

Intercare Services Direct 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 well-led?	Good ●

Summary of findings

Overall summary

About the service

Intercare Services Direct Ltd is a domiciliary care service providing personal care to adults living in their own homes. At the time of our inspection there were 65 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

The provider had improved quality management systems to ensure issues were identified quickly and appropriate actions taken. The registered manager had several systems in place to gain people's feedback and ensured they used suggestions and ideas to improve the service.

Professionals working with the provider were complimentary and felt Intercare Services Direct Limited, were a caring provider.

Risks associated with people's care were identified and actions were taken to mitigate risks. The provider had a safeguarding procedure in place and staff knew what actions to take to safeguard people from the risk of abuse. Staff were recruited safely, and pre-employment checks were carried out to ensure suitable staff were employed. Medicines were managed safely.

Staff received training and competency checks to ensure they had the skills and were competent to administer medicines safely. The provider was taking appropriate action to ensure infection control was monitored safely. PPE was available to use as required. There were systems in place to ensure lessons were learned when things went wrong.

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.

People's needs were assessed, and care delivered in line with them. Care packages were reviewed regularly to ensure people's current needs were reflected.

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 18 February 2021) 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 safe care and treatment and leadership.

At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

This was an 'inspection using remote technology.' This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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.

Intercare Services Direct Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by 1 inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the

provider or registered manager would be available to support the inspection.

Inspection activity started on 9 March 2023 and ended on 17 March 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with 5 people who used the service and 6 relatives about their experience of the care provided. We communicated with 6 staff including the registered manager and care workers. We reviewed a range of records including 4 people's care plans and reviewed systems in place to manage people's medicines safely. We reviewed information and documents about the management of the service.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection, the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) 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 12.

- Risks associated with people's care and support had been identified and managed to keep people safe.
- Risk assessments gave details of how to support people with tasks such as moving and handling. For example, one person used a hoist to transfer. The risk assessment included details of the type and size of sling and the loop configuration to use to keep them safe.
- Staff had a good insight into risks and ensured they had read and fully understood the risk assessment and care plan prior to supporting people.
- People and relatives told us the service was safe. One person said, "Very safe yes, I think they are a very good company and anytime I have a problem they sort it out for me. I have a tripod stick and I had a problem with it but they [staff] sorted that out for me." A relative said, "They really look out for [relative], they do care. They [staff] wash and dress her and they look for any pressure sores and if they flag anything they will contact the district nurse, or I do it. The other good thing about it they have always come out even when it snows."

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and procedure, and concerns were reported to the safeguarding authority.
- Staff confirmed they received safeguarding training and would be able to recognise abuse. Staff said they would report any concerns to the registered manager and were confident appropriate actions would be taken.

Staffing and recruitment

- The provider had a recruitment policy in place and followed a safe process to ensure suitable staff were employed.
- Staff confirmed they had pre-employment checks carried out prior to commencement of their employment. This included references from previous workplaces and an enhanced Disclosure and Barring Service Check (DBS). DBS checks provide information including details about convictions and cautions held

on the Police National Computer. The information helps employers make safer recruitment decisions.

- The provider had a system in place to monitor calls which had taken place and could identify when calls were late and took action. People told us they received calls on time and usually had the same staff visit them. One person said, "They [staff] usually come on time. If they are going to be late, they [staff] would give me a ring."

Using medicines safely

- People received their medicines as prescribed by staff who were trained and competent to administer medicines safely.
- People's care plans identified the support people required to take their medicines.
- People told us they received their medicines from staff. One person said, "They [staff] give me my tablets on my 2 calls."

Preventing and controlling infection

- We were assured the provider's infection prevention and control policy was up to date.
- We were assured the provider was using PPE effectively and safely when required. The provider ensured PPE was in plentiful supply and staff could access this when required.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.

Learning lessons when things go wrong

- The provider had systems in place to learn from incidents.
- The registered manager evidenced that complains, accidents and incidents, and safeguarding concerns were all used to identify trends and patterns and to develop the service and mitigate future risks to people.

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 our last inspection we rated this key question requires improvement. At this inspection, the rating has changed to good. This meant 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

- People's needs were assessed, and care plans showed choices had been considered.
- Following a referral to the service, the management team completed an assessment which was reviewed after 6 weeks. During this 6 week, care packages were closely monitored to ensure people's needs were being met.
- People told us they felt involved in their care and support. One person said, "They [staff] let me do a bit for myself, but anything I ask them to do they do straight away."

Staff support: induction, training, skills and experience

- Staff received training and support which helped them develop their skills and knowledge.
- Staff received a structured induction which included mandatory training and shadowing experienced staff. Staff were assigned to a care co-ordinator who supported them throughout their employment.
- Staff told us training gave them the skills to carry out their role well. One staff member said, "Training has given me the knowledge on how to provide safe care for clients."

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

- Care plans identified the support people required to maintain a healthy diet.
- Staff ensured people had access to food and drinks in-between their visits.
- People told us staff assisted them with meal preparation when required. One relative said, "They [staff] ask him what he would like and give him a choice of hot or cold. They will provide what he has asked for and if he is not ready at the time of the call, they will make it up and leave it in the fridge."

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

- The provider worked alongside healthcare professionals to ensure people received consistent and effective care.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and staff were knowledgeable about MCA and DoLS. Where people lacked capacity, decisions were made in their best interests.

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

Continuous learning and improving care

At our last inspection, the provider's systems in place to monitor and improve the service were not effective. 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 provider had systems in place to monitor the quality of the service, identify issues and devised action plans to resolve them.
- Staff we spoke with confirmed spot checks were carried out to ensure they were carrying out their tasks in accordance with people's needs and in line with the providers policies.
- People and their relatives told us the management team responded well when they had need to raise concerns. One relative said, "I recently raised concerns about the time of the evening call and that was acted upon the following day."

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

- The provider ensured people received person-centred care which met their needs and considered their preferences.
- Care plans included a personal history section which helped staff build up a relationship with people and start conversations about their interests. One staff member said, "I start by introducing myself and talk to families as well to gather information they may help me support someone better."
- People told us they were predominantly visited by the same staff, and this had helped them form a good relationship. One person said, "The ones [staff] that come to me, I know them very well and I think they know me well too."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 manager and staff were clear about their roles and understood their legal requirements.
- Staff we spoke with enjoyed working for the provider and told us the management team were

approachable and supportive.

- People and their relatives told us the management team and staff were approachable. One person said, "Yes, I do feel I could speak to the manager, but I've had no reason to because they [staff] have been good to me. I can't fault them because they have always been nice to me."

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

- The provider had systems in place to obtain feedback about the quality of support people received.
- A survey was conducted every 6 months and analysed to ensure views and suggestions were considered. The registered manager produced a 'you said, we did' summary which informed people of actions taken.

Working in partnership with others

- The registered manager could evidence they were working in partnership with others.
- Professionals working with the service gave good feedback. One professional said, "I find Intercare to be a very good, organised, and caring provider."