

Intrust Care Ltd

Intrust Care Milton Keynes

Inspection report

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Date of inspection visit:
09 September 2020
10 September 2020
14 September 2020

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Ratings

Overall rating for this service

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Intrust Care Milton Keynes is a domiciliary care service. The service provides personal care to people living in their own homes. At the time of the inspection there were 27 people using the service.

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

The provider was aware of their role and responsibilities in meeting their legal obligations. Systems to monitor the quality of the service were in place, and were used to develop the service and drive improvement. Records were securely and accurately maintained.

The provider had created an open and inclusive culture seeking the views of those using the service and staff about the quality of the service provided.

The provider, in order to enable staff to deliver quality care provided staff with ongoing support through training, supervision and appraisal, and worked with key stakeholders and organisations to keep up to date with good practice.

Rating at last inspection

The last rating for this service was requires improvement (published on 9 December 2019).

We carried out an announced comprehensive inspection of this service on 12 and 14 November 2019. A breach of legal requirements was found. The provider completed an action plan after the last inspection to show what they would do and by when to improve good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Question Well-led which contained the requirement.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Intrust Care Milton Keynes on our website at www.cqc.org.uk.

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 well-led?

The service was well-led.

Details are in our well-led section.

Good ●

Intrust Care Milton Keynes

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 carried out by one inspector.

Service and service type

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

The service had two managers 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 24 hours' notice of the inspection, and provided an explanation as to the inspection process.

Inspection activity started on 8 September 2020 and ended on 14 September 2020. We visited the office location on 14 September 2020.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We requested the provider send information to us prior to our site visit. This included information as to the governance of the service, and included evidence to support the monitoring and quality of the service, minutes of meetings, key policies and procedures, and records to evidence the system of recruitment, induction and training for staff. We reviewed this information prior to our site visit.

We spoke with eight staff members by telephone on 9 and 10 September 2020.

During our site visit, we reviewed records with regards to the management of accidents and incidents, safeguarding, complaints and concerns.

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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider had failed to operate effective systems to improve the quality and safety of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- The provider had a robust quality monitoring system, which involved a clearly defined managerial structure within the organisation, with identified staff having responsibility for quality monitoring. This was achieved through the completion of a range of audits, and the mentoring of staff through a systematic programme of training, supervision and appraisal.
- The registered manager understood their legal obligations. CQC had been informed about events they were required to by law, and we saw that the provider had displayed the last inspection rating on their website and within the service as required.
- The provider had a business continuity plan in place, which detailed how the people's needs were to be met in the event of an emergency. A Coronavirus contingency plan had been developed in response to the pandemic, which outlined the providers actions to ensure essential care continued to be provided.
- The provider had a certificate from the Information Commissioners' Officer with regards to the appropriate and safe storage of data, as referenced under the General Data Protection Regulation (GDPR).

Continuous learning and improving care

- An annual development plan had been implemented, based on the information gathered via the quality monitoring system. The development plan was kept under review and was used to drive improvement.
- The registered manager as part of their ongoing learning and development had undertaken a research project as to the impact and effectiveness of supervision on both staff and the service. The outcome of the project had been shared with the provider and management team, and the findings implemented as part of the providers annual development plan.
- The registered managers kept up to date with good practice, and shared information via their membership of organisations and participation at events. For example, the Managers Network Group and the reading of articles in journals and newsletters.
- Information technology systems were used to monitor, and keep under review the quality of the service provided. This included the analysis of incidents, complaints and concerns, and information as to the care being delivered by staff as it occurred.

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

- Staff spoke with conviction about their fundamental role of providing person centred and dignified care, and how the quality of the care they delivered was monitored by the registered managers and the management team.
- Staff told us they felt supported by the registered managers, who provided leadership and guidance. A staff member said, "The manager is fantastic. They are so supportive, nothing is too much trouble."

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 management team understood their role and responsibilities. Notifiable incidents were reported to the Care Quality Commission (CQC) and other agencies. No incidents had met the criteria under the duty of candour. The duty of candour requires providers to be open and honest with people when things go wrong with their care, giving people support, truthful information and a written apology.

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

- People's views were regularly sought about the quality of the service. Information from surveys was collated, and people received feedback from the provider, including any actions to be taken.
- All staff were active participants in contributing to the service provided, and were encouraged to take part in planned events, which included meetings and supervision. Staff had the opportunity to complete surveys, and the results were analysed and shared. Staff were aware of the ways in which they could contribute and comment about the service, which included raising concerns as referenced within the providers whistleblowing policy.

Working in partnership with others

- The provider worked with key statutory organisations, which included the local authority, safeguarding teams, and clinical commissioning groups. This was to facilitate the support and care of people using the service.