

Integer Healthcare Services Limited

Integer Healthcare Services

Inspection report

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Tel: 01908460145

Date of inspection visit:
08 August 2017

Date of publication:
04 October 2017

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on the 08 August 2017 and was announced. Integer Healthcare Services was registered to provide personal care to people living in their own homes. At the time of our inspection four people were receiving care and support.

This was our first inspection of the service since they registered with us in August 2016.

There was a registered manager in post at the time of our inspection. 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.

The provider lacked the oversight for monitoring the quality and safety of the service delivered. The lack of oversight from the provider resulted in a lack of induction, supervision and training for staff and lack of documentation in relation to the Mental Capacity Act 2005.

Risks associated with people's care had been assessed, however; in some instances no risk assessments had been completed to assist staff with mitigating known risks to people.

Staff understood the need to protect people from harm and knew what action they should take if they had any concerns. Staff understood their role in caring for people with limited or no capacity under the Mental Capacity Act 2005. Documents relating to the MCA had not always been fully completed.

People had plans of care in place which contained details of people's preferences, life histories and support that people required.

People were supported to take their medicines as prescribed. People were supported to maintain good health and had access to healthcare services when needed.

People received care from staff that were kind, caring and passionate about providing the care and support people wanted to enable them to stay in their own homes. People told us that they felt safe in their own home and we observed people to be happy and relaxed around the staff that supported them.

Staffing levels ensured that people received the support they required safely and at the times they needed. The recruitment practice protected people from being cared for by staff that were unsuitable to work in their home.

Staff had good relationships with the people they supported. There was a complaints policy in place which people who used the service and their relatives knew how to access.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

You can see what action we told the provider to take at the back of this report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Risk assessments were not always in place to help guide staff to mitigate known risks to people. Safe recruitment practices were in place and staffing levels ensured that people's care and support needs were safely met.

People were supported to receive their prescribed medicines safely.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Staff did not receive training or supervision to ensure they had the skills and knowledge to support people appropriately and in the way that they preferred.

People were actively involved in decisions about their care and support needs. Staff demonstrated their understanding of the Mental Capacity Act, 2005 (MCA). However, documents relating to the MCA had not been recorded.

People were supported to access relevant health and social care professionals to ensure they received the care and support they needed.

Is the service caring?

Good ●

The service was caring.

People were encouraged to make decisions about how their care was provided and their privacy and dignity was protected and promoted.

There were positive interactions between people using the service and the staff supporting them.

Staff had a good understanding of people's needs and preferences; people felt that they had been listened to and their views respected.

Staff promoted people's independence to ensure people were as involved and in control of their lives as possible.

Is the service responsive?

Good ●

The service was responsive.

People's needs had been assessed and planned in line with their needs and personal preferences.

The delivery of care was flexible and responsive to people's changing needs.

People using the service and their relatives knew how to raise a concern or make a complaint.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

The provider lacked oversight and systems in place for monitoring the quality and safety of the service.

The registered manager was approachable and staff and relatives communicated on a regular basis.

Integer Healthcare Services

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.

This inspection took place on 08 August 2017 and was announced. We gave the provider 48 hours' notice of our inspection to be sure that the staff would be available to support the inspection. The inspection was completed by one inspector.

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. The provider returned the PIR and we took this into account when we made judgements in this report. We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider.

During our inspection we spoke with three people who used the service, one relative, one member of care staff, the registered manager and the nominated individual.

We looked at care plan documentation relating to three people, and three staff personnel files. We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, training information for care staff, meeting minutes and arrangements for managing complaints.

Is the service safe?

Our findings

People could not be confident that care staff knew how to reduce known risks to people when supporting them with their personal care. People were assessed for potential risks associated with their care delivery such as moving and handling, falls and medicine management; however, although risks had been identified there was not always a risk assessment in place to guide staff on how to mitigate the risks to people. For example, there were no risk assessments in place for a person who required the use of bed rails; this same person was also identified as at risk of falling but no falls risk assessment was in place. It was clear from talking to care staff and people using the service that risks had been assessed and the care staff knew how to reduce the risks to people but there were no records to reflect this and there was a risk that any new staff employed by Integer Healthcare Services would not be aware of these risks. As a result of our findings on the day of the inspection the registered manager has put in place comprehensive risk assessments for all known risks to people using the service.

