (Wales) 2004.

What has improved since the last inspection?

There were no areas of non compliance or recommendations for improvement from the previous inspection.

What needs to be done to improve the service?

Consideration of a more personalised and outcome focused wording of the care plans will help support staff in understanding a person's preferences in how they wish to be cared for.

Quality Of Life

People can feel reassured that the agency provides its staff with sufficient information in order for them to provide the right care. People's needs are understood and planned for. We saw files in the office which had detailed information but were not up to date but we saw two files in the house we visited and these were clear, well organised and up to date.

Files contained a full social and medical history for staff to understand the journey people they support have experienced. There was evidence of ongoing contact with professionals involved in people's care. We saw printed electronic record sheets clearly marked with dates and times to make cross reference to issues or events accessible to those who may need the information. We saw an email from a professional thanking the service for its ongoing support and communication. Service delivery plans are based on needs and risks and action required. We saw no separate risk assessments but staff stated that the wording of the service delivery plans made risks clear to them. They are required to sign and date that they have read and understood the updated service delivery plans and we saw evidence that this is done. In addition, service delivery plans are numbered so staff can be clear they are using the most up to date copy. We noted that care plans were written in a task focused manner and would benefit from consideration of a more person focused approach so that people supporting service users can be guided in how the person wishes to have their support provided. We saw that service users had signed their plans to say that they agree with them. We saw two plan reviews and these have been signed by service users to confirm they agree with how their care will be provided. We concluded that staff are provided with the information they need to support people.

The service ensures it has sufficient staff to meet the needs of service users. We saw the staff rota and discussed the issue regarding staff working at a supported housing setting and providing care out in the community. We saw care timetables and staff rotas and confirmed staff who cover these times are supernumerary so are available for the benefit of the people in the community.

People we spoke with told us that the service has achieved the aims it lays out in its statement of purpose in helping them achieve a level of independence and had built their confidence levels. They told us that they felt staff understood their needs, were professional, kind and caring. Comments made included '*phenomenal*' '*cared for my physical and mental health needs*', '*got me up and going again*'. We were told that people are consulted weekly about their care needs and if the organisation is meeting them. People told us they would have no hesitation in mentioning any issues or concerns, either to the care staff or by phoning the office.

We received feedback from professionals involved with the agency and we were told that staff had '*struck a balance between helping x meet their needs whilst supporting x in developing new skills and attempting new tasks which has had a marked impact upon the level of functioning and confidence*'. We were told the service had '*a solution focused approach*', that staff have a '*calm and thoughtful approach*' and there would be '*no hesitation in using this service again*'.

We received feedback from five completed staff questionnaires and these expressed satisfaction with working for the service. Staff told us they were well supported, had sufficient training to do their work and communication between staff was good.

Quality Of Staffing

The agency appropriately recruits its staff which helps keep vulnerable people safe. We sampled staff personnel files and they contained the information required by the regulations. Files were well organised and easy to follow. The agency is currently supplying all files with updated A4 size photographs of staff. We saw that for staff who had completed their probation there was a letter confirming this with them. This evidences that staff are considered competent to undertake their work.

We viewed a matrix showing the training undertaken and scheduled for staff. This indicated that staff had received training appropriate to their role. The service had thirty one staff in total. One member of staff had achieved Level 5 in the The Qualifications and Credit Framework (QCF) and two staff were working towards it. One member of staff had a level 4, eight a level 3 and eleven a level 2 qualification. In addition staff had been provided with a wide range of training relevant to their work, both during and after their induction period. Examples included: self harm; substance misuse; diabetes care; violence and aggression (breakaway techniques); medication competency and the Mental Capacity Act 2005. Staff told us that they felt well trained for their work and that the organisation recognises and rewards professional development by promotion.

Staff receive supervision at the appropriate intervals. Supervision in this context is a confidential one to one opportunity for staff and their line manager to discuss performance issues, concerns or training needs. This in turn ensures that service users receive the best possible care from staff who are supported in their roles. Staff told us they found these sessions very useful and were able to talk about any issues or concerns. In addition, they told us they could contact someone at any time for advice and guidance. They told us there was a happy working atmosphere and staff got along well. People benefit from a service where staff are well inducted, led and trained.

Quality Of Leadership and Management

Information from service users evidenced that people benefit from a service where they received good support from staff they are comfortable with. People knew who was in charge and who to approach for support and advice or to raise a concern. We saw that the agency had introduced a written complaints procedure, but we were told the agency had received no complaints to date.

We saw the statement of purpose and service user guide and these were clearly written and contained all the required information so that people knew what sort of service they could expect from Integra. We noted that they were not dated and recommended that they were, and contained the planned review date so people could be sure they had the most up to date copy.

We saw copies of the policies for staff who administered the medication and also for safeguarding. These were full and detailed and provided staff with clear local guidance and practices.

There are systems in place for auditing and quality assuring the care provided. We saw the quality assurance report and noted it was clear, with aims and objectives laid out including those from 'lessons learnt'. We saw it had incorporated views of people involved with the service. We saw team meeting minutes from the houses and noted that they allowed for staff interaction and comments and lead to action plans that were dated with the responsible person named. The organisation seeks the views of those involved and is committed to quality assurance and constant improvement. We concluded that people know how to make a complaint, can be clear about the service provided and policies for staff are clear.

Quality Of The Environment

We do not currently consider the environment as part of our inspection remit for domiciliary care services; but noted that the office had adequate storage and security facilities. Registration certificates were on display as required.

How we inspect and report on services

We conduct two types of inspection; baseline and focused. Both consider the experience of people using services.

- **Baseline inspections** assess whether the registration of a service is justified and whether the conditions of registration are appropriate. For most services, we carry out these inspections every three years. Exceptions are registered child minders, out of school care, sessional care, crèches and open access provision, which are every four years.

At these inspections we check whether the service has a clear, effective Statement of Purpose and whether the service delivers on the commitments set out in its Statement of Purpose. In assessing whether registration is justified inspectors check that the service can demonstrate a history of compliance with regulations.

- **Focused inspections** consider the experience of people using services and we will look at compliance with regulations when poor outcomes for people using services are identified. We carry out these inspections in between baseline inspections. Focused inspections will always consider the quality of life of people using services and may look at other areas.

Baseline and focused inspections may be scheduled or carried out in response to concerns.

Inspectors use a variety of methods to gather information during inspections. These may include;

- Talking with people who use services and their representatives
- Talking to staff and the manager
- Looking at documentation
- Observation of staff interactions with people and of the environment
- Comments made within questionnaires returned from people who use services, staff and health and social care professionals

We inspect and report our findings under 'Quality Themes'. Those relevant to each type of service are referred to within our inspection reports.

Further information about what we do can be found in our leaflet 'Improving Care and Social Services in Wales'. You can download this from our website, [Improving Care and Social Services in Wales](#) or ask us to send you a copy by telephoning your local CSSIW regional office.