

Integral Focus Ltd

Integral Focus Support and Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Integral Focus Support and Care Services is a domiciliary care agency registered to provide personal care. At the time of the inspection, two people were receiving support with personal care. 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

Staff were not always checked properly to ensure they were safe to work with people. The auditing systems and the provider's recruitment processes were not satisfactory, and the provider did not identify these shortfalls through their auditing systems.

The service had systems in place to ensure people were protected from abuse. Staff did not administer medicine, but they had training to support people with the management of medicines if it was needed. Risks to people were assessed and monitored. There were measures in place for infection prevention and control. Lessons were learned when things went wrong to minimise the risk of reoccurrence.

Initial assessment of needs were completed before people started using the service, and this allowed people and staff to determine if the service was suitable for them. People and relatives felt that staff were caring, kind and trained to achieve good outcomes for them. Staff told us they were supported in their roles and the management team was approachable. Where needed, staff supported people with their meals and with accessing healthcare services. Staff understood equality and diversity and ensured people's privacy and dignity was respected.

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. People's consent was sought when care was provided.

People and relatives knew how to make a complaint. The service sought feedback from people, relatives and staff. Staff were developing survey questionnaires as part of their ongoing quality assurance systems. Care plans were person-centred and enabled people to receive care and support that met their needs.

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

Rating at last inspection

This service was registered with us on 16 June 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to poor staff recruitment practices and unsatisfactory auditing systems. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect .

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Integral Focus Support and Care Services

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 Health and Social Care Act 2008.

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 houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

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.

What we did before the inspection

We reviewed the information we already held about the service. This included their registration report and

notifications. A notification is information about important events, which the provider is required to tell us about by law.

Due to technical problems, the provider was not able to complete a Provider Information Return (PIR). A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection.

During the inspection, we spoke with a person using the service, a relative, a personal assistant, a deputy manager, and the registered manager. We reviewed two people's care files, two staff files and the provider's policies, procedures and documents relating to management such as audits 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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- People's health and safety was put at risk because staff were not properly checked to confirm they had the skills and experience to provide safe care. The provider obtained telephone references for two staff but there was no evidence to confirm these were verified. The provider understood these references were not satisfactory and reliable. After our visit, the registered manager sent us evidence that they requested written references for staff.
- There was no recruitment file for one care worker, such as details of criminal background checks and proof of identity. This showed people were put at risk because staff were not checked to confirm they were fit and had the necessary skills to provide safe care. The registered manager told us this was because this member of staff was introduced to them through an agency. However, we noted that the provider was paying the care worker's wages. This meant, the provider was not ensuring they recruited staff who were suitable. Although people and relatives gave positive feedback about staff, the service did not show us they had followed their recruitment process to ensure new staff were checked before they started work at the service.

The provider had failed to ensure a robust staff recruitment system was in place. This meant there was a risk staff were not fit and proper to achieve safe care for people. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other pre-employment checks for staff such as completion of application forms, interviews, proof of identity, criminal record checks, and right to work in the UK had been carried out.
- There were enough staff to provide personal care. Relatives told us they thought the service had enough staff. One relative said, "We have no problems with staffing levels. They come on time and they do not rush." A member of staff told us, "Yes, we have enough staff, in fact not enough work [for staff] as we are a small company."

Assessing risk, safety monitoring and management

- Risk assessments were completed for people to ensure they received safe care.
- Risk assessments were detailed and included people's personal situations and healthcare needs. These included risks related to nutrition, rashes to skin, wandering, and falls.
- Guidance on how to manage the risks were detailed in the risk assessments. This included information for staff on what actions to take and how to obtain help in case of a risk for people.

Using medicines safely

- The provider did not support people with medicines at the time of our visit. One of the people receiving personal care told us they did not need staff support in administering medicines.
- Staff had received training on medicines and a medicines policy was in place should the service support people with medicines in the future.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One person told us, "I do feel safe, the carers are good." A relative said, "[Person] feels safe and happy with staff."
- The service had processes in place to minimise the risk of abuse. Staff had received training in safeguarding and knew what actions to take to protect people from harm and who to report to when required. A member of staff said, "I will report to the manager. I can also report to the police or to the local authority."

