



Inspection Report on

Integra Community Living Options DSS (Cardiff & Vale)

**Integra Community Living Options Ltd
The Maltings
East Tyndall Street
Cardiff
CF24 5EA**

Date Inspection Completed

03/04/2024

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About Integra Community Living Options DSS (Cardiff & Vale)

Type of care provided	Domiciliary Support Service
Registered Provider	Integra Community Living Options Limited
Registered places	
Language of the service	English
Previous Care Inspectorate Wales inspection	31 March 2023
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

Summary

Most people are very complimentary about the service they receive. People are supported by a small team of regular staff. There are good quality assurance systems in place. The manager and Responsible Individual (RI) have a thorough understanding and knowledge of people who use the service and told us they get involved in direct work with individuals. The new team of care workers who work regularly at the service told us they feel well supported, supervised, and have the training and resources to provide the right care and support to people.

Personal plans are in place which consider people's needs and wishes, and consideration of risk to guide care workers to understand how best to support people. Leadership and management are in the process of improving and streamlining recording and reviewing systems to capture direct support sessions with people who use the service. The provider needs to evidence regular consultation and collaboration with people, to demonstrate how people are fully involved in the care and support they receive. We found improvements are starting to be made and we will test how the provider has embedded the proposed changes at the next inspection.

Well-being

Most people using the service are very happy with the care and support they receive. People receive care and support from a consistent group of care workers and are treated with dignity and respect. Continuity of care is good for people which enables people to build positive relationships with their support staff. We find care staff to be caring and responsive to people's needs.

People have choice and control over their day-to-day lives. There is a culture of supporting people's independence throughout the service, promoting people's rights and freedom to live the life they choose. We also found good evidence of positive risk taking. Improvements are being made to ensure that people's voice, views, and individual identified outcomes and goals are appropriately documented, reviewed, and monitored.

People are supported to remain safe and well. People and staff told us they know how to raise a concern and feel comfortable in doing this. We found evidence the RI meets with people and staff to gather feedback on the service provided. There are safeguarding arrangements in place that ensure people are appropriately protected from the risk of harm. Staff receive training in safeguarding and are confident in how to respond to any concerns in line with current guidance. People are supported to maintain their home environment and to reduce risks which could impact on their health and safety. We found good governance arrangements in place to ensure the service is run smoothly.

Care and Support

Most people who use the service are happy and believe they receive good quality care and support. People are complimentary about the support they receive to maintain their independence and home environment. One person said, "*it's really lovely*," another person described their care delivery as "*brilliant*."

The provider considers a range of information to ensure they can meet people's needs before support is put in place. Care workers have access to this information to ensure each person receives the right care and support. We read clear personal plans for people. Personal plans are important documents as they guide staff on how to care for people correctly. Improvements are required to the review of personal plans and record keeping of direct support and consultation with people. More formal personal plan reviews are now being completed by the provider with the person to show if the goals set, have been achieved, or if these need to continue. When people identify new goals to promote their well-being, the service is skilled and equipped to help them to understand the steps they can take to achieve this.

People's physical and mental health and well-being is promoted. The service ensures professionals are consulted and involved in people's care. The provider helps people to understand the importance of attending regular medical appointments and accessing medication. Care workers provide routine to help people feel comfortable. People have access to familiar care workers and management personnel to maintain good working relationships and to have access to emotional support as and when required. The manager and RI have a thorough knowledge of the needs, wants and routines of people using the service. They have a hands-on approach and told us they engage in regular direct work with people to promote their health and well-being. One visiting professional informed us the manager keeps in regular contact with the professional team and communication and partnership working is "*very good*."

Medication arrangements have been revised to ensure policies and recording are in line with national guidelines. Care workers have access to infection control and health and safety policies, procedures, and equipment to support people to maintain their well-being.

Leadership and Management

The RI and manager are accessible to both people who use the service and staff. They engage well with people, their representatives, staff, and professionals involved. There is an organisation structure with clear lines of accountability. The quality of care is reviewed on a six-monthly basis and a detailed report is produced. There are robust policies and procedures in place for the running of the service and are accessible to staff.

People receive a service where staff are trained and well supported in their roles. New starters who have recently joined the team spoke positively about the service, the pace of their induction and they feel supported by the manager who they find approachable. Staff recruitment and vetting ensure care workers are safe and fit to work with vulnerable adults. People are supported by staff who have training specific to their individual needs as well as mandatory training. Staff told us they receive regular supervision. Records show staff supervision is not always undertaken three monthly, the provider has identified this internally, and is taking action to improve this.

Two visiting professionals stated communication from the manager needs to improve to capture a better understanding of what direct work is being completed with individuals. The provider has now implemented new systems to capture this. More effectual recording and reviewing systems are now being used to evidence strategies of engagement to promote people's participation in their care delivery and rehabilitation goals. We will test how the provider has embedded these changes at the next inspection.

Summary of Non-Compliance

Status	What each means
New	This non-compliance was identified at this inspection.
Reviewed	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
Not Achieved	Compliance was tested at this inspection and was not achieved.
Achieved	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

Area(s) for Improvement

Regulation	Summary	Status
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N/A	No non-compliance of this type was identified at this inspection	N/A
57	Ensure health and safety assessments and risk management plans are implemented in response to environmental risks to people's health and safety.	Achieved
6	Ensure the service is provided with sufficient care, competence and skill, having regard to the statement of purpose. Ensure there is a system for assessment, monitoring and review of people's changing needs and risks. Ensure quality and audit systems review progress and lessons learnt to inform the development of the service.	Achieved

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