

Intrust Care Ltd

Intrust Care Milton Keynes

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Intrust Care Milton Keynes is a domiciliary care agency. At the time of our inspection, it was providing personal care to 34 people living in their own homes.

People's experience of using this service:

Safe recruitment practices were not always adhered to. Prior to our inspection, we were made aware of a staff member working for the service who had not undergone a disclosure and barring service check (DBS). We found the staff member was no longer working for the service, but when they previously had been undertaking shifts, they had been doing so without the proper checks in place. Several other staff members had not provided adequate pre-employment references before being employed. Appropriate risk assessments had not been developed when a staff members DBS revealed criminal convictions.

The registered manager had not always notified the Care Quality Commission (CQC) of certain events as required by law.

Staff training was in place, but the systems used to record staff training were disorganised, unclear, and did not always provide an accurate and easy to monitor record of staff training that had taken place.

Staff told us they were supervised and felt confident in their roles. However, managers were not meeting the targets they had set for the frequency of formal supervision. Managers said they often spoke informally to staff via the phone, but this was not recorded.

Audits and quality checks took place, but were not thorough enough to pick up on the issues such as unsafe recruitment, failure to notify CQC, and lack of recorded staff supervision.

People and relatives we spoke with told us they felt safe care was delivered by staff. Staff had a good understanding of safeguarding procedures and how to report abuse. Risk assessments were in place to manage risks within people's lives. These assessments were reviewed and kept up to date.

When required, people were supported by staff to prepare food. When required, people had support with healthcare arrangements

People's consent was gained before any care was provided, and they were supported to have maximum choice and control of their lives. Staff treated people with kindness, dignity and respect and spent time getting to know them.

People were supported in the least restrictive way possible. Care was personalised to each individual, and people and their relatives had a good relationship with staff.

People and their family were involved in their own care planning as much as was possible and a complaints system was in place.

The registered manager and provider were open and honest, and staff felt well supported by them.

Why we inspected:

This was a planned inspection based on the previous rating.

Rating at last inspection

The last rating for this service was Good (Published 20 May 2017).

We have found evidence that the provider needs to make improvements. Please see the Well-led section of this full report.

You can see what action we have asked the provider to take at the end of this full 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.

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 not always safe.
Details are in our safe findings below.

Requires Improvement ●

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.
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 ●

Intrust Care Milton Keynes

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 carried out by one inspector.

Service and service type:

Intrust Care Milton Keynes provides personal care to people living in their own houses and flats and provides a service to older adults.

The service had two managers registered with the Care Quality Commission. This means 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:

The inspection was announced. We gave the provider 48 hours' notice because the location provides a domiciliary care service and we needed to be sure someone was available. The inspection started on 12 November 2019 by visiting the office location to review records, policies and procedures. We made telephone calls to people using the service and staff members on 14 November 2019

What we did:

We looked at information received from the provider, such as statutory notifications about events the provider must notify us about. 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 all the information into account when we inspected the service and making the judgements in this report.

During our inspection we spoke with four people using the service, four relatives of people using the service,

three staff members, the two registered managers and the provider. We reviewed the care records for four people using the service, and other records relating to the management oversight of the service. These included staff recruitment files, staff training, supervision records, and policies and procedures.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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

- Safe recruitment practices were not always adhered to. Prior to our inspection, we were made aware of a staff member working for the service who had not undergone a disclosure and barring service check (DBS). DBS checks are criminal background checks to ensure that a person is of suitable character to be working with vulnerable people. We found the staff member was no longer working for the service, but when they previously had been undertaking shifts, they had been doing so without the proper checks in place. The registered managers had not initially been aware that the DBS check had not been carried out. Prompt and clear action was not taken to address this issue when it was discovered. The staff member subsequently chose to leave employment with the service.
- Several other staff members had not provided adequate pre-employment references before being employed. The service had a policy which stated all staff should provide two references before starting employment at the service. We found several staff members had only one reference.
- Appropriate risk assessments had not been developed when a staff member's DBS revealed criminal convictions. The registered manager said they had reviewed the information, had a discussion with the staff member, and noted that a discussion had taken place. However, there was no robust risk assessment or evidence of how this risk had been assessed.
- People told us that staff were usually on time, although were late on occasion. The rota and call system we looked at showed that staff calls were monitored and were largely on time. The system in place alerted management if staff had not arrived within the appropriate window of time, so that action could be taken.

