

Integrity Home Care Ltd

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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

Integrity Home Care Limited is registered to provide support and personal care to people in their own homes. On the day of inspection the service was providing a service to seven adults who lived in their own homes and employed nine support workers.

This inspection took place on 24 November 2016 and was announced. We gave the registered provider notice of the inspection to make sure that the registered manager was available on the day of the inspection. This inspection was to check that the registered provider was now meeting legal requirements we had identified as not being met at inspections in January 2015, April 2016 and July 2016.

At the comprehensive inspection in January 2015 we found the registered provider was in breach of regulation pertaining to good governance. At the comprehensive inspection of the service in April 2016 we found the registered provider had failed to achieve compliance with this regulation. The focused inspection held on July 2016 found that the registered provider had met this breach of regulation, but further work was needed to embed new practices. During this inspection we found further improvements had taken place and robust monitoring of the service was evident.

At the comprehensive inspection of April 2016 we found the registered provider was in breach of regulation pertaining to safe care and treatment. During this inspection we found improvements had taken place in relation to the safe handling of medicines and there was sufficient evidence to say this breach of regulation was now met.

The registered provider is required to have a registered manager and there was a registered manager in post who was registered with the Commission. 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 people using the service told us that they felt confident about their safety. We found that their support workers had a good knowledge of how to keep people safe from harm and the support workers had been employed following robust recruitment and selection processes.

There were sufficient support workers employed to meet people's individual needs. The support workers received induction, training and supervision from the management team and we saw they had the necessary skills and knowledge to meet people's needs. Communication was effective, people's mental capacity was appropriately assessed and their rights were protected.

People told us that they had been included in planning and agreeing to the care provided. We saw that people had an individual plan, detailing the support they needed and how they wanted this to be provided. People had risk assessments in their care files to help minimise risks whilst still supporting people to make

choices and decisions. There was a complaints procedure in place and people told us that they would not hesitate to contact the agency office if they had a concern.

We observed good interactions between people who used the service and staff on the day of the inspection. We found that people received compassionate care from kind staff and that staff knew about people's needs and preferences. People were supplied with the information they needed at the right time, were involved in all aspects of their care and were always asked for their consent before staff undertook support tasks. People were happy with the assistance they received with the preparation of meals.

People were treated with respect and dignity by the support workers. Every person we met, or spoke with, agreed that they received a very personal service from support workers they knew and trusted.

People and the support workers told us that the service was well managed. The registered manager monitored the quality of the service, supported the support workers and ensured that people who used the service were able to make suggestions and input to the development of the service.

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 processes in place to help make sure people were protected from the risk of abuse and support workers were aware of safeguarding adults procedures.

Assessments were undertaken of risks to people who used the service and support workers. Written plans were in place to manage these risks. There were processes for recording accidents and incidents. We saw that appropriate action was taken in response to incidents to maintain the safety of people who used the service.

There were sufficient numbers of support workers to meet people's needs and medicines were managed safely so that people received them as prescribed.

Is the service effective?

Good ●

The service was effective.

Support workers received relevant training, supervision and appraisal to enable them to feel confident in providing effective care for people. They were aware of the requirements of the Mental Capacity Act 2005.

Support workers were aware of people's health care needs and provided appropriate support to meet their individual needs. People said care was only delivered with their consent.

People were supported to eat and drink sufficient amounts to meet their nutrition and hydration needs.

Is the service caring?

Good ●

The service was caring.

People who used the service had a good relationship with the support workers who showed patience and gave encouragement when supporting individuals with their daily routines.

We saw that people's privacy and dignity was respected by the support workers and this was confirmed by the people who we spoke with.

The people who used the service were included in making decisions about their care whenever this was possible and we saw that they were consulted about their day-to-day needs.

Is the service responsive?

Good ●

The service was responsive.

Care plans were in place outlining people's care and support needs. The support workers were knowledgeable about each person's support needs, their interests and preferences in order to provide a personalised service.

People who used the service were able to make choices and decisions about their lives. This helped them to be in control and to be as independent as possible.

The people who used the service were able to make suggestions and raise concerns or complaints about the service they received. These were listened to and action was taken to address them.

Is the service well-led?

Good ●

The service was well-led.

People were at the heart of the service and the support workers were supported by the registered manager. There was open communication within the staff team and support workers felt comfortable discussing any concerns with the registered manager.

The registered manager and senior support workers carried out a variety of quality audits to monitor that the systems were being followed by the support workers to ensure the safety and well-being of people who used the service.

Integrity Home Care Limited

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 registered 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 24 November 2016 and was announced. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager was available for us to speak with them. The inspection team consisted of one adult social care (ASC) inspector.

