

Alpha24 Limited

# Intrinsic Care

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Requires Improvement</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service

Intrinsic Care is an agency providing personal care to people in their own homes. At the time of the inspection four people who had mental health needs and lived in a shared supported living scheme were receiving a service.

### People's experience of using this service and what we found

People could not be sure only suitable staff had been employed to support them, as the provider had not always used robust recruitment practices.

The monitoring procedures in place were not effective which could compromise the quality and safety of the service people received.

Individual risk assessments did not always provide the detail needed to keep people safe. We have made a recommendation about this. People and their relatives told us they were safe and staff knew how to keep them safe. There were enough staff to provide the support and flexibility people needed.

People were met with before they moved into the service to complete an initial assessment. This enabled the provider to make sure staff had the skills to provide people's support. Staff received the training, support and supervision they needed to carry out their role and achieve their personal development goals. When people needed assistance with eating a balanced diet and taking care of their physical and mental health, this was provided in a flexible way to meet their present needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Some management plans in place to support people during times which posed particular risk were not appropriate within a supported living setting. We have made a recommendation about this.

People's support was individual, planned and provided in a way that put them at the centre of planning. People were encouraged to develop a recovery plan to help them to achieve their goals. Staff knew people well, their likes, dislikes and what and who was important to them.

There was an open culture, led by the provider, who was described by people, relatives and staff as being approachable and supportive. People knew the provider and were relaxed and enjoyed their company. The provider had a good oversight of the supported living service, visiting at least once a day.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 1 February 2018 and this is the first inspection. The service was not

providing personal care services until April 2019.

#### Why we inspected

This was a planned inspection based on the date of registration and when regulated activities commenced.

#### Enforcement

We have identified two breaches in relation to recruitment procedures and quality monitoring at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Intrinsic Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was carried out by one inspector.

This service provides care and support to people living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had a manager registered with the Care Quality Commission, who was also the provider. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided. Through this report the registered manager/provider is referred to as the provider.

#### Notice of inspection

This inspection was announced. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection and people would be available to speak with us.

#### What we did before the inspection

We reviewed information we had received about the service since registration with CQC. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. Some people using the service either did not wish to speak with us or were not feeling well enough to during the inspection. We spoke with three members of staff including the provider and two care workers.

We reviewed a range of records. This included two people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the training matrix and survey analysis.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Staff recruitment was not always managed in a safe way. The provider had not made sure staff completed their full employment history, accounting for any gaps in employment. One staff member's employment history only went back to 2012, when they had a longer history than this.
- Dates on the application form did not tally with dates given by a past employer on one staff member's reference. One of the two references received was from their most recent employer, according to dates given. This employment was not included on the staff member's application form. The provider had not verified the references, by asking for confirmation of identity by email or a company stamp.
- Another member of staff did not have an application form on file. There was no evidence of past employment history or education. The provider knew the staff member and where they had worked previously. Although the provider agreed recruitment records needed to improve, the risk was partly mitigated by this knowledge.
- The provider had not completed the checks needed with new staff to make sure they were suitable to work with people using the service.

The failure to ensure a robust system is in place to recruit only suitable staff is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had completed Disclosure and Barring service (DBS) checks which helped prevent unsuitable staff from working with people who could be vulnerable.
- People who used the service were involved in interviewing new staff, so they could help to make decisions about the staff who supported them.
- Flexible staffing arrangements were in place, so staff were available to support people as they needed. People and the relatives we spoke with said there were enough staff to support them at the times they needed.

### Assessing risk, safety monitoring and management

- Individual risk assessments had been completed. Risk assessments in relation to people's mental health and when they may need added staff support or the help of a healthcare professional were in place.
- Individual risks had been identified and plans to help people manage situations when they may be at risk. Guidance for staff included people's signs and triggers, people's past history and the present likelihood of harm.
- Many people had previously lived in a setting that provided higher levels of care and support and included

a restrictive environment, such as a hospital or a residential care home. This meant some people needed the support of staff to maintain their safety while at the same time encourage greater independence.

