

Integrity Home Care Limited

Integrity Home Care Limited

Inspection report

100 High Street
Bridlington
East Yorkshire
YO16 4QA
Tel: 01262 601887
Website:

Date of inspection visit: 20 January 2015
Date of publication: 30/04/2015

Ratings

Overall rating for this service

Requires Improvement



Is the service safe?

Requires Improvement



Is the service effective?

Requires Improvement



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Requires Improvement



Overall summary

This inspection took place on 20 January 2015 and was announced. We gave the registered provider notice of the inspection to make sure that the registered manager was available on the day of the inspection. This service was registered with the Care Quality Commission (CQC) on 18 September 2014. This is the first inspection since registration.

Integrity Home Care Limited is registered as a domiciliary care service providing support and personal care to people in their own homes. On the day of inspection the agency was providing a service to four adults who lived in

their own homes and employed four care staff. The office is situated in the old town area of Bridlington, in the East Riding of Yorkshire. There is on street parking close to the office.

The registered provider is required to have a registered manager and there was a registered manager in post who was registered with the Commission. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Care staff displayed an understanding of the action they needed to take if they became aware of a safeguarding incident and the provider had policies and procedures in place to guide staff in safeguarding vulnerable people from abuse (SOVA). However, only the registered manager and one of the four care staff had received training on SOVA.

The agency had a policy on recruitment, but this had not always been followed. We made a recommendation about this in the report.

There were sufficient staff employed to meet people's individual needs. We were told by people who used the service and staff, that if a care plan said two staff were needed for a task then two people always attended the call.

People told us that they had been included in planning and agreeing to the care provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided. People had risk assessments in their care files to help minimise risks whilst still supporting people to make choices and decisions. There was a complaints procedure in place and people told us that they would not hesitate to contact the agency office if they had a concern.

No staff had completed training on the Mental Capacity Act 2005 (MCA). This meant there was insufficient evidence that staff understood the principles of capacity and decision making. There were no documented supervision sessions in the agency, although staff told us these had taken place in the past. Records of staff induction and training were also incomplete. We made a recommendation about this in the report.

People were happy with the assistance they received with the preparation of meals.

People were treated with respect and dignity by the staff. Every person we met or spoke with, agreed that they received a very personal service from staff that they knew and trusted.

There were no formal audits of the service available for our inspection. The registered manager told us that they monitored timesheets, complaints, staff work practices and care file documentation, but none of these checks were recorded.

This was a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, now replaced by the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of this report.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Staff displayed a good understanding of the different types of abuse and were able to explain the action they would take if they observed an incident of abuse or became aware of an abusive situation. However, not all staff had completed training on safeguarding of vulnerable adults from abuse (SOVA).

The registered manager had not always followed the agency's recruitment policy and procedure when employing new staff.

People had risk assessments in their care files to help minimise risks whilst still supporting people to make choices and decisions. However, work was taking place to make these more detailed and effective.

Requires Improvement



Is the service effective?

The service was not always effective.

No staff had completed training on the Mental Capacity Act 2005 (MCA). This meant there was insufficient evidence that staff understood the principles of capacity and decision making.

There were no documented supervision sessions in the agency, although staff told us these had taken place in the past. Records of staff induction and training were also incomplete.

Staff were aware of people's health care needs and provided appropriate support to meet their individual needs.

Requires Improvement



Is the service caring?

The service was caring.

People were treated with respect and dignity by the staff. Every person we met or spoke with, agreed that they received a very personal service from staff that they knew and trusted.

People were pleased with the consistency of care they received and the fact they were treated as individuals.

People were satisfied that the staff were competent and skilled enough to use any equipment in their homes to aid with their moving and handling and daily care.

Good



Is the service responsive?

The home was responsive.

Good



Summary of findings

Care plans were in place outlining people's care and support needs. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a personalised service.

People were able to make choices and decisions about aspects of their lives. This helped them to retain some control and to be as independent as possible.

People were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

Is the service well-led?

Some aspects of the service were not well-led.

There were no formal audits of the service available for our inspection. The registered manager told us that they monitored timesheets, complaints, staff work practices and care file documentation, but none of these checks were recorded.

The registered manager made themselves available to people and staff. People who used the agency said they could chat to the registered manager and felt that the registered manager was understanding and knowledgeable.

Staff were supported by the registered manager. There was open communication within the staff team and staff felt comfortable discussing any concerns with their registered manager.

Requires Improvement



Integrity Home Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 20 January 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the manager was available for us to speak with them. The inspection team consisted of one inspector from the Care Quality Commission on the day of the inspection.

Before our inspection we looked at the information we held about the service. We did not request a provider information return (PIR) from the registered provider. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

On the day of the inspection we spoke with the registered manager and we visited four people in their own homes. We spent time in the agency office looking at records, which included the care records for four people who used the service, records for three members of staff and records relating to the management of the service. Following the inspection, the inspector spoke with two members of staff on the telephone.

