

Integral Care Solutions Limited

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## Inspection report

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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

Integral Care Solutions Limited provides personal care for people living in their own homes. There were seven people receiving personal care at the time of the inspection.

The provider registered to provide personal care in March 2015 and began providing care at this location in Northampton in March 2016; this was their first full comprehensive inspection.

The service provided safe care to people living in their own homes. Staff understood their responsibilities for safeguarding people from harm and followed the provider's policies to provide people's prescribed medicines safely.

There were enough suitably skilled staff to meet people's needs. People received their care at the agreed times. Staff had been recruited using safe recruitment practices; people had been involved in developing interview questions to help find suitable staff.

People received care from staff that had received training to meet people's specific needs and regular supervision to carry out their roles.

People received care from a regular staff group who knew them well which helped to develop positive relationships. People were treated with respect and helped to maintain their dignity.

People received a balanced diet from staff that understood their dietary needs. People were helped to maintain their independence and dignity by the consideration and support from staff.

People were supported to access healthcare professionals and staff worked closely with health services when required.

People's risks were assessed and staff had person-centred care plans they followed to mitigate these risks. Care plans were updated regularly and people and their relatives were involved in their care planning where possible.

Staff sought people's consent before providing care and people's mental capacity was assessed in line with the Mental Capacity Act 2005.

The provider and registered manager continually assessed, monitored and evaluated the quality of the service to identify areas for improvement, and implement change where required.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People felt safe and staff were clear on their roles and responsibilities to safeguard them.

Risk assessments were in place and were reviewed regularly.

Staffing levels ensured that people's care and support needs were safely met. Safe recruitment processes were in place.

There were systems in place to manage medicines in a safe way.

### Is the service effective?

Good ●

The service was effective.

People received care from staff that had received training and support to carry out their roles.

Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA). Staff gained people's consent before providing personal care.

People were supported to have enough to eat and drink to maintain their health and well-being.

People were supported to access relevant health and social care professionals.

### Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity were protected and promoted.

There were positive interactions between people using the service and staff.

Staff had a good understanding of people's needs and

preferences.

People were listened to, their views were acknowledged and acted upon and care and support was delivered in the way that people chose and preferred.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were involved in the planning of their care which was person centred and updated regularly.

People using the service and their relatives knew how to raise a concern or make a complaint. There was a complaints system in place and people were confident that any complaints would be responded to appropriately.

### **Is the service well-led?**

**Good** ●

The service was well-led.

A registered manager was in post who understood their role and responsibilities.

The service had an open culture which encouraged communication and learning.

People, relatives and staff were encouraged to provide feedback about the service and it was used to drive continuous improvement.

Quality assurance systems were in place to review the quality of the service.

# Integral Care Solutions 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 checked 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 announced comprehensive inspection took place on 12 September 2017 by one inspector.

We checked the information we held about the service including statutory notifications. A notification is information about important events which the provider is required to send us by law. We also contacted and met the health and social care commissioners who monitor the care and support of people living in their own home.

During this inspection we spoke with three people using the service and two of their relatives. We spoke with a care manager from social services and also spoke with three members of staff including the registered manager and two care staff.

We reviewed the care records of four people that used the service and the recruitment records for three members of staff. We also reviewed records relating to the management and quality assurance of the service.

# Is the service safe?

## Our findings

People received safe care. One person told us "I am very happy with my care, the staff are very knowledgeable."

People were supported by staff that demonstrated they understood their responsibilities to safeguard people from the risk of harm. Staff demonstrated they knew what to do to raise any concerns with the right person if they suspected or witnessed ill treatment or poor practice. The registered manager had raised a safeguarding alert appropriately and had systems in place to investigate any concerns if required to do so by the local safeguarding authority.

There were enough experienced staff to keep people safe and to meet their needs. The rotas were well organised so that people received care from the same group of staff. People told us that staff were reliable, one person said "Staff are usually on time. There have been road closures recently, they [staff] call me if they are going to be late and let me know roughly how long they are going to be. These things matter." People received their care at times that had been agreed with them and staff attended for the whole of the agreed time. People were protected from the risk of a missed care call as the provider had a system in place to detect if anyone had missed their care call or staff were late to a call.

