

The Intrinsic Care Group Limited

Intrinsic Care

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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Intrinsic Care is an agency providing personal care to people in a supported living service. At the time of the inspection there were 15 people living at the service, of which only five received a regulated activity.

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

People we spoke to told us they felt safe. A person told us, "This [service] is 10 out of 10. The staff here are amazing, they do everything for me and help me to stay well."

Staff told us, "It's such a good place to work. I love what we do, it's very rewarding and feel like we are making a difference to people's lives."

People had individual care plans and risk assessments created with them. This put people at the centre of planning and focused on achieving good outcomes. Staff knew people well, their likes and dislikes and who or what was important to them.

Risks to people were identified and were mitigated by detailed risk management plans.

People and their relatives told us that they were safe, and staff knew how to minimise potential harm.

There were adequate levels of staff to support people to remain safe balanced against respecting people's need for space. One person told us, "The staff are not 'space invaders,' they get it just right; they help me but aren't too intrusive."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People were invited to visit the service and spend time there, before making a decision to use the service. This enabled people the opportunity to determine if they felt comfortable in the environment, with staff and other people who lived there.

People were involved in the recruitment of new staff. They participated in interviews and were regularly asked by the registered manager for feedback on staff performance.

Staff protected people's privacy and dignity and encouraged people to maintain their independence by enabling them to do as much as possible for themselves.

Staff training was up to date and relevant.

The registered manager promoted an open and transparent culture within the service and feedback from people we spoke to supported this.

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

Rating at last inspection and update

The last rating for this service was requires improvement (Published December 2019) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This was a planned inspection based on the previous rating.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Intrinsic Care on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in 'supported living' settings, 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. 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 24 hours' notice of the inspection. This was because the service is small, and we needed to be sure that the registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do

well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager, locality manager and operational manager that were working in the office. We reviewed a range of records whilst on site and requested some to be sent to the inspector once the visit had been completed. 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 reviewed evidence requested from the service that was sent to us in a timely manner. We spoke with four people who use the service and two members of care staff. We sought clarification from the provider to support the evidence found.

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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

At our last inspection the provider had failed to ensure robust systems were in place to recruit only suitable staff. This was a breach of regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

- Records showed that staff had been recruited in a way that ensured they were suitable to work in a care setting. Staff employed since the last inspection had completed an application form and competency-based interviews. There were references that provided full employment history and a Disclosure and Barring service (DBS) check to assist in preventing unsuitable staff from working with people who use services.
- People who used the service were involved in interviewing new staff, ensuring they had input into who supported them. Feedback was sought from people regarding the performance of new staff and this was added to their performance records.
- There were suitable numbers of staff to support people. The registered manager used a dependency tool to determine staffing levels in each house and these correlated with care people were assessed as needing.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had completed safeguarding training and knew how to identify and raise concerns.
- People told us that they felt safe. One person told us, "I always feel safe. They are all brilliant."
- Staff we spoke to knew the correct procedures to report concerns of abuse. Staff told us the registered manager was approachable and transparent and they were able to raise concerns outside of the organisation if necessary.
- We reviewed safeguarding incidents. These were reported to the local safeguarding authority and actioned appropriately.

Assessing risk, safety monitoring and management

- Individual risk assessments had been completed. Risk assessments in relation to people's mental health detailed when they may need increased support or the help of a healthcare professionals.
- Risks identified were assessed as high, medium or low. Management plans had detailed guidance for staff to keep people safe. Potential triggers and actions needed to reduce the negative impact on people were recorded.
- The registered manager and staff we spoke to knew people well. One person told us, "They know what I

need support with. They know how to keep me well and out of hospital. They do everything I need."

- The environment had been assessed for risks to people and staff, and measures were in place to manage identified risks.

Using medicines safely

- Staff safely managed people's medicines. The registered manager had implemented an electronic recording system to count the medicine and provide alerts to staff if medicines were not administered at the time they were due to be given.
- Staff were able to support people with medicines. They had received appropriate training and their competencies were regularly checked by the registered manager.
- The registered manager completed assessments with people to determine if they could take their own medicines safely. If they were not able to, staff supervised or administered medicines to them. Senior staff reviewed this regularly.
- Guidance was in place for 'As and when necessary' medicines, such as painkillers or 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

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- Incidents had been reported by staff and fully recorded. The registered manager checked incidents and completed investigations to find if they could have been avoided. Investigations, including the outcome, were fully recorded.
- Complaints were logged and investigated with the registered manager confirming that they had been completed. Staff had clear procedures to follow when a complaint was received and were discussed in team meetings and supervisions.
- Complaint records had detailed actions and lessons learned sections. These highlighted areas for improvement and ways to minimise the risk of reoccurrence.