Systems and processes to safeguard people from the risk of abuse

- The provider had measures in place to help safeguard people from the risk of abuse. Staff had received training in safeguarding procedures and were aware of how to report any concerns relating to people's welfare, including how to contact the local authority or CQC.
- People told us they felt safe in the care of the staff that visited them. One person said, "Yes I feel safe with the carers, no issues." Staff we spoke with all felt that safe care was provided to people and risks were assessed appropriately.

Assessing risk, safety monitoring and management

- The provider maintained systems to ensure potential risks to people's safety and welfare had been considered and assessed. These included risk assessments for moving and handling, the environment, and any specific assessments for health care needs that people had.
- Risks were regularly reviewed and updated as required.

Using medicines safely

- When people needed support to take their medicines, this was provided safely in line with their individual needs and preferences. Medicine administration records (MAR) we looked at were kept electronically, and were accurately filled in without any gaps in recording.
- People we spoke with were happy they received their medicine on time, and as they wanted.

Preventing and controlling infection

- Staff were provided with personal protective equipment to prevent the spread of infection, and also received training in this area.
- People we spoke with told us staff used the appropriate equipment when providing care to them.

Learning lessons when things go wrong

- The registered managers and the staff team reviewed and evaluated their practice to identify how improvements could be made. Accidents and incidents were recorded and actions were created to ensure lessons were learnt.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff training was in place, and staff we spoke with felt happy with the quality of the training they had been given. However, the systems used to record staff training were disorganised, unclear, and did not always provide an accurate and easy to monitor record of staff training that had taken place. The registered manager explained they were currently using two systems to record training but would implement one training record going forward that gave a clear picture on staff training.
- Staff told us they were supervised and felt confident in their roles. However, managers were not meeting the targets they had set for the frequency of formal supervision. The service aim was to provide four formal supervisions per year, but this was not evidenced. Managers said they often spoke informally to staff via the phone, but this was not recorded. The registered manager told us they would implement a record of contact and supervision with staff going forward.

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

- Effective systems were in place to assess and determine people's individual needs and preferences. These were set out in each person's care plan and were reviewed regularly by senior staff.
- The registered managers and staff used recognised good practice and guidance to ensure people's care was provided appropriately.

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

- Where the provider took on the responsibility, staff supported people to prepare food and drinks.
- The people we spoke with required minimal support in this area, but staff understood the support required and records reflected how people should be assisted with food preparation. A system was in place for food and fluid monitoring to take place if and when required.

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

- Staff and the registered managers understood people's healthcare requirements and were knowledgeable about any current treatments people were undergoing.
- Care plans contained information about people's health conditions and how staff should support them.
- Minimal support was required regarding contact with other health professionals, but the registered managers were both nurses, and understood the requirement to build positive relationships with other services when required, such as district nurses and hospice staff.

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.

- Systems were implemented to ensure that people's capacity was assessed and records kept of decisions made in their best interest.
- Staff understood the importance of seeking consent from people. People were supported in the least restrictive way possible.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 received support from staff who treated them with kindness and dignity. One person told us, "I can't complain at all, they are very good." Another person said, "The staff have always been very friendly and helpful." All the people and relatives of people we spoke with said they found the staff to be caring and polite in their approach.
- Staff took pride in the care and support they provided. All the staff we spoke with had a good knowledge of the people they spoke with and understood their needs and preferences.

