

Integrated Care and Support Services Ltd

Integrated Care and Support Services LTD

Inspection report

60 Kitchen Street
St Helens
Merseyside
WA10 4LY

Tel: 01744736699

Website: www.integratedcareandsupport.webs.com

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

The inspection was announced and took place on the 12 July 2016.

The service is registered to provide personal care to people within their own home in the St Helens area. At the time of the inspection, there were two people using the service.

A registered manager had been in post within the service since November 2014. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People were protected from the risk of abuse. Staff had completed safeguarding training, and were aware of how and when to report any concerns they may have. Records contained examples where appropriate action had been taken to keep people safe.

There were sufficient numbers of staff in place to meet people's needs. People commented that the staff arrived on time, and that care calls were not missed. They also confirmed that staff stayed the full amount of time. Robust recruitment measures were in place to ensure that staff were of suitable character.

Accidents and incidents records showed that appropriate action was taken to keep people safe, and to minimise the risk of issues reoccurring. This ensured that people's safety was maintained. Risk assessments which were in place helped to ensure people safety.

Staff had undertaken relevant training to enable them to effectively carry out their role. This included training that helped them to manage specific needs related to people's health needs. There was an induction program in place for new staff to ensure they had the skills they needed.

Staff had a good understanding of the Mental Capacity Act 2005, and their roles and responsibilities in relation to this. People commented that they were given choice and control over their care by staff. This ensured that people's rights and liberties were being protected.

People and their relatives commented positively on how staff conducted themselves, stating that they were kind and respectful. People were consistently supported by the same staff, which helped to facilitate the development of positive relationships.

People's care records contained personalised information around their care needs. This meant that staff had access to clear and up-to-date information around how they should support people. This included information around people's interests, hobbies, personal histories and preferred daily routines. Information was reviewed on a routine basis so that it remained up-to-date.

People confirmed that they were supported to engage in activities. This protected them from the risk of social isolation, and helped maintain their involvement within the local community.

Audit processes were in place around care plans and staff training. Where actions were identified there was not a clear system in place to show when these needed to be completed by, or whether these had been completed. The registered manager confirmed that they were looking at implementing a new system around this. Appropriate action had been taken in response to accidents and incidents to help keep people safe and to minimise the risk of reoccurrences.

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.

There were sufficient numbers of staff in place to keep people safe and meet their needs. Recruitment processes were robust enough to ensure people's safety was maintained.

Staff had undertaken training in safeguarding and they were aware of how to report any concerns they may have.

Risk assessments were in place to guide staff how to keep people safe.

Is the service effective?

Good ●

The service was effective.

Staff had completed training that was needed to undertake their role. There was an induction process in place for new members of staff to help them develop the necessary skills.

Staff had a good understanding of the Mental Capacity Act 2005 and their roles and responsibilities in relation to this.

Is the service caring?

Good ●

The service was caring.

People confirmed that staff treated them with dignity and respect.

People who used the service had developed good relationships with staff whom they were comfortable with.

People's privacy and confidentiality was maintained.

Is the service responsive?

Good ●

The service was responsive.

Care records were personalised, and provided detailed information around the support that people required.

There was a complaints process in place and people told us that they would feel confident approaching the registered manager with any concerns.

People confirmed that they were supported to engage in activities, which protected them from the risk of social isolation.

Is the service well-led?

Good ●

The service was well-led.

Some improvement was needed to make the auditing process clearer; however action had been taken to monitor the quality of the service and to act where improvements were required.

The service maintained links with the local community and made referrals to other professionals where required for people.

Staff were familiar with the visions and values of the registered provider, and promoted them in their work.

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Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection took place on the 12 July 2016, and was carried out by one adult social care inspector. The provider was given a short period of notice because the location provides a domiciliary care and we needed to be sure that someone would be in.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also spoke with the local authority quality monitoring and safeguarding teams who did not have any concerns about the service.

During the inspection we spoke with people using the service and their relatives. We spoke with five members of staff and the registered manager. We looked at the recruitment records for three members of staff, and the care records for two people who used the service. We also looked at other records pertaining to the day to day management of the service.

Is the service safe?

Our findings

People told us that they felt the service was safe. One person commented, "I feel safe with staff". Family members also told us that they felt their relatives were safe. Their comments included, "I definitely feel [Name] is safe with the carers" and "I've been very happy with the support they have given to [Name]. Yes I feel that they are safe".

Staff recruitment records were robust enough to maintain people's safety. Staff had been required to complete an application form which included details around their qualifications and employment and they underwent a check with the disclosure and barring service (DBS). A DBS check informs employers of any criminal convictions staff may have, and supports them to make a judgement around their suitability. Staff had been required to provide two references, one of which was from a previous employer, which helped the registered manager make decisions around the applicants suitability, based on their conduct in their previous job.

People were kept safe by the right amount of staff who were reliable. People told us that staff arrived on time, and that they did not miss any calls. People and their relatives also told us that they felt they received support from the correct number of staff to maintain their safety. Their comments included, "We have had no issues with them missing calls, or being late" and "There is a good consistency of carers, and [My relative] receives the correct number of hours per week".

