



## 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**

31/03/2023

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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	0
Language of the service	English
Previous Care Inspectorate Wales inspection	<a href="#">31 July 2019</a>
Does this service provide the Welsh Language active offer?	The service is working towards an 'Active offer' of the Welsh language and demonstrated an effort to promoting the use of the Welsh language and culture.

### Summary

People are happy with the service they receive and are very positive about the care and support delivered by staff. People have choice and control of their day to day lives and people are supported to be as independent as possible. People receive a service that meets their personal outcomes and people are making positive progress with their rehabilitation. Continuity of care is excellent for people. People receive care and support from familiar staff with whom they have built meaningful relationships with.

People's written records about them are person centred and focus on what is meaningful to them. Information and assessments are missing from people's support files and there is an ineffectual review system to capture people's changing care and support requirements. Health and safety assessments and risk management plans also require improvement. The provider is responsive and is implementing changes to address this.

Leadership and management show a commitment to the well-being of people and there are good arrangements in place to achieve this. Overall, there are good governance and oversight arrangements at the service with robust policies and procedures for keeping people safe and well. People are supported by staff who are supervised, well trained and vetted through robust recruitment checks. Support staff are happy working at the service, they feel well supported and valued by the management team.

### Well-being

People are treated with dignity and respect, and they can develop meaningful interactions and relationships. People receive care and support from a small team of familiar staff who have a thorough understanding of people's needs, wishes and aspirations. We observed positive and familiar interactions between people and their support staff. People using the service provided very positive feedback and used words like *“excellent”*, *“lovely”* and *“fantastic”*, to describe care staff and the management team. One person told us, *“I know all the staff. They are fabulous. They support us really well. We are all really happy here”*.

People have choice and control of their day to day lives and have a voice. People can do the things that are important to them and are encouraged to develop to their full potential. We read detailed progress notes completed by support staff after direct work with people. There are opportunities for people to discuss their well-being with a familiar member of staff during support sessions and with management in communal meetings. People using the service are encouraged to attend governance meetings with senior management at the service. This enables people to be fully involved in collaborative working with their provider, to make changes and to suggest ways to improve their experience, which is an excellent opportunity.

There are robust systems in place to keep people safe. Policies and procedures relating to safe practice are reviewed regularly and contain current national guidance. These include policies for Safeguarding, Whistleblowing, Medication, and Infection Control. Support staff we spoke to are aware of their safeguarding responsibilities and know the process for raising concerns. All staff have received safeguarding training and the provider has good oversight of safeguarding concerns. There is a document for recording safeguarding allegations and complaints, but more analysis, outcomes and follow-up checks are required by management to capture patterns and trends. Staff undergo safe recruitment checks and are well trained and supported.

People are supported to be as independent and autonomous as possible. People are achieving positive outcomes and are moving on to more independent ways of living, through the rehabilitation support they receive. Leadership and management demonstrate an empathetic attitude about people at the service and have a strong commitment to rehabilitation.

## Care and Support

People receive good quality care and support from a service promoting their participation in the service they receive. One person is supported to safely administer their own medication independently, and many other people are supported to understand and safely manage their own finances. There is a culture of supporting people's independence throughout the service and a strong focus on positive risk taking. People have meaningful interactions with support staff but require more support to engage in meaningful activities. The recording of engagement in meaningful activities needs strengthening at the service. We have asked the provider to support people to explore opportunities and support networks in the community, in line with their interests, which could enable people to learn and develop even further.

Medication arrangements are safe for people and independence is promoted because we saw people receiving differing levels of support in line with their abilities. Support staff appropriately support people with their medication and complete frequent medication checks and audits to keep people safe.

Personal plans set out how care and support needs will be met, and evidence people are being supported to improve their well-being. Personal plans are person-centred and capture information such as people's likes, needs, what matters to them and the best ways of providing care and support.

People are supported by a team of support staff that have been recruited safely. We looked at personnel files and found all the necessary pre-employment recruitment checks have been completed. These include references and Disclosure and Barring Service (DBS) checks. We saw evidence of one induction programme that new employees must complete, although the provider needs to ensure they keep copies of completion of induction checks for all employees. Support staff spoke positively about the induction process saying training and shadowing experienced members of the team provided them with a good introduction to the service. Staff are trained to support the people who use the service and staff attend regular team meetings.

Health and safety checks require improvement to protect people's health and well-being. The provider needs to ensure assessments, risk management plans and actions in response to environmental risks are implemented at earlier opportunities, to protect people's health and well-being. This is an area for improvement, and we will follow this up at the next inspection.

## Leadership and Management

Robust governance and quality assurance arrangements are in place to support the smooth operation of the service. The service has a clear set of policies and procedures in place that support good practice. The provider communicates regularly and openly with people's professionals, placing authorities and governing bodies.

The Responsible Individual (RI) completes regular quality assurance checks and engages well with people and staff. The RI does not audit people's records and does not capture feedback from stakeholders (commissioners and professionals) in the quality-of-care reviews. A lack of audits of records at the service is a missed opportunity to identify non-compliance internally. The RI regularly undertakes analysis of complaints, safeguarding matters and any other significant events. We saw evidence that when a shortfall has been identified, an investigation and actions for improvement are instigated. Further work is needed to ensure lessons learnt from incidents is made clear and accessible and shared with the wider staff team. The provider needs to ensure 'Team and Reflective Practice Sessions' are delivered in these situations, as promised in their policy documents and statement of purpose. This would ensure opportunities for learning and reflection at the service is at the forefront of quality assurance. This is required to ensure a rehabilitation service is being delivered through a specialist and skilled approach.

There is a lack of system in place to record and capture assessment and review information. We found missing provider assessments, risk management information and no service user agreements in place. We could not find information from people's reviews of their changing care and support needs and risks. This risks support staff not being able to meet people's current needs. While no immediate action is required, this is an area for improvement. We have received assurances the provider has already taken action to resolve this.

The manager and RI are responsive and have a regular presence at the service, overseeing improvements for people. They have an excellent knowledge of the care and support needs of people using the service, they engage in direct work with people and have a sound understanding of people's wishes, needs and preferences. All people using the service and staff informed us, the manager and RI are supportive, approachable, make them feel valued and are always available and helpful.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	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.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	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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57	Ensure health and safety assessments and risk management plans are implemented in response to environmental risks to people's health and safety.	New
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.	New

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