Is the service safe?

Our findings

People who we spoke with and people who we visited in their own home told us that they felt safe whilst care workers were in their home.

The registered manager completed the East Riding of Yorkshire Council (ERYC) safeguarding and threshold training in November 2014 and we saw that one care staff had completed the ERYC safeguarding of vulnerable adults (SOVA) training in September 2013 whilst in the employ of another care service; three other care staff required this training. However, care staff who we spoke with were clear about the action they would take if they observed an incident of abuse or received an allegation of abuse. They told us that they would ring the office to speak to the registered manager, and they were aware of which agencies to report any concerns to if they felt they had not been listened to. Staff told us that they would have no hesitation in using the organisation's whistle blowing policy. The registered manager told us that they would be booking the remaining staff onto the SOVA training as a priority.

The provider had policies and procedures in place to guide staff in safeguarding vulnerable people from abuse (SOVA). The registered manager described the local authority safeguarding procedures. They said this consisted of a risk matrix tool, phone calls to the local safeguarding team for advice and alert forms to use when making referrals to the safeguarding team for a decision about investigation. We checked the folder where safeguarding and complaints information was held. We saw there had been no safeguarding alerts made or received by the agency since it registered in September 2014.

The registered manager told us the service would arrange an assessor to go out and visit new people in their own home. The assessor would usually be the registered manager or a senior carer. During the assessment they discussed the person's care needs including any support with medicines.

Risk assessments were also carried out for the environment and the person who needed the care package. We saw copies of the assessments in people's care files held in their homes and people who spoke with us confirmed that they had been part of the initial assessment process. We saw that the quality of the completed risk assessments was

poor; they recorded basic details about risks to people and staff, but not how these would be managed. Discussion with the registered manager indicated that a new format was being developed and would be in use within four weeks.

We accompanied the registered manager on visits to the homes of four people who used the service (after obtaining their consent to this). We spoke with each person who received a care package and they all said they were very satisfied with their care. People told us they were involved in the decision process around the care package and could discuss any changes they needed at any time with the office; their telephone calls were then swiftly followed up by a visit to their home.

We found that staff recorded accidents or incidents in the care files. The staff who spoke with us were confident about how to manage emergencies in people's homes. One staff explained how they had responded upon finding a person on the floor of their home. The person concerned also confirmed that the member of staff had taken prompt and appropriate action to get them medical help. This person told us "The girls are very good, they are extremely competent when moving me around and I have every faith in their skills and abilities." We saw in another person's file that staff had completed a 'body map', which recorded bruising they found when delivering care. The person explained that they had fallen in their hallway whilst staff were not around.

The four people who received a service from the agency who we spoke with at the time of the inspection told us that, if their care plan identified that two people were needed to carry out a task such as transferring from a wheelchair to a bed, they received support from two people. One person told us "I have a routine that the girls work with. They are always on time and are pleasant and cheerful."

The agency had a policy on recruitment that included the statement "Do not start [the member of staff] until their Disclosure and Barring (DBS) check is back" and also instructed that two references must be obtained (one from a previous employer). We looked at three staff files and found that two files did not contain references or DBS checks. Another file showed that the person worked prior to their DBS being received by the agency. One member of staff told us "I 'shadowed' a colleague for six weeks until my DBS came back."

Is the service safe?

Discussion with the registered manager indicated that two of the staff (missing references and DBS checks) had transferred to the agency from its sister service, which was a care home. As the staff had worked for the same provider until moving to the care agency the registered manager had not set up new employment folders and some of their employment documents and checks remained in the sister service.

We recommend that the service follows its recruitment policy and procedure when employing any member of staff and ensures that recruitment records are held at the service for each person employed.

Information from the training plan showed that none of the four care staff had completed medication management training. Discussion with the registered manager and the four people who used the service indicated that at present no one required assistance with their medicines.

Is the service effective?

Our findings

We discussed the agency's induction process with the registered manager and checked the information against three staff files. We were told that new staff had a three month probationary period in which staff were able to complete essential training and read the agency policies and procedures. The registered manager said that all four of the care staff had previous experience of care work and were all enrolled on a National Vocational Qualification (NVQ) level two programme or equivalent in health and social care. This was confirmed by information in the staff files and by the staff who spoke with us.

We found that the induction consisted of one day for staff to look at essential training documentation such as moving and handling and food hygiene, and cover the philosophy of care for the service. Corporate issues such as uniforms and wages were also covered on day one. Each new starter was then assigned to work with an experienced member of care staff for one week, before working on their own. The care staff who spoke with us said the 'shadowing' with the experienced staff worked well; they were introduced to people who used the service and shown how to use any equipment as necessary.