We looked at information we held about the service, which included notifications sent to us since the last inspection. Notifications are when registered providers send us information about certain changes, events or incidents that occur within the service. As part of the inspection process we contacted the local authority's commissioning and safeguarding teams and asked if they had any relevant information about the service. They told us they did not have any information or concerns about Integrity Home Care Limited at the time of our inspection.

We asked the registered provider to submit a provider information return (PIR) prior to the inspection and this was returned in September 2016 within the given timescale. The PIR is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At this inspection we spoke with the registered manager and the deputy manager. We also spoke with one senior support worker and then visited three people living in their own homes (with their permission) and one relative. We spent time in the agency office looking at records, which included the care files and associated care records for two people who used the service; the recruitment, induction, training and supervision records for two support workers and records relating to the management of the service.

Is the service safe?

Our findings

At our comprehensive inspection of the service on 28 April 2016 we found there was a breach of Regulation 12: Safe care and treatment in relation to the safe management of medicines. We found that competency checks for medicine management had not been carried out and records of medicine administration were poor.

At this inspection we saw that the registered manager had made significant improvements to medicine practices within the service and we found the breach of regulation had been met.

The registered provider had an up to date medication administration policy and procedure in place and training records showed that support workers received training on how to safely administer medication. The senior support worker told us that they observed new support workers administering medicines and we were shown evidence of the medicine competency records which ensured the support workers had the right skills and knowledge to safely administer and record medicines.

At the time of our inspection, only one person using the service required support to take prescribed medicines and this was documented in their care plan. We reviewed Medication Administration Records (MARs) used by support workers to record medication they had given to this person. The MARs indicated that they were receiving their medicines on time and as prescribed by their GP. We saw evidence that one of the senior support workers carried out audits on the MARs each week to ensure any errors were quickly spotted and rectified. Meetings were arranged with the individual support workers, by the registered manager, to discuss practice and any additional support they might need to improve their medicine management skills. This indicated the registered provider took sufficient steps to monitor and ensure that medicine was administered safely and in line with best practice.

The registered provider had an up-to-date safeguarding adult's policy in place and provided training to support workers on how to identify and respond to safeguarding concerns. Our discussions with support workers showed us that they understood their roles and responsibilities with regards to dealing with safeguarding concerns. Support workers we spoke with described the signs and symptoms of abuse and told us they would report concerns to the deputy manager or the registered manager if necessary. Checks of the information we hold about the service showed that no safeguarding alerts had been received from the service in the last year and the records kept by the service showed that no allegations of abuse had been made. Through conversations with the registered manager and support workers we found that support workers did not directly handle any money for the people whose care they delivered. Support workers might accompany someone to the shops but the person retained their own money to pay for any purchases. This reduced the risk of financial abuse within the service.

We found that the support workers recorded accidents or incidents in the care files. The support workers who spoke with us were confident about how to manage emergencies in people's homes. People we spoke with told us that they felt safe whilst the support workers were in their home. One person praised the swift actions of one support worker in getting them medical attention when they became unwell during one of

their routine visits. They said, "I don't know what would have happened to me if I had been alone. They took care of me and called the ambulance, they were marvellous." Other people told us, "All the support workers wear identification badges and we know all of them quite well. Any new support workers come to see us with the other support workers before they attend visits on their own" and "I have never had any problems with the support workers using the key safe. They always make sure my door is locked when they leave and that I am okay."

The registered manager told us the service would arrange an assessor to go out and visit new people in their own home. The assessor would usually be the registered manager or a senior support worker. During the assessment they discussed the person's care needs including any support required with medicines. Risk assessments were also carried out for the environment and the person who needed the care package. We saw copies of the assessments in people's care files held in their homes and people who spoke with us confirmed that they had been part of the initial assessment process.

Care files had risk assessments in place that recorded how identified risks should be managed by the support workers. These included medicine management, falls, fragile skin, moving and handling and nutrition; the risk assessments had been updated on a regular basis to ensure that the information available to the support workers was correct. The risk assessments guided support workers in how to respond to and minimise the risks. This helped to keep people safe, but also ensured they were able to make choices about aspects of their lives. One person told us "I have absolutely no concerns about the care I receive. The girls are extremely competent and professional."

The agency had a policy on recruitment that included the statement 'Do not start [the member of staff] until their Disclosure and Barring (DBS) check is back' and also instructed that two references must be obtained (one from a previous employer). We looked at the recruitment files of two support workers. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS) in-line with the policy. DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. Interviews were carried out and support workers were provided with job descriptions and terms and conditions. This ensured they were aware of what was expected of them.

