

Integrated Kare Solutions Limited

Integrated Kare Solutions Limited

Inspection report

465 Broxburn Drive
South Ockendon
RM15 5PS

Tel: 07874980526

Date of inspection visit:
15 June 2021
23 June 2021

Date of publication:
22 July 2021

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

Integrated Kare Solutions Limited is a domiciliary care service providing personal care to people living in their own homes. At the time of inspection, the service was providing care to three people.

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

People and their relatives told us they felt safe with the staff who visited them and they had trust in the management. Staff had received training in adult safeguarding and were confident that if they raised a concern to the registered manager it would be dealt with appropriately.

People and their relatives said staff were kind and caring. They said they were treated with dignity and staff promoted their independence. 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 received an initial care needs assessment which formed part of the person-centred care plan. People and their relatives told us they were involved in their care planning and were always offered choice. They told us staff were respectful of the person's cultural needs and were polite. People and their relatives appreciated receiving care from the same staff group and told us staff never missed a call and usually arrived at their preferred time.

The service had a safe recruitment process in place and new staff followed an induction programme. Staff were experienced and people told us staff were skilful. The registered manager carried out regular staff supervisions and observational assessments to ensure staff were competent.

Staff had received infection prevention and control training including donning and doffing of personal protective equipment (PPE). People confirmed staff wore PPE and the registered manager conducted spot checks to ensure staff were wearing PPE correctly. The service followed government guidelines in relation to the COVID-19 virus pandemic and carried out risk assessments to mitigate risks.

The registered manager promoted an open and honest culture and led by example. Staff told us they felt valued and supported by the registered manager. The registered manager carried out regular audits as part of the service's quality assurance process. People and their relatives told us the registered manager contacted them regularly either by telephone or visits to gain feedback on the service being provided.

The registered manager spoke enthusiastically about the service and future development. Staff told us the registered manager expected a high standard of care and they spoke positively about working for the service.

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

This service was registered with us on 9 March 2020 and this is the first inspection.

Why we inspected

This was a planned inspection of a new service.

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 caring?

Good ●

The service was caring.

Details are in our Caring findings below

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-led findings below.

Integrated Kare Solutions Limited

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.

Inspection team

The inspection team consisted of two inspectors. To support the inspection, one inspector reviewed records and documentation. They conducted telephone calls to people, their relatives and staff to gain their view of the service. One inspector visited the service location.

Service and service type

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

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. For this service the provider was also the registered manager.

Notice of inspection

We gave the service a short notice period of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 15 June 2021 and ended on 23 June 2021. We visited the office location on 21 June 2021.

What we did before the inspection

We reviewed information we held about the service. 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 of this information to plan our inspection.

During the inspection

We spoke with one person who used the service and two relatives about their experience of the care provided. We spoke with four members of staff including the registered manager and care staff.

We reviewed a range of records. This included three people's care records. We looked at three 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 continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to keep people safe. People and their relatives told us they felt safe with the staff who visited.
- Staff had received training in adult safeguarding and were confident to raise any concerns in relation to allegations of abuse.
- The service had safeguarding and whistle blowing policies in place which provided clear guidance for management and staff.

Assessing risk, safety monitoring and management

- Risk assessments were conducted during the initial care needs assessment which formed part of the care plan. These were reviewed and audited by the registered manager regularly.
- Health and safety risk assessments were conducted on the person's environment. Where there were potential hazards identified, actions were put in place to mitigate risks.
- The service had introduced further risk assessments to meet the risks associated with the COVID-19 virus pandemic. These included assessments for people and staff and identified those who were more vulnerable to the COVID-19 virus.

Staffing and recruitment

- The service had an effective recruitment process in place. Staff recruitment files were well organised and contained comprehensive interview notes. All relevant employment checks were completed before the staff commenced working.
- There were enough staff to meet people's care needs. Staff told us they did not feel rushed during visits and they had enough time with each person to carry out their work effectively.
- Staff were experienced in health and social care and held relevant qualifications.

Using medicines safely

- The service was not providing medicine administration support to anyone at the time of the inspection, however processes were in place if support was required. The medicine management policy and procedures were comprehensive and provided staff with clear guidance on safe management of medicines.
- Staff had received training in medicine administration and staff told us they were familiar with medicine management through their past experiences.
- As no one was receiving medicine support the registered manager was unable to assess staff competency with the practical aspect of medicine administration. The service had a competency checklist form in place which the registered manager told us they would use when staff were required to support people with their medicines.