We were informed by the registered manager that four weeks after the staff member's start date the registered manager had a one to one meeting with each care worker about their understanding of their role and their work practice. After eight weeks the registered manager had a further discussion with the new care staff. We found that there were no records of these one to one discussions with staff and the registered manager confirmed to us that these had not been documented. This meant there was no evidence of what had been discussed with each person and if any issues about work practices had been raised with or by the member of staff.

We found that there was no training plan in place, but we were able to look at the work books and induction paperwork completed by the care staff. The registered manager told us that they completed a check of the staff's competency and work practice at the end of their three month probationary period. However, this was not documented by the registered manager. This meant there was no evidence to show that a new employee's progress was monitored by the agency to ensure they were carrying out their role effectively.

The registered manager told us that they intended to carry out supervision meetings with the care staff every six weeks. We saw that there was a supervision plan in place, but when we checked the staff files there were no records completed. The registered manager told us that they had a format ready to use to record the supervision process, but had not had time to carry the supervisions out. However, discussion with the care staff indicated they felt supported by the manager and they said "If we are unsure about anything, we can always talk to [the registered manager])." One member of staff told us "We have received supervisions in the past, but these just need to be brought back up to date."

We were sent supervision documents for two staff members within a week of our inspection. We also received a copy of the training plan for the service, but this only contained the training for three members of staff and did not include the newest worker. The information on the training plan showed that three members of staff were up to date with essential training such as moving and handling, first aid, fire safety, food hygiene, infection control and health and safety.

We recommend that the registered manager ensures interactions with staff around induction, supervision and training are duly recorded and monitored.

All of the people who used the agency had full capacity to make their own decisions about their care and well being and this was recorded in each of their care files. People who spoke with us about their care said the staff only carried out tasks with their consent and in accordance with their wishes. Two staff who spoke with us were clear about their role and responsibilities in promoting people's rights, choices and independence. However, we noted that care workers had not undertaken any training on the Mental Capacity Act 2005 (MCA). This training would give care staff a greater understanding about capacity and decision making so that they had the knowledge to support people who did not have the capacity to make their own decisions.

Some of the people who we spoke with at the inspection told us that they had assistance with meal preparation. People told us that they were always asked what they would like to eat and the care worker would then go about preparing it. People praised the staff saying "The meals are lovely" and "They take time to make things properly and nothing is too much trouble for them."

Is the service effective?

We found there was a communication folder in every home containing the person's care plan, communication sheets and assessments. The folder included sections for visiting medical professionals such as GP's or District Nurses to record any information or instructions for the care workers.

This ensured that staff were aware of people's health care needs so that they could provide appropriate support. One person told us "The staff have monitored my changing health needs and they always take action when I need to see someone about my medical condition."

Is the service caring?

Our findings

People were treated with respect and dignity by the staff. Every person we met or spoke with agreed that they received a very personal service from staff that they knew and trusted. We were told "I get the care I need in the way I want it", "Nothing is too much trouble for them" and "They treat me with respect and listen to me when I talk about my care. I have no worries or complaints about the support I receive."

Care plans recorded information for staff on how to support people with personal care needs. The registered manager told us that two copies were produced, one to be kept in the agency office and the other was for people to keep in their home. The care plans we looked at in the office and in people's own homes included up to date risk assessments for daily tasks such as moving and handling, as well as hazards within the home environment. The staff completed daily notes to show what care and tasks had been carried out and there was a section for families or people who used the service to record any comments or queries in.

Through conversations with the manager, staff and people who used the service we found that staff did not directly handle any money for the people whose care they delivered. Staff might accompany someone to the shops but the person retained their own money to pay for any purchases. This reduced the risk of financial abuse within the service.

Four people said "We see [the registered manager] from the agency at least every two months to discuss our care and we can always talk to the staff if we want any changes". One

person told us "I see the same two girls each time, they are never late and cannot do enough for you. I wouldn't want to change a thing about the agency." Another person said "The girls are lovely. They turn out in all weathers and are always pleasant and cheerful." A third person told us "The staff give my partner and I privacy to talk together when they are in my home and are always courteous and respectful."

People whose care included use of equipment such as a hoist told us "The staff know what they are doing. They are very competent when using the equipment." and "I have no worries when staff visit, they know what they are doing and always talk to me when doing my care tasks."

Care staff told us that they were told about people's care needs before they visited them for the first time and were also given updated information if a person's care needs changed. Whenever possible, care staff were introduced to people by an existing care staff or the registered manager. This meant that people had usually met care workers who would be supporting them before they visited their home for the first time. One person said "The girls are lovely people. I have a new girl who is shadowing the others and she is very good."

