

Interpid Care & Support Limited

Interpid Care & Support Services

Inspection report

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27 March 2019

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service: Interpid is a domiciliary care agency which provides care for people in their own homes.

Not everyone using Interpid receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of the inspection, two people were receiving personal care.

People's experience of using this service:

- People and relatives were happy with the care they received and spoke positively to us about staff. We were told, "They've been brilliant," and, "They've made a real difference to our life."
- Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's care and support needs.
- Staff received comprehensive training to enable them to carry out their roles effectively.
- Staff enjoyed working at the service and felt supported by the registered manager.
- Care records contained clear information covering all aspects of people's individualised care and support. Information about people was written in a respectful and personalised way.
- People and their relatives were involved in the planning and delivery of their care.
- There were systems in place to monitor and improve the quality of the service.
- When there were problems, the provider dealt with them appropriately and put measures in place to reduce the likelihood of recurrence.

Rating at last inspection: This was the service's first inspection since it was registered.

Why we inspected: This was a scheduled inspection.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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 safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

More details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Interpid Care & Support Services

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was conducted by one inspector.

Service and service type:

Interpid is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to older adults and younger disabled adults and children.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service two days' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity took place on 25 March 2019 with a visit to the office location to see the manager and to review care records, policies and procedures. We made telephone calls to two relatives of the people who used the service and staff on 27 March 2019.

What we did:

- Before the inspection, the provider completed a Provider Information Return (PIR). 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. The provider returned the PIR and we took this into account when we made judgements in this report. We reviewed other information that we held about the service such as notifications. These are events that happen in the service that the provider is required to tell us about. We also considered information from the Healthwatch and the local authority.
- Our inspection was informed by evidence we already held about the service. We also checked for feedback from members of the public and local authorities. We checked records held by Companies House.
- We asked the service to complete a Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.
- We spoke with two people who used the service and two relatives.
- We spoke with the registered manager, the clinical lead and one support worker.
- We reviewed two people's care records, three staff personnel files, audits and other records about the management of the service.
- We requested additional evidence to be sent to us after our inspection. This was received and the information was used as part of our inspection.

Our findings

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

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- Staff completed training during their induction in relation to safeguarding children and adults.
- The service had safeguarding and whistleblowing policies in place and staff told us they knew what to do if they had safeguarding concerns.

Assessing risk, safety monitoring and management:

- People's care plans contained comprehensive risk assessments and clearly set out how staff should care and support people safely.
- Risk assessments were regularly reviewed and necessary changes made. Staff told us the registered manager always told them about changes to people's care plans straight away to ensure they continued to meet people's needs.
- One relative told us the service had identified the need for an additional carer, and we saw from records that the registered manager had worked with the local authority to arrange this.

Staffing and recruitment:

- Relatives told us they were confident people were safe in the care of staff. One relative said, "We have the same carer – [they are] brilliant."
- Safe recruitment and selection processes were followed. Personnel files contained all the necessary pre-employment checks which showed only fit and proper applicants were offered roles.
- The service had checked employees' Disclosure and Barring Service (DBS) status. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- There were enough staff to meet people's needs.

Using medicines safely:

- Care plans contained clear records about people's medicines so that staff were able to make sure people received their medicine safely.
- Staff completed training in medicine administration including the handling and storage of oxygen

cylinders. One person had not needed a particular medicine for a very long time but the service had arranged for staff to be trained to use it 'just in case'.

- Staff records showed that the registered manager completed spot-checks with staff to test their competency in relation to medicines administration to identify any additional training needs.

Preventing and controlling infection:

- Staff completed training in infection control during their induction.
- Care plans included instructions for staff to leave people's homes clean and tidy after each visit to reduce the risk of infection.

Learning lessons when things go wrong:

- We saw from records that the service had dealt appropriately with a concern and put measures in place to reduce the risk of recurrence.
- Staff told us they knew what to do if there was an accident or incident.

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

Good: People's outcomes were consistently good, and people's feedback confirmed this.

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

- Some people who used the service had complex care needs including life limiting health conditions.
- People's needs were thoroughly assessed before they started to receive care. Assessments included information about their medical conditions, dietary requirements and other aspects of their daily lives. A relative told us, "They've done their research into [person's] condition" so staff were able to care and support the person in the right way.
- Care plans showed that people, and their relatives when appropriate, were involved in decisions about their care. Relatives said, "If there's anything they want to change they always ask us," and "We are involved in the care plan."

Staff support: induction, training, skills and experience:

- The registered manager employed specialist staff such as a registered nurse to ensure people's complex needs were met.
- Staff received training in different ways, including face to face and online. The registered manager told us they were committed to ensuring staff had access to the best quality courses and materials.
- Staff told us they have enough training to enable them to meet people's needs. One staff member said, "We have lots of training and refresher courses."
- As well as conducting spot-checks with staff, the registered manager held regular one to one supervision sessions with each staff member to offer support and discuss any issues.

