

Intercare Community Support 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 caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Intercare Community Support Ltd is a domiciliary care agency providing personal care to 67 people at the time of the inspection.

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

People were supported by staff who put them at the heart of what they do. People and relatives were happy with the service they received and spoke positively to us about staff with whom they had good relationships.

Appropriate recruitment checks took place before staff started work and there were enough staff available to meet people's care and support needs. Staff received comprehensive training to enable them to carry out their roles effectively. Staff enjoyed working at the service and felt supported by each other and the registered manager.

Care plans and risk assessments were detailed and kept up to date. Information about people was written in a respectful and personalised way. People and their relatives were involved in the planning and delivery of their care and were kept informed when there were changes.

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.

There was a complaints procedure in place and people were confident if they did have any complaints that these would be addressed. When there were problems, the provider dealt with them appropriately and put measures in place to reduce the likelihood of recurrence.

People, relatives and staff were encouraged to share their feedback and the registered manager was open to suggestions and approachable. The registered manager was keen to improve and extend the service by using new technology and promoting good practice.

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

Rating at last inspection

The last rating for this service was Good (published 8 September 2016).

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our Well-Led findings below.

Good ●

Intercare Community Support 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 was conducted by one inspector.

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.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 24 June 2019 and ended on 3 July 2019. We visited the office location on 24 June to look at records and speak with staff. We spoke to people, their relatives and staff on the telephone on 2 and 3 July 2019.

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. 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 six people who used the service and three relatives about their experience of the care provided. We spoke with five members of staff including the provider, registered manager, care co-ordinator/trainer and care support workers.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had safeguarding and whistleblowing policies in place and these were regularly reviewed to ensure the information remained up to date and relevant.
- Staff had completed safeguarding training and told us they knew who to contact if they had any safeguarding concerns. We saw that the registered manager had responded appropriately to concerns that had been raised.

Assessing risk, safety monitoring and management

- People's care records contained detailed risk assessments and clearly set out how staff should care and support people safely.
- Risk assessments were regularly reviewed and necessary changes made. Staff told us they were always kept up to date with changes to people's care plans and risk assessments.
- Some people used specialist equipment such as hoists. The registered manager ensured that maintenance contact details were recorded in care plans so that if there were any issues or faults these could be quickly resolved.

Staffing and recruitment

- Safe recruitment and selection processes were followed. The service had checked employees' Disclosure and Barring Service (DBS) status. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.
- People who used the service and their relatives told us they felt 'absolutely safe' with the staff who cared for and supported them.
- The registered manager knew staff well and ensured their skills and knowledge were matched with people to meet their needs.
- People told us there were enough staff to meet their needs and staff attended calls on time. We saw the registered manager had sent extra staff to people when their needs changed, and when there were concerns about lone working, for example for late night calls.

Using medicines safely

- Care plans contained clear records about people's medicines so that staff were able to make sure people received their medicine safely.
- Staff completed training in medicine administration. They told us they were confident in this area and knew what to do if any errors were made.
- Records showed that the registered manager completed regular spot-checks with staff to test their

competency in relation to medicines administration and identify any additional training needs.

Preventing and controlling infection

- Staff completed training in infection control, food hygiene and health and safety. This ensured they were knowledgeable about how to reduce the spread of infection.
- People's care plans clearly recorded if they needed staff support with cleaning and housekeeping tasks. All plans included instructions for staff to ensure waste was correctly disposed of and people's home were left clean and tidy after visits.

Learning lessons when things go wrong

- We saw that the service had an incident book and there were systems in place to ensure that issues were consistently reported, investigated and followed up to ensure there were no ongoing concerns.
- We saw from records that the service had dealt appropriately with a concern and put measures in place to reduce the risk of recurrence, for example additional staff training or new policies and procedures.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

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

- The registered manager arranged for home visits to be carried out before people started to receive care and support. A full assessment was completed to ensure staff could fully meet their needs. A relative told us, "[Staff] came out and wanted to know exactly what we wanted, and we got it, we were fully involved."
- Regular care reviews were conducted involving people and family members, if appropriate. We saw when care plans had been amended as a result of these reviews.
- The provider considered people's protected characteristics under the Equality Act to make sure that if the person had any specific needs, for example relating to their religion, culture or sexuality, staff could meet those needs.

Staff support: induction, training, skills and experience

- The registered manager employed a trainer to ensure staff had regular training and refresher courses to ensure they were kept up to date with current practice.
- A variety of training was offered in a different formats including online and face to face. Staff told us they enjoyed the training and particular topics, such as the dementia training, had made a positive difference to the way they supported people.
- Records showed that staff had the supervision and support they needed to carry out their roles.

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

- Staff completed mandatory nutrition training and additional training was available when people had particular needs, such as percutaneous endoscopic gastrostomy (PEG) equipment which is used when people receive nutrition through a tube in their stomach.
- People were supported to shop for food and care plans included prompts for staff to encourage healthy choices.
- Staff supported people with meal preparation when required and people told us they chose what they ate.
- The registered manager ensured that people were given information leaflets about meal delivery services which allowed people to have easy access to healthy food choices.

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

- People's care plans contained details of other health and social care professionals involved in their support, for example district nurses, and staff supported people in line with professional's recommendations.

- Staff communicated effectively with other organisations for the benefit of the people using the service. For example, we saw the registered manager had advocated on behalf of one person with the local authority to identify suitable housing provision.