Discussion with the manager and staff indicated that rotas were planned in advance and staff got a copy of their individual 'runs' or places to visit every Monday in preparation for their work the following week. Any changes to the rotas were passed onto the staff through phone calls or face to face discussion. Staff told us "If we have any concerns we can easily get hold of the registered manager and they will explain things in more detail."

Is the service responsive?

Our findings

The registered manager told us they would arrange to go out and visit new people in their own home. During the assessment they discussed the person's care needs including any support with medicines. Risk assessments were also carried out for the environment and the person who needed the care package. We saw copies of the assessments in people's care files held in their homes and people who spoke with us confirmed that they had been part of the initial assessment process. Discussion with the registered manager indicated that they visited people every six weeks to review their care and support. This was confirmed by the people who we spoke with during our inspection.

One person who spoke with us said that staff helped them with personal care, domestic tasks and gardening. Staff also took them out for a walk into the local village. Another person said they went out shopping with the care staff to buy groceries and pay their bills. This meant the service enabled these individuals to retain their links with their local community and the support from the staff meant people maintained a level of independence.

Everyone who used the service told us that the care was "Marvellous" and "I do not know what I would do without them." From talking to individuals who used the service it was clear that each person received a care package that was specifically tailored to meet their individual needs. The care people received took account of their different lifestyles, wishes and choices. One person said "I have a lot of dogs, who are important to me. I find the girls are lovely with them and understand what they mean to me."

We saw the policy and procedure for complaints and incidents. We noted that there was a folder in the agency office to record any complaints that had been received by the agency office. In the last six months since registration there had been no complaints made about the agency. Four people who spoke with us said they knew how to make a complaint. One person told us "We can always ring [the registered manager] if we had a problem, but we have never had to do this." We saw that people who used the service had been given the office number to ring during the day and an out of office number for assistance when the office was closed.

We looked at the satisfaction questionnaires completed by people who use the service and spoke to people who used the service. The questionnaires were sent out in November / December 2014. The information gathered from these showed that people were able to raise any issues about their care and the registered manager took action to resolve them.

One person said they previously had difficulty getting in contact with the office. The manager had sent them a letter with the contact numbers and they were now satisfied with the level of communication they experienced. Another person mentioned they did not like having different care staff each visit; they were allocated two permanent workers and were now satisfied they had a good rapport with the staff. The registered manager had double checked people's levels of satisfaction with their actions at the next spot check. We were able to see the records of this during our visit to the office.

Is the service well-led?

Our findings

This was a very small service and the registered manager was an integral part of the staff team. Staff who spoke with us said “We are a small group of people who work well together.” We spoke with four people who used the service. Their response to our questions about the quality of the care they received was extremely positive. They told us they felt they received a good level of care from friendly and helpful staff. People told us “I can get hold of someone in the office every time I ring up. They are always polite and sort things out quickly” and “I have no concerns about the service. They turn up on time, give me my care and support in a way that I like and need and are responsive if I ask for any changes.”

From our observations of the service we found that the registered manager had focussed on giving people who used the service a high quality of care, but to the detriment of records and documentation. We found during our inspection that records of staff induction, supervision, training and staff competency checks had not always been completed. Without this information the provider may find it difficult to evidence how they are monitoring the quality of staff practices.

Risk assessments were in place, but these were not detailed enough to ensure staff and people were protected from the risk of harm. There were no formal audits of the service available for our inspection. The registered manager told us that they monitored timesheets, complaints, staff work practices and care file documentation, but none of these checks were recorded.

Discussion with the registered manager indicated that they were aware that improvements were needed to the documentation and record keeping within the service and that a formal quality assessing and monitoring system

needed to be in place. However, until these improvements have been implemented we cannot be assured that the systems in place at the agency protect people from the risk of harm and ensure people receive appropriate care.

We found that the registered person failed to establish and operate systems or processes to effectively assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to regulation 17 (1) (2) (a) to (e) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We looked at the policies and procedures in place for the agency. A hard copy of these documents was kept in the office for easy access by the staff. We saw that policies and procedures had been discussed with the staff during the staff meetings held in December 2014 and January 2015 and this was recorded in the meeting minutes.

Staff told us “We have regular meetings when we get together to discuss any problems or issues we might be having. We are told any news about the agency and we can plan training during these meetings.” Staff told us they felt supported by the manager. They said there was an open door policy so that if they had any problems they could speak to the manager at any time.

We asked care workers if they thought the agency was well managed and had good leadership. They all responded positively saying “[The registered manager] works with us and the whole focus of the agency is on making sure people get the best possible care.” We found that the statement of purpose for the agency required updating and we did not find any information about values and visions in regard to the agency.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where legal requirements were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA (RA) Regulations 2014 Good governance</p> <p>The registered person failed to establish and operate systems or processes to effectively: Assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity (including the quality of the experience of service users in receiving those services.</p> <p>Regulation 17 (1) (2) (a) (b) (d) (e)</p>