Staff had completed training around safeguarding vulnerable people and they were aware of when and how to report any concerns. Staff wore identification (ID) around their necks, which also contained details of the safeguarding process, and relevant contact details for them to refer to should they need to. The registered provider had liaised with the local authority with any safeguarding concerns as required.

Comprehensive risk assessments were in place, which provided clear instructions to staff around how they should respond in specific situations. These were personalised to each individual, and contained particular details associated with any health conditions people had. This meant that staff had access to important information around how to keep people safe.

A record of accidents and incidents was maintained by the registered manager. These included details such as the time, the nature of the incident and the action taken to keep people safe. Appropriate action was taken in response to issues identified to ensure that people's safety was maintained, and to prevent these issues from reoccurring again in the future.

People were reliant upon their relatives to support with administering their medicines. However, some people were prescribed PRN (as required) medicines that staff may be required to administer. Risk assessments contained detailed information around when these medicines should be given. Training records indicated that staff had completed training around the safe administration of medication. The registered provider had an up-to-date medicines policy and procedure in place, which outlined guidance and conduct for staff.

Is the service effective?

Our findings

People told us that staff were well trained and good at their job. One person commented, "They're skilled at their job". One family member also commented, "Staff continue to provide support at the level that we want for [Name]".

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In community settings, a deprivation needs to be authorised by the court of protection (CoP). At the time of the inspection there was no one subject to an authorisation by the CoP. We spoke with the registered manager who demonstrated a good understanding around when a referral to the CoP would be required.

Staff had received training in the MCA and were aware of their roles and responsibilities in relation to the Act. They told us that they gave people choice and control over their care, and this was apparent both from what people told us, and from care records. For example one person's care records outlined activities that they had "chosen" to do. This ensured that people's rights and liberties were protected in line with the MCA.

Staff had completed training in a number of areas such as first aid, fire awareness, safeguarding and food hygiene. Training records also outlined that training in relation to diabetes and epilepsy had been given so that staff had the required knowledge and skills to support people in their care. There was an induction process in place for new staff, which included a period of shadowing experienced members of staff. During the induction, staff also completed training such as that outlined above to ensure that they had the required skills and knowledge to carry out their role.

People were mainly dependent upon their relatives to support with meal preparation, however care records contained details around the level of support they required. This ensured that staff were aware of what support to give in situations such as taking people out for a meal. On occasions staff supported people with meal preparation, and they had received training in food hygiene. People confirmed that staff offered them a choice of food and drink, and this was also reflected in care records.

Care records showed that staff had supported people with accessing support from relevant health and social care professionals where they needed help with this. Care records also provided clear information to staff around when they needed to seek medical attention for people. Discussions with staff showed that they were familiar with these situations.

Is the service caring?

Our findings

People told us that staff were kind and caring towards them. One person commented, "They are respectful and caring". One person's relative also commented, "They are consistent and caring", whilst another stated, "They come here and they always treat our home with respect".

People told us that positive relationships had been developed with staff. One person commented, "We get on well and have a laugh", while their relative commented that they were "respectful and friendly". Another person's relative told us, "We are very very happy. [Name] loves staff. [My relative] speaks very fondly of carers". Staff spoke positively about people and told us that they consistently supported the same people which enabled a good rapport to be developed. People confirmed that this was the case.

We spoke with people's key workers and found that they had a good understanding of the people they supported. Staff knowledge reflected what was recorded in people's care records. Staff were aware of situations that may cause people distress, and we saw an example where the registered provider had acted appropriately to seek support from other agencies to prevent people from becoming distressed.

People told us that they were involved in making day-to-day decisions, such as where to go out for lunch and what clothes to wear in the morning. Care records showed that people had been involved in reviewing their care, with the support of their family members where appropriate. At the time of the inspection there was no one being supported by an advocate, however the registered manager was aware of how and when it would be appropriate to support people with accessing the local advocacy service. Advocates offer independent support to people during decision making processes, to ensure that their voices are heard. This ensured that people remained at the centre of the care process.

People's privacy and dignity was respected. People commented that staff were respectful during personal care interventions. Staff told us that they would ensure that curtains or blinds remained closed to maintain people's privacy, and that they covered people with a towel to ensure they did not become uncomfortable or embarrassed during personal care. People dressed as they wished and were clean and happy. A letter of thanks had been sent to the service by a family member which outlined how their relative had been sensitively and skilfully supported by staff with regards to their care.

People's privacy and confidentiality was maintained. Care records containing personal information was kept safe and secure. Staff commented that they would keep people's information secure, records showed that this had formed part of discussions in team meetings.

Is the service responsive?

Our findings

People told us that their needs were met by the registered provider. One person commented, "I'm happy with the service", while a family member stated, "Staff continue to provide support at the level that we want for [Name]".