The registered manager told us that support workers recorded the time they arrived at people's properties and the times they left. We were told that support workers rang the office or the senior support worker in the event of sickness/absences or if they were running late and that people using the service had contact details they could ring, including out of hours, if a support worker did not turn up as planned. We were shown the system in place to ensure shifts were covered in the event of planned or unplanned absences and could see that this was being effectively used to ensure people's care and support was delivered at the planned times.

At the time of our inspection the service employed nine support workers plus the deputy manager and registered manager. There were seven people using the service and everyone who spoke with us said the agency was very good at never missing calls and only occasionally, in exceptional circumstances, were the support workers late. Support workers told us that they received their rota a week in advance, although it could be subject to change at short notice if people altered their visit times due to such things as hospital appointments. The registered manager said they were fully staffed and staffing levels depended on the number of calls each day; as these increased so did the staffing levels to match. All of the support workers worked part time and were flexible about their hours.

The registered provider had a documented business continuity plan available at the time of our inspection.

A business continuity plan records the arrangements in place should an emergency situation such as flooding or fire at the location's offices, or the outbreak of an infectious disease or bad weather affect support workers' ability to provide care and support. This was reviewed and kept up to date by the registered manager.

Is the service effective?

Our findings

People who spoke with us said the service was effective. They told us that support workers knew what they were doing when they attended people using the service and said they were competent and knowledgeable about each person's needs, wishes and choices.

We discussed the agency's induction process with the registered manager and checked the information against two support worker files. We saw that new support workers had a three month probationary period in which they were able to complete training that the registered provider considered to be essential, and read the agency policies and procedures. We found that the induction consisted of one day for support workers to look at essential training documentation such as moving and handling and food hygiene, and cover the philosophy of care for the service. Corporate issues such as uniforms and wages were also covered on day one. Each new starter was then assigned to work with an experienced support worker for one week, before working on their own. The support workers who spoke with us said the 'shadowing' with the experienced support workers worked well; they were introduced to people who used the service and shown how to use any equipment as necessary.

Discussion with the deputy manager indicated that the service was introducing the Care Certificate for any new support workers who did not already have a qualification in health or social care. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working practice. The Care Certificate is considered to be 'best practice' in relation to induction of new staff. The registered manager said that all of the support workers had previous experience of care work and either had, or were enrolled on, a Health and Social Care diploma at level two or three. This was confirmed by information in the support worker files and by the support workers who spoke with us.

We reviewed the registered provider's training and induction programme. The registered manager explained that training they considered to be mandatory included moving and handling, first aid, fire safety, food hygiene, infection control, health and safety, medication and safeguarding. The registered manager and deputy manager told us that they had completed a train the trainer course to enable them to deliver all the mandatory training required and we were shown training resources that had been purchased, which included information videos, supported exercises and written tests. Checks of the training matrix showed that all the training had been refreshed or renewed within the last twelve to eighteen months. Competency checks were carried out for medicine management and observed practice was being introduced as part of the on-going supervision process. Competency checks typically involve a test or observations of support worker's practice to ensure that they are working safely and in line with guidance on best practice.

We spoke with the registered manager about support worker's supervisions. Supervision is a process, usually a meeting, by which an organisation provides guidance and support to its staff. The registered manager told us that support workers had supervision every three months. The registered manager showed us a supervision calendar recording the dates that supervisions were completed, and dates when supervisions were due to be completed for all support workers. We cross checked these dates with records of supervisions held in support workers' files and found it to be accurate. Records of supervision showed

that support workers discussed performance, timekeeping, annual leave, achievements, any practice issues and training needs. Support workers told us they felt they received the guidance and assistance they needed from the management team to ensure their practice and performance remained at a high standard and they were able to access personal support when needed. Appraisals were seen to be completed on an annual basis.

We found there was a communication folder in every home containing the person's care plans, communication sheets and assessments. The folder included sections for visiting medical professionals, such as GP's or District Nurses, to record any information or instructions for the support workers. This ensured that support workers were aware of people's health care needs so that they could provide appropriate support. We saw that the service worked closely with health and social care professionals to ensure people's needs were met and understood. For example, we saw evidence that support workers had undergone training with a respiratory nurse to enable them to use a piece of equipment in one person's home. The registered manager had also liaised with another specialist nurse to ensure that the care being provided by the service remained appropriate as one person's physical needs changed.

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. For people living in their own home, this would be authorised via an application to the Court of Protection. We checked whether the service was working within the principles of the MCA.