- Risks had been identified and assessed as high, medium or low. Although management plans were in place, these did not always provide staff with detailed guidance to keep people safe. Some areas assessed as being high risk had a one sentence description of how to keep people safe. For example, 'to have regular activities and support' or, 'to be given time to express self'. New staff or agency staff may not have the information needed to keep people safe.
- Staff knew people well and were able to describe how they supported people to stay safe. People and their relatives told us staff advised them about their safety and helped them keep safe. One person said, "The staff understand me, and they know how to help. This is definitely the best place I have lived in."
- People's relatives were clear their loved ones were supported in a safe way and their safety had improved significantly since moving in to the service. One relative told us, "I now feel at ease, knowing my (loved one) is definitely safe."
- The provider agreed individual risk assessments needed to be more comprehensive. They developed a new risk assessment and sent it to us after the inspection.

We recommend the provider seeks advice and guidance from a reputable source to ensure the appropriate guidance and management plans are in place to keep people safe from harm.

- The environment had been assessed for risks to people and staff and measures were in place to manage identified risks. For example, electrical hazards or the risks of tripping over or falling. Fire safety had been considered with plans in place to make sure people and staff knew how to evacuate the building.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had completed safeguarding adults training and knew how to identify and raise concerns.
- People and their relatives told us they felt safe. One person said, "I do feel safe and secure, the staff are brilliant" and a relative commented, "I now sleep well at night knowing my (loved one) is safe."
- Staff told us the provider was approachable and always listened. Staff felt sure action would be taken straight away if they raised concerns. However, they knew where they could go outside of the organisation to raise concerns if necessary.
- Although no concerns had been raised, the provider knew their responsibilities to report to the local safeguarding team and the Care Quality Commission (CQC).

Using medicines safely

- People's medicines were managed safely by staff. Staff had received training and had their competency to give people their medicines checked regularly by the provider.
- The provider carried out an assessment with people to see if they were able to take their own medicines safely. The people living in the service at the time of inspection needed staff assistance to take their medicines. Staff kept this under regular review with each person.
- People kept their medicines within a locked cupboard. Staff made sure people had enough medicines in their stock. Medicines administration records (MAR) were signed by staff when they had made sure people had taken them.
- The provider had guidance in place for staff for people's 'As and when necessary' medicines, such as painkillers or for anxiety relief. The guidance included when people would need to take the medicines and the amounts that were safe to take within a 24 hour period.

Preventing and controlling infection



- People were supported by staff to keep their own rooms clean and helped staff to keep the communal areas clean.
- Staff had access to appropriate equipment such as disposable gloves and aprons when needed.
- The appropriate training was available to staff to learn how to minimise the risk of spreading infection.

#### Learning lessons when things go wrong

- Incidents had been reported by staff and fully recorded. The provider monitored all incidents and carried out an investigation to find out if they could have been avoided. Investigations, including the outcome, were recorded in full.
- The provider took a pro-active approach when monitoring incidents, to improve quality and safety. For example, following a medicines error, the provider's investigation found the handover procedure from one staff member to the next on shift had not been thorough. The provider changed the handover sheet completed by staff to guide them towards providing and writing more information. They discussed the lessons all staff needed to learn from the incident at a staff meeting and supervision sessions.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- All the people being supported by the service at the time of inspection had the capacity to make their own choices and decisions.
- The guidance for staff how to manage particular risks were not always appropriate for a supported living setting, where people were living in their own home. Some measures in place to keep people safe from harm were of a restrictive nature. Although people had been involved in all decision making, thought had not always been given to informed decision making to enable the least restrictive option when supporting people in their own home. The provider made changes immediately when we spoke to them about this.

We recommend the provider seek advice and guidance from a reputable source to ensure people's basic rights are upheld.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The provider carried out a full assessment with people to make sure staff had the skills necessary to provide the support people needed. Individual care plans were developed based on the initial assessment. The assessment covered all aspects where people needed support, including protected characteristics under the Equalities Act 2010. These included cultural and religious needs.
- Most people did not need staff support to take care of their personal hygiene. Some people had needed the assistance of staff when they first moved in to the supported living service. With staff guidance and advice their needs had reduced as their confidence built and their mental health improved.
- In addition to initial care plans, the provider had devised an 'orientation plan' for people when they first moved into the shared supported living service. This included information about the local area, so people knew how to get to local facilities and what was available within the community.

Staff support: induction, training, skills and experience

- New staff received an induction which consisted of training the provider considered necessary before providing support to people. New staff shadowed experienced staff, including the provider, for a period of time to get to know people and what the provider's expectations were.
- The training provided included a mixture of online training and face to face training in a group setting. Staff training was up to date. A relative told us, "The staff are amazing – all of them."
- Staff were supported by the provider who met each of them regularly for one to one supervision sessions and observational checks of their work. This gave staff the opportunity to discuss concerns and for the provider to advise of any personal development needs to enhance or improve performance. Staff had not yet had an annual appraisal as they had not been in post for one year.