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

- Staff obtained consent for people's care and support. People were supported wherever possible to make their own decisions.
- All staff received training in relation to MCA which ensured they had a good understanding of its principles and what to do if they had concerns about people's capacity to make decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People spoke positively about the staff who cared for them and the relationships they had built up. They told us, "All the [staff] are smashing"; "I like the [staff] that come, we get to talking" and "They're absolutely marvellous, I can't find fault with any of them...I'd really miss them if they didn't come."
- People were cared for by staff who enjoyed working with them. One member of staff said, "I like a chat, I like being company for people, building a rapport with them."
- People's diverse needs were respected. Care plans ensured staff met people's requirements and supported them to access additional support, for example, from the visual impairment team.

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

- The registered manager obtained people's views by asking them to complete surveys and we saw the feedback from these was positive. In order to make it easier for people to express their views and allow staff a more detailed understanding of feedback provided, a new system was being implemented in which staff would visit people to discuss their experiences.
- People and their relatives told us they were involved in planning their care, and kept up to date with any changes, for example, if their regular carer was going on holiday. One relative said, "[Person] and I were involved in care planning - the lady who runs the company came to see us and talked about what we wanted, we get what we need. They keep us well-informed."

Respecting and promoting people's privacy, dignity and independence

- People told us staff were respectful and treated them with kindness and dignity. One person said, "They notice if I'm down or off-colour and they enquire if there's anything they can do to help."
- We saw cards and letters from people and their relatives thanking staff for their support. One relative commented that staff had 'gone above and beyond' and helped their relative 'feel beautiful' for an important family occasion, and another wrote, "we appreciate all your help to enable [relative] to stay at home in comfort."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care plans contained detailed information for staff on how best to support them with personal care, eating and drinking, medicines and other day to day activities. They also included detailed information about their health needs and the care people required to manage their long term health conditions.
- People were cared for by staff who knew them well and took time to meet their individual needs. For example, when one person's health needs had prevented them from leaving their home for a long time, the registered manager was creative in identifying a way to find footwear which fitted.
- People told us, and records showed, that the registered manager was responsive to people's requests. For example, we saw that call visit times had been changed when people had other appointments or plans.

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.

- Care plans included information for staff about people's communication needs. For example, when supporting people who were visually impaired, staff were reminded to explain their actions verbally to aid understanding.
- Information was made available to people in different formats including large print, easy read and Braille. Information we saw covered wide range of topics including how to make a complaint, how to arrange a free fire safety check with the Fire and Rescue Service and for relatives, 'supporting people to live independently in their own homes'.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and we saw that incidents and complaints were properly recorded, investigated and reviewed by the registered manager. Action was taken to reduce the likelihood of recurrence, for example after one incident additional safety measures were put in place to support staff working at night.
- People knew how to make a complaint and were confident that they would be listened to. One person told us, "I can phone the manager any time, she said that to me," and another said, "I feel like if I've got a problem I can call the office and we'll get it sorted."

End of life care and support

- At the time of the inspection there was no one receiving end of life care.

- Staff had completed end of life training and knew how to care for people at this time according to their wishes.
- The service had an end of life policy in place which set out the way people could expect to be cared for in line with their spiritual, cultural, social and physical needs, and ensured they were supported by other health and social care professionals and people who were important to them.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

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

- The registered manager was committed to providing person centred care and adopted working practices which supported this. For example, having identified when people were discharged from hospital their care needs had often increased unexpectedly, the registered manager ensured staff carried additional personal care kits in their cars so that people could be cared for in bed at short notice.

- A number of policies and procedures were in place to ensure that people who used the service were always put first. For example, the registered manager had clear contingency plans in place to ensure people's needs would continue to be met in severe weather or in the event that the services IT systems failed.

- People and their relatives were positive about the support and efficiency of staff in the office, saying the telephone was always answered and their query or concern dealt with to their satisfaction.

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 maintained records of accidents and incidents, and responded to complaints appropriately. We saw information and learning was shared with staff to reduce the likelihood of recurrence.

- The registered manager understood information sharing requirements. Records showed information was correctly shared with other agencies, for example, when the service had identified concerns, and the registered manager sent us notifications about events which they were required to do by law.

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

- The service was led by an experienced registered manager and staff spoke positively about them and the staff team as a whole. One staff member said, "[Registered manager] is very supportive," and another told us, "I can rely on [colleagues]."

- Staff understood their roles and responsibilities. They felt confident to whistle blow and report poor practice should they need to and there were clear systems in place for them to do so.

- People and relatives told us they knew how to speak with staff in the office and felt confident they would help with any issues. We saw a letter of thanks from one person which said, "What a wonderful team you have at Intercare and certainly well led."

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

- People were encouraged to contribute their views on an ongoing basis informally and through surveys. We saw the results of a recent survey which showed that 98% of respondents said their care was good or excellent.
- The registered manager recognised the importance of seeking feedback from staff who were in daily contact with people who used the service. There was an 'open door' policy at the office and staff had regular one-to-one sessions where they were able to discuss concerns and suggest improvements.

Continuous learning and improving care. Working in partnership with others

- The registered manager had invested in a new electronic call monitoring and records system that was being implemented when we inspected. It had a number of innovative features including a function for staff to speak aloud people's daily notes which were then automatically converted to text. This would enable staff more time to spend with people and allowed greater transparency in record keeping. The system was still evolving but staff felt positive about it.
- A range of audits to check and assess the quality and safety of the service were regularly carried out. Information was analysed by the registered manager and actions identified in response.
- A member of staff was employed to focus on training, ensuring the service stayed up to date with current requirements and best practice.
- The service worked with other professionals including district nurses, physiotherapists and GPs to ensure continuity of care and good outcomes for people. The registered manager described the positive relationship Intercare staff had with the local hospital discharge service and we saw that staff had liaised with the local authority to help arrange respite care for people.