The registered manager told us that people using the service had mental capacity to make decisions. We saw that nine support workers had completed training on the MCA. We also saw that the registered provider had a policy and procedure in place to guide support workers on the impact of the MCA on their caring role and this included necessary paperwork should support workers need to complete and document a mental capacity assessment or best interests decision.

Support workers we spoke with showed a basic understanding of the MCA and told us how they supported people to make decisions. People we spoke with told us they were involved in planning their care and support and that this was provided with their consent. We saw that people had signed consent forms and agreements to their care plans within their care files.

Some of the people we spoke with during the inspection told us that they had assistance with meal preparation. People told us that they were always asked what they would like to eat and the support worker would then go about preparing it. People praised the support workers saying, "The meals are lovely" and "I buy frozen meals from the high street, but the support workers are very good at cooking these so I have a nice hot meal."

Is the service caring?

Our findings

People were treated with respect and dignity by the support workers. Every person we met or spoke with agreed they received a very personal service from support workers that they knew and trusted. We were told, "I see a number of different support workers, but they are all very caring and know what they are doing" and "The girls are very good, they know my routine and respect my privacy and dignity during personal care." Where people did not wish the support worker to wear a uniform when out in the community with them so that they did not 'stand out from the crowd', then their choice was respected by the service.

We saw that there was a good rapport between the support worker who escorted us during the inspection and the people who used the service. One person said, "[Name of support worker] is lovely, kind and always cheerful" and we noted that the support worker acted in a friendly, but professional manner at all times. Another person who had a number of interactions from the service for their social care needs told us, "I love to have a chat with the support workers. Two of them were so miserable that they spoilt the visit, but they did not last long. They were replaced and the support workers now are so upbeat and cheerful it makes my day and I look forward to their visits."

Discussion with the support workers revealed there were people using the service with particular diverse needs in respect of the seven protected characteristics of the Equality Act 2010: age, disability, gender, marital status, race, religion and sexual orientation. We saw no evidence to suggest that anyone that used the service was discriminated against and no one told us anything to contradict this. We accompanied a senior support worker on visits to the homes of three people who used the service (after obtaining their consent to this). We spoke with each person who received a care package and they all said they were very satisfied with their care. People told us they were involved in the decision process around the care package and could discuss any changes they needed at any time with the office; their telephone calls were then swiftly followed up by a visit to their home.

Care plans recorded information for support workers on how to support people with personal care needs. The registered manager told us that two copies were produced; one to be kept in the agency office and the other was for people to keep in their home. The care plans we looked at in the office and in people's own homes included up to date risk assessments for daily tasks such as moving and handling, as well as hazards within the home environment. The support workers completed daily notes to show what care and tasks had been carried out and there was a section for families or people who used the service to record any comments or queries in.

People we spoke with told us it was important that they knew their support workers and that their support workers knew them. We observed that Integrity Home Care Limited employed a small care team. The registered manager explained the rotas, saying that each visit was allocated to a specific support worker and the rota was organised to minimise the number of different people visiting and supporting each person using the service. This meant each person using the service had a small number of support workers who visited them on a regular basis as part of a weekly routine. This was confirmed by the people who spoke with us.

People who spoke with us said that they did not need an advocate as they were quite capable of speaking up for themselves on day to day issues. An advocate is someone who supports a person so that their views are heard and their rights are upheld. One relative told us, "If [Name of service user] was unable to say what they wanted then I would step in for them, but this has rarely happened." From our observations and the records we looked at we saw that the person had a good relationship with their support workers and the registered manager and were able to discuss any concerns or worries they might have. The person who used the service told us, "I can ring [the registered manager] at any reasonable time. They will always arrange to come and visit me if I need them."

Is the service responsive?

Our findings

An assessment had been carried out to identify each person's support needs, and care plans had been developed outlining how these needs were to be met. Evidence in the care files showed us that people's views were sought and listened to, and that families (if wished) were also involved in reviews of people's care. Care plans were written in a person centred format and detailed people's wishes and choices regarding their care and support. They highlighted where people were independent with care and what type of support they required and we saw that people's preferences for male or female support workers were recorded.

We saw that care files were reviewed and updated on a regular basis. People told us, "We can talk to the registered manager or the support workers if we want any changes and they come out to discuss it with us." Discussion with the registered manager indicated that they visited people every eight to twelve weeks to review their care and support. Discussion with people indicated they were aware of the contents of their care file and we saw that they had signed the paperwork to say they agreed with the care plans.

We saw that care files contained a life history of each person, giving the support workers details of people's backgrounds and personal choices and wishes about their care and support. Where a person chose not to comply with the guidance and advice from health care professionals this was recorded, but their wishes and choices were respected. We saw that the risks to these people were explained in full and reviewed regularly by both staff from the service and professionals involved in their care. The support workers who spoke with us were aware of people's rights to refuse care and told us how they worked with people to ensure they were safe and well, whilst respecting their right to say how their care should be delivered.