Supporting people to eat and drink enough to maintain a balanced diet

- Some people cooked their own meals and staff supported others to make their meals. People had their own cupboards in the kitchen area where they could keep their food and shared the fridges. Some people needed the encouragement of staff to plan a balanced diet.
- Staff cooked a 'brunch' once or twice each week to encourage people to join in and socialise together. The provider told us this was a successful way of bringing people together and at the same time making sure people had a healthy meal. Relatives were welcome to join in and have brunch if they were visiting.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to make healthcare appointments, reminding them to go and attending with them when necessary for moral support or to provide advocacy.
- Staff supported people with their physical health care needs, such as asthma, diabetes and arthritis. Staff helped people to seek advice from the appropriate healthcare professionals when needed.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were happy living in Intrinsic Care supported living scheme. Not everyone wanted to chat with us when we visited, however, the atmosphere was relaxed and friendly. One person said, "The staff are very caring and help me to be happy."
- Relatives spoke to us about their experiences of the service, one relative commented, "The staff are definitely caring, and they know my (loved one) so well so can support them in the right way" and "(My loved one) gets the care and attention they need."
- People and their relatives told us family and friends could visit whenever they wanted and were always made to feel welcome and included. One relative said, "I feel uplifted whenever I come in here because of the atmosphere the staff create."
- Staff adjusted their approach, using their knowledge of people, their likes and dislikes and how they liked to be treated. Staff enjoyed their work. One member of staff told us, "I look forward to coming to work. It's like a home and family." Another member of staff said, "I love it here."

Supporting people to express their views and be involved in making decisions about their care

- People were involved in writing their care plan and signed to say they had. People told us they knew about their care plan and told us they were involved in the development of it and in any changes made.
- Where appropriate and when people gave their consent, relatives were involved in care planning and decision making. One relative told us, "We are fully involved in my (loved one's) care and support – all aspects of it. We (the person, staff and relatives) all sit down and talk."
- Recovery plans were developed by people and staff followed what people wanted, to promote their recovery journey.
- Each person had a keyworker to help them to understand their care plan and to follow the path of their recovery journey to achieve their goals.

Respecting and promoting people's privacy, dignity and independence

- Staff encouraged people to maintain their independence. The culture of the service promoted this. Some people went out regularly on their own while others still preferred to go out with staff, family members or friends.
- People and their relatives told us how staff helped them to develop the skills and confidence to gain their independence back.
- Relatives told us they were aware their loved ones would tell the provider and staff if they did not want their relatives to be given information and staff would respect their wishes for privacy. One relative said, "Although, they would definitely let me know if there was a real problem, even though they would deal with

it."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed and individual with the person clearly at the centre of planning. The care plan provided guidance to staff to make sure people were supported in the way they wished, at the same time, meeting their needs. This included where people wanted staff assistance with their religious and cultural needs, or to maintain or seek new relationships.
- People had shared what their likes and dislikes were and what and who was most important to them. This helped staff to support people in the way they wanted, even when they were feeling unwell and finding communication difficult. For example, some people liked to chat a lot and to be in a happy and busy environment and others preferred their own company and quiet space.
- Most people could attend to their own personal hygiene needs but needed support with every day living tasks such as healthy eating, cooking, housework, budgeting skills and finding opportunities in the community to meet their interests and occupational needs.
- In addition to the care plan, people had their own 'recovery plan', written by the person, with the help of family, friends and staff. The recovery plan focused on what the person felt they needed to do, the support they needed, and the steps they needed to take, to improve their mental health and well-being. People were encouraged to work towards short term, medium term and long term goals to help their focus and success.
- Relatives were very happy with the progress their loved ones had made since moving to the service. One relative told us, "(My loved one) has made such big steps in recovery and all the family are so pleased."
- Each person had a keyworker, a member of staff who made sure their care plan matched their current needs and to agree changes. Keyworkers met with people monthly to check they continued to be happy with their support.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People using the service were able to understand written information and could verbally communicate their needs.
- People did not always have the motivation to spend time reading information, for instance when they were feeling unwell. At these times staff spent time with people, going through information they needed to know at that time.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- People were supported to follow their interests, or to renew their involvement if they had not had the opportunity to in recent times. Staff helped people to find new opportunities and establish new interests if they wished to do this.
- Staff supported people to develop a plan for the week to maintain their motivation and help staff to plan their support. However, staff held a meeting with people living in the service each day so they had the opportunity to change their plans if they wanted to and staff could adjust the support accordingly.