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

- People, and their families when required, were involved in making decisions about their care and involved in their care planning. People we spoke with confirmed they felt involved in their care and could make changes as and when needed.
- The registered managers also conducted care calls when required, so were able to speak to people directly and collect their views on the care being delivered.
- Staff were able to explain how they involved people in their own care, and how good relationships and communication with people's family members was important to their care.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity when carrying out care. One person told us, "They [staff] are very respectful, I've no problems with them at all." Everyone we spoke with felt that staff were respectful in their approach to care and considered people's privacy and dignity when carrying out any personal care.
- People's information was stored securely within an office, and staff were aware of keeping people's personal information secure.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- People received person centred care that focussed on their individual needs and preferences. All the staff we spoke with knew the people they were supporting well, and understood their likes, dislikes and preferences. These details were recorded within care plans alongside people's personal and family history, so that staff could get to know them better.
- There were several examples of personalised care that the staff and management were proud of being part of. For example, staff had arranged to support one person to attend a family wedding. Care was taken to ensure the persons complex health needs could be safely met throughout the day, whilst enjoying the family occasion. Thought was given to identify appropriate environments to deliver care whilst on the trip, risk assessments were completed and contingency plans put in place.
- Staff had supported some other people to regain physical strength and independence. Staff told us how people had begun using care from the service after being in a rehabilitation centre, and with their support, managed to do things for themselves they were previously not able to do.

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.

- The registered managers told us that one person was supported with pictorial information as they were not able to verbally communicate, and large print documentation was also available to those who may need it.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place. We saw that any complaints made had been appropriately and promptly responded to.
- People we spoke with told us they had not had to make any complaints, but they were happy and comfortable to talk to the staff or management if they needed to.

End of life care and support

- The registered managers understood what was required to support people with end of life care needs. We saw one person's care plan detailed what their needs and choices were, and the input they required.
- The registered managers told us the service had good communication with the local hospice nurses and worked alongside them when required.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to 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; Continuous learning and improving care

- Policy and procedure were not always followed. The registered managers did not always follow the correct procedures to support safe recruitment of staff, and staff supervision.
- The registered managers did not always notify the CQC of certain incidents as required. Notifications are information the provider is required to send us by law. For example, any abuse, or allegation of abuse in relation to a person, is information the CQC should be notified of. We found that safeguarding alerts had been made to the local authority after certain incidents had taken place, however, the CQC were not notified as required.
- Some audits were in place and effective, however some areas were not sufficiently audited and quality checked. Issues such as unsafe recruitment, failure to notify CQC, lack of recorded staff supervision, and unclear training records were not identified or acted upon promptly when they were identified.

This was a breach of Regulation 17 (Good Governance), of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The staff we spoke with felt well supported and able to achieve good outcomes for people. One staff member said, "This is the best company I have worked for, the managers really look after us, and there is really good communication, we have a mobile phone text group to talk to each-other."
- Both registered managers were involved in all aspects of the running of the service and were well-known to people and their relatives, as they conducted care calls on occasion, and regularly spoke with 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

- The registered managers understood the duty of candour responsibility. This is a set of expectations about being open and transparent when things go wrong.
- Staff knew how to 'whistle-blow' and knew how to raise concerns with the local authority and CQC if they felt they were not being listened to or their concerns acted upon.
- Both registered managers were responsive to feedback about the service, and said they would be taking immediate action to address the shortfalls we identified.

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

- Surveys were sent out to enable people and relatives to feedback on the overall quality of care being delivered. Results were analysed and improvements were made as required.
- Staff had the opportunity to feedback at team meetings, which were also used to discuss topics such as improvements in documentation, training, new people using the service and confidentiality.

Working in partnership with others

- The provider had established effective partnerships with a range of other professionals including GPs, district nurses, therapists and palliative care specialists.
- The provider has recently been working alongside the local authority team, who contract some of the care people receive. Actions for improvement had been identified and worked on.

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 Policy and procedure were not always followed in relation to safe recruitment and staff supervision. The registered managers did not always notify the CQC of certain incidents as required. Some areas were not sufficiently audited and quality checked.