The service enabled people to maintain their independence and retain links with their local community as individuals received support with personal care, domestic tasks and social opportunities. One person who spoke with us said that support workers took them out for a walk into the local village. Another person said they went out shopping with the support workers to buy groceries and pay their bills. One support worker told us, "[Name] is able to drive their own car, but needs some assistance with heavy lifting of shopping and support with mobilising."

Support workers we spoke with told us they met people using the service as part of their induction and shadowed the senior support worker in order to observe how best to meet people's needs. Support workers explained that they were able to provide responsive person centred care based on their familiarity with the people they were supporting and that continuity of care enabled them to get to know people using the service. People commented that the care was "Marvellous" and "I do not know what I would do without them." From talking to individuals who used the service it was clear that each person received a care package that was specifically tailored to meet their individual needs. The care people received took account of their different lifestyles, wishes and choices.

We saw the policy and procedure for complaints and incidents. We noted that there was a folder in the agency office to record any complaints that had been received by the agency office. We saw that details of

the complaints policy was contained in a 'service user handbook', which was given to new people using the service. In the last year the service had received one complaint; this had been received in the last month and an investigation into it was on-going.

People and relatives who spoke with us were aware of how to make a formal complaint and were confident of using the procedure and getting a prompt response. One person told us, "If I had any issues I would not hesitate to ring the office and speak with the registered manager. They always listen to you and are quick to take action if needed."

Is the service well-led?

Our findings

There was a registered manager in post who was supported by a deputy manager. This was a small service and the registered manager was an integral part of the staff team. The registered manager monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. We saw that the registered provider had the rating from their last inspection (July 2016) on display on the office wall. This meant the registered provider was meeting current regulation.

The provider information return (PIR) contained information that indicated the registered provider monitored and reviewed the quality of care and support provided within the service on a regular basis.

It was recognised by us that quality monitoring and quality assurance systems would not be complex or extensive due to the size of the service. We saw that the senior support workers and registered manager carried out regular checks of care records, reviewed documentation monthly and updated care plans when the person's needs changed. Our observation of the service was that it was well run and that people who used the service were treated with respect and in a professional manner. We asked the support workers what their view was about the culture of the service. They told us, "It is about enabling people to stay well and promote their independence and skills. It is my role to offer them the right support and care to do this."

Risk assessments were in place for people's care and treatment and decisions were made in consultation with them. The support worker told us that any changes to people's care were documented in their care file and audited by the registered manager. We saw that accidents, falls, incidents and safeguarding concerns were recorded and analysed monthly by the registered manager and registered provider. We also saw that internal audits on medicines and care plans were completed. This was so any patterns or areas requiring improvement could be identified.

Discussion with the registered manager, support workers and people who used the service indicated that the registered manager was always contactable and came out to visit individuals every two or three months to review their care and progress. Records of these visits and minutes of what was discussed were kept in a file in the registered manager's office and were made available to us for inspection.

Support workers said that they felt well supported and were not asked to do tasks they were not confident about completing. The registered provider's training plan showed that all support workers completed training considered to be essential by the registered provider and then went on to undertake vocational training courses such as diplomas in health and social care, to further develop their knowledge. This demonstrated that people were looked after by well trained and knowledgeable support workers, who were confident and capable of meeting their needs.

Staff meetings were held with the support workers every two to three months and the last one was in October 2016 where the discussions were about completing supervisions, care and reporting and recording of incidents. This demonstrated that support workers were able to talk about practices within the service and looked at where these could improve so making the service more effective and safe for the people who

used the service.

The registered manager told us that they completed an annual quality assurance survey, which involved sending a questionnaire to people using the service, family and health or social care professionals. New questionnaires had just been sent out for 2016, but these had not yet been returned. However, we saw that actions from the 2015 surveys had taken place in response to people's feedback about wanting to know who the support workers were. The registered manager had sent out photographs of all the support workers with the office contact details and these were seen in the care files in people's homes.

We found that support worker records were kept within a locked cabinet in the registered manager's office. Information within them was up to date and monitored by the deputy manager and registered manager. We saw that there were policies and procedures in place with regard to confidentiality and these had been reviewed by the registered manager. Policies and procedures for practices such as medicine management, safeguarding of vulnerable adults and recruitment of support workers were all up to date and reflected current legislation and guidance.

All care files and associated care records were stored securely by the person in their own home and at the organisation's office. These documents were accessible to the support workers and easily located when we asked to see them.