Improving care quality in response to complaints or concerns

- No formal complaints had been made to the service since registration.
- People and their relatives knew how to make a complaint if they needed to and said they were very confident the provider would listen and take action. One person said, "When I have raised small things they have been dealt with straight away."

End of life care and support

- No one at the service was currently being supported with end of life care.
- Discussions had taken place with some people regarding end of life support plans. Most people did not wish to discuss the subject, and this was respected, however, it was kept under review by staff.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had a system in place to check the quality and safety of the service. The provider undertook many audits, including care plans, medicines, infection control and recruitment files.
- Some audit documents were not suited to the service. The care plan audit comprised of a checklist with a scoring mechanism for each 'yes' or 'no' answer. Many of the areas to check were not relevant to the service which meant the percentages achieved showed continuous non-compliance. For example, in August 2019 three people's care plans were audited. One showed 70% compliance and the other two 65% compliance. However, no action was recorded as needing to be taken. Adjustments had not been made to the audit tool.
- The care plan audits did not identify the areas for improvement we found regarding the management of risk as this was not an area that was covered.
- The recruitment file audit had picked up the missing application form for one staff member, on 15 August 2019, however, did not pick up the other issues we found in staff files. Although the staff member's application form was identified as missing, this had not been rectified by the time we inspected five weeks later.
- Although we did not find any areas of concern with medicines management, the medicines audit was not completed as regularly as it should have been. Many dates for monitoring had been missed and only one person's medicines administration record (MAR) was checked each month. As four people were supported to take their medicines, this meant that individual MAR's were only checked once every five months.
- Many policies and procedures did not reflect how the service was managed by the provider. The complaints procedure referred to documents that were not used and referred to senior members of staff who were not in post, such as area managers. There was a risk staff could be confused by policies and procedures that did not describe what happened in practice.
- The provider agreed improvements needed to be made to the auditing processes and commenced work on this straight away.

The failure to ensure a robust approach to monitoring the quality and safety of the service is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider met regularly with one of the other directors of the organisation where they discussed business issues and concerns.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good



outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- People knew the provider well. People told us the provider spent time with them, chatting and making sure they were happy with the service.
- Relatives were very positive about the provider, their approach with people and their presence in the service. One relative told us, "(The provider) has been a lifesaver and is so involved and keeps the family involved."
- There was an open and transparent culture at the service. Staff confirmed this. The staff we spoke with were well informed about the vision for the service which focused around the recovery journey, respect and independence.
- Staff were positive about the provider, describing them as approachable and passionate about what they do. One member of staff said, "(The provider) goes out of their way for people 100%. They are picky about the staff they get as they only want staff who will carry their vision. They want to impact on the community." Another staff member told us, "(The provider) is the very best. They bring out the best in me, in everybody. They are very much client led."
- When things went wrong or there were incidents, the provider was open and transparent about these and informed relatives and commissioners as appropriate.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People told us they were asked their views regularly. Their opinions were sought if any changes were suggested in the service.
- The provider had asked people for their comments about how the service was run through a survey every three months since they started to provide a service. All comments had been positive.
- Where people had given their permission, staff spoke to people's relatives regularly to ask their views of the service provided. This was on an individual basis, either when they were visiting or on the telephone.
- The provider held staff meetings once a month. This gave staff the opportunity to receive updates from the provider and to raise areas of concern or improvement they wanted to share. Staff told us they were listened to and the staff team were encouraged to make suggestions for improvement that were acted on.
- The provider supported staff in every way, including with a work-life balance. One member of staff told us, "It's refreshing as I can be with my family, as well as doing something I want to do." Another member of staff said, "Everything about me is looked after by (The provider). They follow up on me, even my college course."

Continuous learning and improving care; Working in partnership with others

- The provider was a registered mental health nurse and kept up to date with best practice as part of their continued professional development.
- The registered managers worked closely with health and social care professionals to make sure people continued to receive good quality, joined up care to achieve their potential.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations 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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  The provider failed to ensure effective monitoring processes were in place to check the quality and safety of the service  Regulation 17(1)(2)

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  The provider failed to ensure robust recruitment processes were used.  Regulation 19(1)(2)