Preventing and controlling infection

- The service had systems in place to mitigate the risks of infection. The infection prevention and control policy had been updated to include the management of the COVID-19 virus pandemic in line with government guidelines.
- Staff had received training in infection prevention and control including the donning and doffing and safe disposal of PPE. Staff told us they had been provided with enough PPE and always wore it. People and their relatives confirmed that staff wore PPE.
- Observation assessments were undertaken by the registered manager to assess the knowledge and competency of staff in relation to infection prevention and control including hand washing. Staff told us the registered manager carried out unannounced spot checks to ensure they were wearing their PPE correctly.

Learning lessons when things go wrong

- Systems were in place to analyse incidents through regular auditing and any lessons learned would be shared with the staff.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- An initial assessment of needs was carried out by the registered manager when people first sought care from the service. The assessment formed the basis of the person-centred care plan. People and their relatives told us they were asked about their care needs and were consulted when care plans were reviewed, and any changes were made.
- Care plans identified people's choice of how they wanted their care delivered and people confirmed staff always offered choice.

Staff support: induction, training, skills and experience

- The service had an induction programme in place which followed the requirements of the Care Certificate. The Care Certificate is an identified minimum set of standards that sets out the knowledge and skills expected of specific job roles in health and social care.
- All staff had completed the induction training which included shadowing experienced staff.
- Training was conducted by the registered manager and an external training provider through on-line and face to face training. All staff were experienced in health and social care, so some subject areas included in the programme were refresher updates.
- Observational supervisions were conducted to ensure staff were competent and to identify if any further training was required. Staff had received supervisions using technology or face to face.
- Certificates of training and supervision records were recorded in recruitment files.

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

- Care plans identified people's dietary and hydration requirements including cultural food preferences.
- A nutritional risk assessment was conducted for each person which identified any concerns with weight loss or swallowing difficulties. The registered manager told us if there were any concerns, they would refer to the relevant professional.
- An in-depth summary of how the individual liked their food and drink to be presented was documented so staff could provide meals as the person preferred.
- People told us they were offered choice as mealtimes and relatives said that staff always left the kitchen area tidy and clean.

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

- Staff knew how to raise a concern to emergency services. People told us they were confident that staff would seek medical advice if it was needed.

- The service worked closely with the GP and community nurses. The registered manager told us they would refer people to relevant professionals such as the occupational therapist if required.

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. 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service worked within the principles of the MCA. Care plans contained mental capacity assessments which were completed where applicable.
- Staff had received training in the Mental Capacity Act.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Care plans provided clear guidance for staff on how to provide people with personalised care. Staff were aware of their responsibilities and had a good insight into the care needs of the people they supported.
- People and their relatives told us that staff were kind and caring. One relative said, "[Family member] feels safe with the staff, they are polite, gentle and caring. [Family member] looks forward to the staff coming, they make [family member] happy.
- People told us they received care from the same staff group, and they arrived at their preferred time and never missed a call. Relatives told us staff were professional, skilful and experienced. One relative said "I have observed a staff member and they did everything well. They left everything clean and tidy."
- During the initial assessment, people's protected characteristics such as ethnicity, age and religion were considered and recorded so cultural and lifestyle choices could be met. One relative told us, "The staff do a fantastic job. They are polite and very respectful of our culture which makes [family member's name] very happy."

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

- People were involved in the reviewing of care plans which enabled them to express their views on the care they required. Relatives told us, "The registered manager did an initial assessment and we were involved in the care plan" and, "At the initial meeting, the registered manager went through the service user guide to ensure we knew about the service. I would know how to raise a concern if I needed to."
- The registered manager contacted people and their relatives regularly by telephone or through visits to gain their views on the care being provided. One person told us, "The registered manager visits frequently and asks about the service I am receiving." A relative said, "The registered manager rings almost daily to see if everything is okay and if staff turned up on time and how they provided care."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that staff respected their privacy and treated them with dignity. One relative said, "Staff always treat [family member] with dignity and are polite. They do more than I expect, and they always make [family member] feel very comfortable."
- Staff said they supported people to be as independent as they were able, and people and relatives confirmed this.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- Care plans were person-centred. They clearly detailed how people wished staff to provide their care.
- Staff told us they offered choice at each visit. People and their relatives confirmed this. One relative told us, "We were given exactly what we asked for. The staff always ask [family member's] consent and gives choice. When staff first came the registered manager told them what they were to do."
- Care plans were reviewed regularly and any changes to care needs were documented. Staff completed a daily log at every visit. One relative told us, "Staff write everything down so I can read through after. [Family member] always rings me after staff have gone and tells me who came and what they did. If [family member] was unhappy they would tell me."