People's care records were personalised and contained detailed information around how staff should support them. For example, one person's record contained details around triggers that could make them feel emotional, and instructed staff on how they should respond. Another outlined the level of support the person required with crossing the road. People who used the service were able to verbally communicate, however records showed that other methods of communication had been considered when people's needs were being assessed. Information around people's physical and mental health was also clearly outlined. More in-depth information was provided where staff needed to take action to keep people safe, for example in the event of a deterioration in a person's health.

There was a person centred approach to meeting people's needs. Care records contained information around people's personal histories which enabled staff to get to know the person, and helped to facilitate the development of good relationships and a personalised approach. Information was also available around people's likes, dislikes and preferred routines. People confirmed that care was provided in a way that suited their needs.

Care records were reviewed on a regular basis to ensure that information was up-to-date and accurate. Records of these reviews were maintained and demonstrated that people, and where appropriate their family members had been involved in this process. This process was also used as a means of gathering feedback from people on how well the service was doing, and if anything could be done better. This ensured that care continued to be provided in a way that suitable for people, and gave people the opportunity to suggest improvements.

Daily notes were maintained by staff, and outlined the level of support that had been provided to people. These notes were detailed, and contained information which needed to be communicated to staff and relevant others around any matters which were relevant to the ongoing care and support of the person. A handover was also completed at the beginning and end of each shift to ensure that all staff knew of any relevant developments in people's needs.

People were protected from the risk of social isolation, and remained engaged with the local community. People confirmed that they were supported by staff to engage in activities of their choosing. One person's relative commented, "[Name] was reclusive before starting with the service. Now they're always out". Care records outlined those activities that staff had supported people to undertake, such as going out for lunch, or accessing local social groups. People also commented that sometimes they just liked to have a chat, which staff were happy to do.

There was a complaints procedure in place, which people and their families were aware of. People and their

relatives commented that they would be happy to make a complaint if they needed to. The registered provider had not received any complaints about the service. However the complaints record did highlight that where concerns were raised, appropriate and thorough action was taken to respond to these concerns, and minimise the risk of them reoccurring. This showed that the service learnt from issues where they were identified.

Is the service well-led?

Our findings

There was a registered manager in place within the service who had been registered since November 2014. People's relatives told us that the registered manager was approachable, and described her as "Very hands on". They told us that they would not have an issue with approaching her with any concerns, and felt that she would respond appropriately to anything they raised with her. Prior to the inspection the registered manager received a written compliment from a family member, expressing gratitude and praise around the service their relative had received. Staff also commented positively on the registered manager, and told us that team morale was high and that they enjoyed their role.

There were audit systems in place for monitoring the quality of the service. These included checks carried out on care plans and staff training. These systems had identified actions, however it was not recorded when these needed to be completed by or whether follow up action had been carried out. This made it difficult for the registered manager to monitor whether appropriate action had been taken in a timely manner. We followed up on some of these actions and found that they had been completed. We raised this with the registered manager who informed us they would develop a new, clearer system.

An accidents and incidents audit had not been completed. The registered manager told us this was due to the small size of the service and because there had been a small number of incidents. The registered manager confirmed that an accidents and incidents audit would be introduced. Accidents and incidents records provided a clear level of detail, and showed that appropriate action had been taken to ensure people's safety.

There were quality monitoring systems in place whereby the registered provider ensured the quality of the service was being maintained. This was incorporated into the review process, which was held on a routine basis with people and their families to ensure the quality of the service was being maintained. This allowed people to offer their opinions on the service, and make suggestions around any improvements that could be made.

A disciplinary policy was in place which the registered manager had used appropriately. This ensured that any examples of poor staff conduct were raised with staff, and action taken to address these issues. This ensured that standards were maintained, and helped staff to improve.

The registered provider had links with the local community. Care records outlined where the registered manager had contacted other relevant professionals, such as housing organisations and the local authority to ensure that their safety and wellbeing was maintained. This was done with people's permission. This ensured that relevant professionals remained updated around people's needs, and gave them the opportunity to ensure an appropriate response was made.

The registered provider had up-to-date policies and procedures in place for staff who were familiar with where to find these. These included a whistle blowing policy, which outlined to staff how to report any concerns either inside or outside of the organisation. Whistleblowing is a process whereby staff can raised

any issues without fear of reprisals. The registered manager was aware of those situations where safeguarding concerns needed to be raised with the local authority and there were examples where this had been done. This showed a transparent and open culture was maintained by the registered provider.

Records of team meetings were maintained which showed that these were held on a regular basis. The meetings were used as an opportunity for management to update staff on their policies, such as the sickness and absence policy and bad weather policy. Staff commented that meetings provided a chance to discuss any developments in people's needs. Staff also told us that the meetings enabled them to contribute to discussions around the development of the service.

Staff were aware of the vision and values of the registered provider, which were outlined in their statement of purpose. These included promoting people's independence and ensuring people were treated with dignity and respect. People confirmed that staff adhered to these values.

The registered provider is required by law to notify the CQC of specific events and instances that occur within the service. The registered manager was aware of those situations where it would be appropriate to notify us of these incidents, and our records indicated that this had been done appropriately.