The registered manager followed safe recruitment and selection processes. The provider had involved people in devising relevant questions to ask at staff interviews to help identify suitable staff. Staff recruitment files contained all relevant information to demonstrate that staff had the appropriate checks and references in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. 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.

People's risks were assessed and reviewed regularly, for example for the risk of skin damage. Risk assessments reflected people's current needs; these were reviewed regularly or as people's needs changed. Staff were provided with clear instructions in care plans to mitigate the assessed risks, such as instructions on how to use equipment to help people to move safely to relieve their pressure areas.

There were appropriate arrangements in place for the management of medicines. Staff had received training in administering medicines and they showed they were knowledgeable about how to safely administer medicines to people. Records showed that people received their medicines at the prescribed times.

The provider had processes in place for emergencies. People had an emergency grab sheet for ambulance crews that held the information they required to give safe care, such as people's diagnosis, care needs and allergies. Staff understood what to do if they arrived at a person's home and they could not gain access. Staff followed the provider's policies in cases of emergencies by calling for urgent medical assistance if people had fallen. Staff had access to senior staff through an on-call system if they had any concerns.

## Is the service effective?

### Our findings

People received care from staff that had the skills and knowledge to meet their needs. All new staff had an induction where they received training that was based on the Care Certificate. The Care Certificate consists of a period of assessed practice and is designed to ensure that all care workers have the same introductory skills, knowledge, and behaviours to provide compassionate, safe, and high quality care and support.

Staff told us they also received additional training to meet people's specific needs, such as catheter care and bowel care. One person had feedback that they were particularly impressed with staff knowledge of procedures, they had found it reassuring. One member of staff had received extra training they told us "I have had training on how to monitor [name's] blood sugar as they have diabetes." The provider had received feedback from people that used the service that demonstrated that staff understood their roles and applied their training appropriately.

Staff received regular supervision which helped them to carry out their roles. The registered manager had carried out spot checks on staff during their care visits; they had provided guidance on how to improve their care giving. The provider and registered manager used the supervision to gain feedback from staff on how to improve the service as well as identifying areas for training opportunities and support. One member of staff told us "I am so proud of how far I have come, I have a lot of support and I keep developing my skills."

People were assessed for their risks of not eating and drinking enough to help maintain their health and well-being. People received food and drink that met their individual needs. For example one person required their food to be cut into small pieces and staff to take their time to assist them as they were at risk of choking. Staff had received training in food safety.

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 who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA.

The registered manager and staff understood their roles in ensuring people's capacity to make decisions was assessed and staff ensured they received people's consent before delivering care. People also gave their written consent for their records to be shared with health professionals and relatives.

People's care was tailored to meet their healthcare needs, for example where people received regular care from district nurses, staff ensured they received their care in a timely way. People were supported by staff that were vigilant to people's changes in behaviour and well-being that could indicate a change in their health. Staff followed protocols to contact relatives and the registered manager where they suspected people were not well. The registered manager contacted people's GP where necessary. Staff also contacted the relevant emergency services where people required immediate medical attention.

## Is the service caring?

### Our findings

People received care from staff who knew them well. They had developed positive relationships with staff as they saw the same staff on a regular basis. People told us they were very happy with the care. One person told us "I have been blessed, I am very happy with the service." One relative told us "The staff know [name] very well, they [staff] have a caring approach, they are a caring organisation."

One person told us "They [staff] are really nice." Their relative told us "Staff have a good relationship with [name]."

People's care plans were written in a way that helped staff provide personalised care. For example they contained information about people's preferred names and their life histories. One member of staff recalled the types of sport people liked to watch, they told us "I've got to know what people like."

Staff took an interest in people's lives. One person provided feedback to the registered manager, they said "It is good for carers to be in-touch with the events happening [in our lives] ... when I've been out for lunch and carers attend later, they acknowledge that I've been out and have a general conversation on how the day was."

Staff were mindful of people's anxieties and ensured that people received their care as they wished. For example people required their phones and drinks near to them when staff left their homes.

People's opinions were sought and acted upon. One person and their relative had taken part in a consultation with the provider and senior staff to explain the impact of receiving their care as planned. They provided details of what would happen if care staff did not take the utmost care; they praised the staff that provided their care, they said "I gave a presentation to the registered manager and four team leaders, I explained what I like and what I don't like, it was a good afternoon. The care staff have improved as they are more sensitive to my needs."