Risks associated with the safety of the environment and equipment in people's houses were identified and managed appropriately. These included an analysis of the condition of flooring, carpets, or rugs and considered whether they presented a risk of trip, slip or fall for either the person or the staff member.

People were supported by staff that knew how to recognise when people were at risk of harm and knew what action they should take to keep people safe; however, there was a risk that care staff were not up to date on best practice and current legislation because they had not completed safeguarding adults training since commencing employment with Integer Healthcare Services. People and their relatives told us they were treated well by staff and felt safe when they were around. Staff demonstrated how they could identify signs of abuse and they understood their responsibility to report any concerns or allegations in a timely way. One member of staff told us, "I know how to report concerns and I wouldn't hesitate to do so."

People could be assured that appropriate recruitment practices were in place; checks had been made to establish that staff were of a suitable character to provide people with care and support. Records showed that staff had the appropriate checks and references in place. These included written references and a satisfactory Disclosure and Barring Service (DBS) check. The Disclosure and Barring Service 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.

There was enough staff to keep people safe and to meet their needs. People told us that they had the same staff most of the time; and when staff provided their care, they were on time and stayed for the allotted time. One relative told us, "The staff come more or less the same time every day, you could 'set your clock' by them." Relatives told us that staff would call if they were delayed and would be late for a call.

People's medicines were safely managed. Staff who administered medicines had received training in the safe administration of medicines. Staff recorded when they gave prescribed medicines on medicine administration records and there were no gaps identified on the records we viewed. They followed guidelines for medicines that were only given at times when they were needed for example; paracetamol for

when people were in pain.

Is the service effective?

Our findings

The induction process for new staff required strengthening. Care staff that had not been employed in care work before had not completed or enrolled on the care certificate which is the national minimum standard for care workers and should be completed as part of the induction process. The registered manager had also sourced training opportunities through the local council and was in the process of booking places on this training for all staff. As a result of our findings on the day of the inspection the registered manager had ensured that all staff had completed the training they required to support people effectively.

People could not be confident that they were supported by care staff who had the appropriate supervision and support to carry out their role effectively. The majority of care staff had been employed for a period of three to six months and had not received supervision; however, care staff told us that they felt supported and the provider was always available and they felt able to call upon them if they had any concerns. One member of care staff said, "I don't hesitate to call [The registered manager] if I have concerns about someone, we are in telephone contact most days." As a result of our findings on the day of the inspection the registered manager has ensured that all staff have now received supervision in line with their policies.

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.

We checked whether the service was working within the principles of the MCA and we saw that care staff sought people's consent before supporting them, however although care staff were acting in people's best interest, the decision making process had not always been written down. For example; When a person may not be able to fully consent to care and support, the service continued to provide the care and support that was required which was in their best interests but no documentation was available to record the decision making process. We spoke with the registered manager about our concerns relating to the compliance with the Mental Capacity Act and they told us they were going to take action to ensure that decision making processes and best interest meetings were written down as required.

People were supported with their meals and drinks when necessary. Plans of care detailed what level of support a person needed with regards to eating or drinking. One person told us, "I always get my drinks when I need them; I have my medicine with water and I like to drink milk which the staff always get for me."

People's healthcare needs were carefully monitored. Records showed that people had access to a range of health professionals, including the District Nurse, GP and hospice services. We saw in peoples care plans that detailed visits of health appointments had been recorded including any follow up appointments that were required.

Is the service caring?

Our findings

People who used the service were supported by care staff in a kind and caring way and involved them as much as possible in day to day choices and arrangements. One person said "I have no complaints; they [care staff] always do what I ask them to do, I never feel rushed." One relative wrote on a feedback form, "We found them [all staff] caring and very helpful to all the family; we called them 'our angels'."

During visits to people's homes we saw that staff interacted well with people and engaged them in conversation and decisions about their activities of daily living. People were listened to and their views were acted upon and conversations were not rushed. One relative said, "They are a great bunch of staff; there is always a member of the family here when they [care staff] visit and they always do what is required of them with a smile on their face. We [family] are really happy."

People were involved in making decisions about their care. People's care plans recorded details about their personal preferences for their support where possible. Where appropriate, the provider had sought information from relatives about people's preferences for receiving personal care. This included information about what people were able to do for themselves, and what staff needed to support them with. For example, one person's care plan detailed their bathing and dressing routine and preferences. The person confirmed with us that staff supported them in this way, which was their choice.