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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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. We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- All people being supported by the service at the time of inspection had the ability to consent to care and treatment and to be involved in the inspection process.
- Mental capacity assessments were completed if concerns had been raised about a person's ability to make a decision. These assessments were decision specific and staff assisted in providing enough information for people to make an informed decision.
- People were supported to live independently as possible. This included assisting people to make their own decisions and remain as safe as possible without restrictions.

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

- The registered manager had completed initial assessments to ensure staff had the necessary skills to meet the needs of people. When a new person was identified for the service, they were encouraged to visit and spend the day to ensure they are comfortable with staff and people already living there.
- Individual care plans and risk assessments were completed. Care plans had a detailed history of a person's medical history, their interests/hobbies, cultural needs, cognition and mental wellbeing. This enabled staff to understand and provide appropriate care to each person. Care plans covered all protected characteristics under the Equalities Act 2010.
- People's care plans were created by staff and the person who it related to. This enabled care to be provided in the way people wanted and focused on what they wanted to achieve. All care plans and risk assessments reviewed, were person centred and had been reviewed regularly. Updates were made if there were changes in need.

Staff support: induction, training, skills and experience

- New staff completed an induction programme and all mandatory training, before providing support to people. Staff shadowed experienced staff to get to know people in the service and for people to build relationships with the new member of staff.
- Training provided was a mix of online and face to face. The training records reviewed showed that all care staff had up to date training.
- Staff were supported by their colleagues, line managers and the registered manager. The registered manager had implemented an electronic messaging service which all staff had access to. Staff could [in real time] ask questions, seek advice and handover important information quickly.
- The registered manager had regular supervisions and meetings with staff. This gave the opportunity to discuss development, performance and any concerns.

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.
- One person told us, "We are spoilt for food here. We can do our own shopping and often [staff] will cook for us all so we can eat together."

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, reminded them to go and attended with them when necessary for support or advocacy.
- Staff supported people with their physical health care needs and helped people seek advice from an appropriate healthcare professional when needed.

Adapting service, design, decoration to meet people's

- Many people had previously lived in a service that provided higher levels of care and support and included a more 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 encouraging greater independence. One person told us, "I am now able to go out, I wasn't before I moved here but they have supported me to improve and be more independent."
- People were encouraged to clean and maintain the communal areas so that they felt more involved in their home.
- Environmental and cleanliness audits were completed weekly to ensure that any potential safety hazards are identified and rectified immediately.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection the provider had failed to ensure robust systems were in place to monitor the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager implemented an electronic system which securely held all confidential personal information. Audits were completed on accessed data. Records of daily activities and concerns were updated on the system allowing staff to access the most up to date information when supporting people.
- The registered manager had systems in place to check the quality and safety of the service including care plan, medicine, infection control and recruitment file audits.
- The registered manager had clear team structures in place. Staff we spoke to were clear about who to report to and what responsibilities they had.
- Feedback was positive about the management of the service. People we spoke to knew who the registered manager was and how to contact them if they needed to.

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

- People knew the registered manager well. People told us the registered manager spent time with them, talking and making sure they were happy with the service. A person told us, "[registered manager] will come and see us if there is a problem. They will do everything they can to get to us and if they can't, they send someone else to get things sorted."
- The service was focused on outcomes for people. Support packages moved in line with what people wanted to achieve. A person told us, "This is the longest I have ever been out of hospital. That's all down to the support I get here."
- There was an open and transparent culture at the service. The staff we spoke with were well informed about the vision for the service which focused around people's recovery, respect and independence.

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

- When things went wrong or there were incidents, the provider was open and transparent about these and informed relatives and commissioners as appropriate.
- The registered manager was open to suggestions and continuous learning. They accepted suggestions and comments made during inspection.
- Registered managers are required to notify CQC about events and incidents such as abuse, serious injuries and deaths. The registered manager had understood their role and responsibilities, had notified CQC about all important events that had occurred and had met all their regulatory requirements.

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

- Staff completed surveys monthly. The feedback was positive. A member of staff told us, "Working for [service] has improved my confidence. I have been on a positive journey and have been guided every step and fully supported to achieve what I have been able to achieve. It's changed mine and other people lives."
- People's care plans were designed and completed by the person. People were able to make decisions about what was important to them and how they would like to be supported. People had additional care plans, such as a plan for when a person is admitted to hospital. Other professionals were then able to know understand how to support the person.

Continuous learning and improving care; Working in partnership with others

- The registered manager was a registered mental health nurse and kept up to date with best practice as part of their continued professional development.
- The registered manager worked closely with health and social care professionals to make sure people continued to achieve their potential.
- Since the last inspection it was clear that the registered manager had made significant improvements to the areas identified previously.