Staff responded to relatives' emotional needs by providing support for them. For example one relative had not been eating or sleeping well and staff provided time for them to express themselves and referred them for further help from other services.

People received care from staff that preserved their dignity by ensuring that they were discreet in offering personal care and providing this in the privacy of their rooms or bathrooms. One person was happy that care staff ensured they maintained their independence and only assisted where they actually needed help. One member of staff told us that they ensured people remained covered to keep warm and maintain their dignity during personal care.



## Is the service responsive?

### Our findings

People were assessed before they used the service to ensure that the service could meet their needs. The registered manager created their initial care plans which were updated as their needs changed. People were involved in creating their care plans; this meant the plans were very detailed about all aspects of their care. Staff told us this enabled them to provide care that met people's needs and preferences. People received their care at pre-set times so that they received care from the same staff team who could provide continuation of their care and build caring relationships. People told us that they were very happy with the care they received.

People received care that met their preferences. For example one person had specific preference of what they wore in bed and how they positioned their bedding. Other people had preferences about their lighting and times they went to bed. One relative told us "The staff work well with us to make sure [name] get the care as they like it."

People's care plans gave staff specific instructions on how to provide people's care. For example staff were vigilant in monitoring people's skin for any changes that may indicate the risk of skin damage. Some people could not feel all areas of their body and relied on staff to be observant. One person said "Staff are very careful and let me know if there are any problems I need to be aware of."

People were involved with their care planning and their staff team signed to say they understood people's care needs. The provider ensured that people received regular reviews of their care. For example one person had a review with their care manager and the registered manager to ensure that their care plan covered all of their needs. The care manager told us "[Name] is over the moon with their care, the staff are very professional."

People's care could be flexible. For example one person required temporary assistance with their medicines when their family members were away. Another person told us "They fit around me, they are flexible. When I have a special occasion such as going out for meals with my family, I call [Integral Care Solutions] and they change the times to accommodate my care."

The registered manager was mindful of the emotional and physical impact on people and their relatives when their needs changed. They worked closely with people and their families to plan people's care to continually meet their changing needs, whilst working closely with other health professionals.

People had been given information on how to make a complaint and a form to complete if they wish to raise any concerns in writing. Staff told us they would pass on any complaints to the registered manager. One person had feedback to the service, "My care is excellent. If I find a problem you will know, otherwise continue as you are." One relative told us "I have no complaints." The registered manager had responded appropriately to the only complaint they had received; they had followed the provider's policy and responded promptly to address the complaint. The registered manager discussed the learning from the complaint in a team meeting.

## Is the service well-led?

### Our findings

There was a registered manager who had managed the service since March 2017. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like 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.

The registered manager understood their role; they had reported safeguarding and notifiable incidents to the relevant authorities and CQC. The provider worked very closely with the registered manager; they provided close supervision and additional management oversight to all areas of the service.

The service had an open culture where staff felt comfortable with sharing information; this culture encouraged good communication and learning. One member of staff told us "We all work well as a team, they [registered manager and provider] are open to our suggestions and we listen to each other." Another member of staff told us "We are a good team, like a big family."

People told us they had confidence in the service. One relative said "The service is so good that other care organisations could learn from this organisation." The registered manager listened to the feedback they received from people and used this information to improve the service they provided. For example they had involved people in setting the questions for staff interviews and met with people to get a deeper understanding of how staff could meet their needs.

The provider had developed relationships with other care agencies to share best practice and learn from incidents. They told us "This gives us the opportunity to improve the standards of care and arrange training, mentoring and coaching of leaders."

The provider and registered manager monitored the service regularly for the quality of the care they provided. They had audits for care records, timings of people's calls and medicines. Any issues that had been identified had been resolved through actions carried out promptly by the registered manager.

The provider sought feedback from people who used the service and their families on how they could improve the service. They used this feedback in all areas of the service including team meetings to inform staff how they can continue to meet people's needs. The registered manager told us "This feedback has been invaluable in understanding what people need and want."

The provider involved staff in the development of the service. For example, they were creating a set of values for their organisation and had asked the staff for their input. The provider told us "Our staff are so clever; they have some brilliant ideas which we can use."