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 manager was aware of the importance of adapting to people's communication needs. Where there were specific language requirements, the registered manager arranged where possible for staff who spoke the same language to attend. This was appreciated by families.
- The registered manager told us they have used picture flash cards to assist with communication.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The COVID-19 pandemic had restricted people's activities. The registered manager was aware of social isolation and was in regular contact with people they were providing care for to provide support.
- Care plans identified people's cultural needs and preferences in relation to social activities. They referred to people's religious beliefs and contact with their place of worship, relationships with family and friends and the social activities they liked to attend.

Improving care quality in response to complaints or concerns

- This was a new service and had not received any complaints at the time of the inspection.
- The service had a complaints procedure in place which was clearly outlined in the service user guide. Relatives told us that when they first commenced using the service, the registered manager went through the complaint procedure, so they were fully aware of how to make a complaint.
- Staff told us they could raise any concerns to the registered manager, and they would provide advice. Staff

told us they registered manager contacted them after to ensure the concern had been resolved, which the staff appreciated as they felt supported.

End of life care and support

- The service was not providing end of life care to anyone at the time of the inspection.
- There was an end of life policy in place which provided guidance for staff and referred to support agencies.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Care plans were person-centred and explained in detail how people wanted to be treated and the care routine they expected from staff. Staff told us care plans were easy to follow. Staff said when they were first introduced to the person the registered manager went through each section of the care plan to ensure they fully understood the person's needs.
- People and their relatives told us they were happy with the care provided and said that the registered manager was approachable and understanding. One relative told us, "The registered manager checks regularly to see if we are happy with everything." Another said, "We are very much involved in my family member's care."

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 understood their legal responsibilities and promoted a culture that was open and honest. People and their relatives told us the registered manager explained what they could expect from the service at the initial assessment, highlighting authorities they could refer to if they were unhappy with the care they received. People and their relatives had trust in the registered manager and the staff who visited them.
- The registered manager had good oversight of the service. Staff told us the registered manager undertook regular spot checks. The registered manager conducted regular audits as part of their quality assurance process.

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

- The registered manager was clear about their role and for the service to provide a high standard of care. The registered manager was experienced and worked within their own professional code of conduct, being familiar with regulations and legislation.
- Staff told us the registered manager was supportive and listened. Staff said, "The registered manager always speaks to us nicely and politely. They expect high standards and the importance of making people feel comfortable. The registered manager is more like a mentor, they go through everything to ensure we know what to do."
- Staff were experienced in health and social care and had a clear understanding of their role and responsibilities. Staff spoke enthusiastically about their role and with compassion when referring to the

people they cared for.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service was new and the registered manager was keen to engage with local agencies and professionals to create a network of contacts to signpost people to when specialist support was required.
- The registered manager engaged with people and their relatives through telephone calls and visits. Additionally, satisfaction surveys were conducted, analysed and any action for improvement was taken. We reviewed some of the recent surveys from people and their relatives which read, "The best service I have ever had" and "So far I am very happy with the service. I hope they will keep up the good work and standard."
- Staff told us they could contact the registered manager anytime to discuss both professional and personal matters. Staff had additional opportunities to express their views through staff meetings, appraisals and supervisions.

Continuous learning and improving care

- The service promoted an open culture of learning and knowledge sharing. Staff told us the registered manager discussed career progression with them. Staff presently studying for qualifications told us they were supported fully by the registered manager.
- The registered manager maintained their own continued professional development to meet the requirements of their professional registration.
- Staff meetings were conducted either face to face or using technology. Minutes from the meetings demonstrated that any changes to care were discussed, which ensured all staff were working to the same expected standards and their practice was current.