Staff understood the need to respect people's confidentiality and understood not to discuss issues in public or disclose information to people who did not need to know. People's privacy and dignity was respected by the care staff. One care staff said, "I always make sure I cover the bottom half of someone if I am washing the top part; I think that's really important because that is what I would want."

Some people who used the service had been supported in the past by independent advocates. No one was currently using an advocate but the staff team were knowledgeable about how to refer someone to advocacy services and what advocacy services could offer people. An advocate is an independent person who can help people to express their wishes and views and ensure they are listened to.

People's information was treated confidentially. Personal records were stored securely. People's individual care records were stored in a locked cabinets in the office to make sure they were accessible to staff. Files held on the computer system were only accessible to staff that had the password.

Is the service responsive?

Our findings

People were assessed to ensure that their individual needs could be met before the service was provided. The assessments formed the basis of individual plans of care developed specific to the person concerned and these contained information about their previous lifestyle so that their values and interests could be supported. Care plans contained detailed information for staff about how people liked to be supported and how to meet people's assessed needs. People's daily records demonstrated that staff provided support according to the plans of care and people's wishes.

Care plans were reviewed on a regular basis to help ensure they were kept up to date and reflected each individual's current needs. For example; one care plan we read reflected changes that had been made since a person had returned home from hospital. The registered manager told us when any changes had been identified this was recorded in the care plan. This was confirmed in the care plans we saw. There was a plan in place for people to receive a review of the service they received by the local authority. At the time of the inspection people had not been using the service long enough to have a review of their assessed needs.

People could rely on staff to visit them regularly as required. One person said, "They [care staff] are nearly always on time and they always stay for the amount of time I need." One relative said, "The staff always stay for the full amount of time, in fact sometimes longer."

People were given a service user guide at the commencement of their support. This detailed the information they needed to know about the service provided and what to expect. Information such as how to make a complaint was incorporated into the guide. One relative told us, "I don't have any concerns but I would say to [the registered manager] if I wasn't happy with something." Care staff knew how to respond to a complaint. One staff member told us "I would try and make it right for the person if I could and then tell the manager about it; there is a form that people can complete as well if they are not happy." The provider had not received any complaints about the service.

Is the service well-led?

Our findings

The provider lacked the oversight for monitoring the quality and safety of the service delivered. Had effective audit systems been used, the provider would have identified that care staff were not receiving regular supervisions or a thorough induction. The providers' compulsory training had not been completed by care staff and the required documents relating to the Mental Capacity Act had not been completed. We discussed our concerns with the registered manager and they informed us that these areas of concerns would be addressed as a matter of priority. The provider had increased the numbers of people they provided care and support to by 50% in the previous few months but the systems to assess, monitor and improve the quality and safety of the service were not in place. Since the inspection the provider has informed us that systems are now in place to monitor the quality and safety of the service; however these systems will need to be embedded to ensure it is effective.

When Integer Healthcare Services was registered by the Care Quality Commission to provide the regulated activity of personal care the provider gave assurances that all staff would receive a thorough induction, supervision and complete the mandatory training as set out in the providers own policies. This lack of oversight by the provider puts people who use the service at risk of being supported by care staff who do not have the necessary skills and competencies to care for them effectively.

This was a breach of Regulation 17 (2) (a) Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A registered manager was in post. 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, staff and families told us the registered manager was passionate about ensuring people received the best care possible. This gave confidence to people and their families that every staff member who supported them would be knowledgeable about the their care and support needs and it was clear through observations that the staff understood the expectations of the registered manager and delivered care and support in line with these expectations.

Communication between people, families and staff was encouraged in an open way. Relative's contacted the provider on a regular basis to update them on people's changing care needs. The registered manager told us they had an open management style and wanted to ensure that people felt confident to contact them at any time they needed. Staff said the registered manager was very approachable and considered best outcomes for people in everything they did.

The culture within the service focused upon supporting people's well-being and enabled people to live as independently as possible for as long as possible in their own home. All of the staff we spoke with were committed to providing a high standard of personalised care and support. Staff were focussed on the

outcomes for the people that used the service and staff worked well as a team to ensure that each person's needs were met.

There was a system in place for people using the service to provide feedback about their experience of care and about how the service could be improved. However, because people had not been using the service for very long they had not yet been asked for this feedback.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have the systems and processes in place to assess, monitor and improve the quality and safety of the services provided.