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

- Care plans included details about people's nutritional needs so that staff knew what they were required to do.
- Staff had completed training in relation to meal planning including for cultural and religious needs, food hygiene, and specialist equipment such as percutaneous endoscopic gastrostomy (PEG) where people receive nutrition through a tube in their stomach.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support:

- The registered manager told us they had an arrangement with other local services to offer shadowing for new staff. This helped to give staff a broader range of experience to learn from to better support people and enabled the registered manager to share good practice with other providers in the area.
- We saw from records the service had developed good links with partner agencies including the local authority. Relatives told us staff worked well with healthcare professionals such as physiotherapists.
- Care plans followed professional's advice to ensure people's care and treatment needs were met.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- Care plans showed that the service had obtained the appropriate consent for people to receive care and treatment and recorded this properly.
- Staff assumed people had the capacity to make decisions, unless they assessed otherwise. Some people who used the service lacked the capacity to consent to care and treatment.
- There was evidence that mental capacity assessments, when needed, had been completed. Best Interest Meetings involving the appropriate people had been held.



Our findings

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

Good: 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:

- Relatives were very positive about the care provided. Their comments included, "[carer is a] breath of fresh air"; 'I can't commend [carer] enough' and "We are just really happy with how its working out."
- Staff told us, "It's my passion, it's not a job."
- Staff received training in equality and diversity and person-centred approaches to help them recognise the importance of treating people as unique individuals with different and diverse needs.

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

- Care plans included clear instructions to staff to remember to involve people when providing personal care. This was confirmed by a relative who said, "[Carer] always talks to [person], involves [them]".
- People and relatives were consulted about people's care and involved in their decisions. One relative told us, 'We've tried things together, it's a real team effort.'
- When people were unable to communicate verbally, relatives told us staff paid attention to the other ways people may communicate such as making sounds or gestures.

Respecting and promoting people's privacy, dignity and independence:

- Relatives told us that people's privacy and dignity were respected, one said, "Definitely."
- Staff encouraged and supported people to be independent. A relative told us, "[Staff] withdraw and let [person] do things in peace and quiet, give [person] time to [themselves] but staff are close by if [they] need them."

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People's care and support was assessed and planned in partnership with them and their relatives and they were also involved in reviews of their care plans.
- Staff told us they were given information before care commenced and given time to read the person's care plan.
- People's care plans contained detailed information for staff on how best to support them with personal care, medicines, mobility and action to take after each visit. Care plans also included detailed information about people's health needs and the care they required to manage their long term health conditions.
- Care plans included information on people's communication needs. Staff understood people's skills and abilities and took time to listen and understand what people were saying.
- People were supported by staff who had a good understanding of their care and support needs and their personal preferences. This enabled them to provide personalised care tailored to the needs and wishes of the individual. For example, one relative said, "We were anxious due to previous experiences elsewhere [but as a result of the care given by Interpid staff] we have asked for the package to be extended."

Improving care quality in response to complaints or concerns:

- There was an appropriate complaints policy in place. We saw that complaints were handled in the correct way.
- Staff knew how to raise complaints should they need to. They told us they believed these would be listened to and acted upon in an open and transparent way by the manager.
- People told us they knew who to make complaints to, and they would be happy to do so if necessary. One relative said, "I would be happy to raise concerns, I have done so and it was actioned appropriately."

End of life care and support:

- At the time of our visit, no one was receiving end of life care.
- Staff had completed training in palliative care as part of their induction training.
- The service had an end of life policy which was reviewed regularly.

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

Good: The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility:

- Relatives told us they were happy with the support provided. One told us they were 'wowed' by the quality of the care plan.
- One relative told us the service had identified the need for an additional carer, and we saw from records that the registered manager had worked with the local authority to arrange this.
- The registered manager understood their responsibility to ensure notifiable incidents were reported to the appropriate authorities if required.

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

- Training on the aims and objectives of the organisation formed part of the staff induction process.
- Staff told us the registered manager was approachable. One said, "The manager is always contactable by phone if I need [them]."
- Staff were positive about the registered manager and working for the service. One said, "I like working there. [The best thing about working there is] the team work."
- The registered manager demonstrated good knowledge of people's needs and the needs of the staffing team.
- Staff understood their roles and responsibilities. They felt confident to whistle blow and report poor practice should they need to.

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

- Relatives told us they were involved in the planning and delivery of care. One said, "We've been updated as we've gone along."
- Staff questionnaires had been completed and we saw the feedback from these was positive. The

registered manager had acted on a comment from a staff member that a torch would be useful for nights visits by purchasing good quality high powered torches for all care staff.

- The registered manager was developing plans to involve people who use the service when recruiting new staff, this will help the service continue to provide person-centred care.

Continuous learning and improving care:

- Records showed the registered manager completed regular audits to monitor service provision and to ensure the safety of people who used the service. The audits included checks of daily records, risk assessments, complaints, personnel documentation and care plans.

- The service was in the process of procuring an electronic call monitoring system to enable staff to more easily log their visits and, although people told us there were no issues with timings, electronic monitoring will enable any concerns are quickly identified.

Working in partnership with others:

- The registered manager and staff worked in partnership with health and social care providers to plan and deliver an effective service.

- We saw records containing a written compliment from a professional about the care the service was providing.