Learning lessons when things go wrong

- There was a system in place to learn from lessons following incidents. There was a policy on recording and managing incidents.
- The registered manager told us that there were no incidents and accidents since the service was registered with CQC. The registered manager knew that any reported incidents needed to be recorded and analysed so that lessons would be drawn from them to avoid re-occurrence of similar incidents.

Preventing and controlling infection

- There were systems in place to reduce the risk and spread of infections. Staff had received training on infection control.
- Staff told us they had access to personal protective equipment (PPE) such as masks, gloves, aprons and sanitisers and used this when supporting people with personal care. A relative said, "[Staff] used PPE when they supported [person]." We saw there were supplies of PPE at the service.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People's needs were assessed before they started using the service. This allowed the service to determine if it was able to meet people's needs. The registered manager told us that they offered services to those people whose needs they could meet.
- Assessments of needs were comprehensive and included people's choices, preferences and covered issues related to equality and diversity.

Staff support: induction, training, skills and experience

- Staff completed an induction programme when they started work. Staff told us that they had intensive induction which gave them knowledge about how the service operated and what their responsibilities were at work. We saw a sample of an induction checklist completed by staff.
- Most of the staff had received training and support to carry out their jobs effectively. A member of staff told us, "I had a lot of training and support here." However, we noted that some staff who had started work at the service recently were yet to complete some mandatory training. The training matrix showed each there was a plan for staff to complete training relevant to their roles.
- Systems were in place for staff supervision and appraisal to carry out their roles effectively. A member of staff told us, "I had supervision from the manager. I can talk about my work, training or personal matters with my manager."

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

- People or their relatives made decisions about people's diet. Food shopping was carried out mostly by relatives. Where staff did food shopping, lists of the items bought and the receipts were kept by the service.
- Care plans detailed people's support needs with eating and drinking. Relatives were satisfied with how staff supported people with their meals. One relative said, "[Person using the service] is happy with the meals. Care staff follow care plan and advise [given to them by relatives and professionals]."

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

- The provider worked with other agencies such as local authorities and healthcare professionals. We noted referrals had been made to health professionals such as GPs, speech and language therapists and district nurses to meet people's medical needs.

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 MCA 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.

- People were supported to make decisions over their daily lives where they could, for example, about what they ate, the clothes they wore and when to get up.
- Where people lacked capacity to make decisions, the service carried out mental capacity assessments which involved input from family members. Best interest decisions were made by family members and the organisations who commissioned the person's care.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. 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; equality and diversity

- Staff treated people with kindness and respect. A person told us, "Yes, [staff are] very respectful." A relative said, "Staff are good, kind and caring. [Person] likes them."
- People's ethnicity, gender preferences of care, intimacy and sexuality were recorded in their care plans. A person's care plan stated, "I would like male carers." Staff understood what equality and diversity meant. A member of staff said, "Everybody is treated with respect as an individual, no discrimination based on religion, gender or sexuality."

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

- Records showed people were involved in decisions about their care.
- Staff told us they encouraged people to make decisions for themselves, for example, whilst supporting them with personal care. A staff member told us, "They make decisions whenever possible. If they do not have capacity, an assessment is completed for them and a best interest decision is made for them." We noted some people had relatives or representatives who supported them with making decisions.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected and promoted.
- Staff knew how to respect privacy and dignity. A member of staff told us, "Documents to be kept confidentially, not to share information with others. When giving personal care, ensure door is shut, dignity is respected."
- Staff encouraged people to be independent. Care plans included information on areas where people were independent or needed staff support. For example, one person's care plan stated, "I can support myself with washing my hair. Carer to support me with oral hygiene."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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 received personalised care, which was based on their choices and preferences.
- Care plans were person-centred, and people had control over when and how to be supported. One person told us, "I am happy with my care plan." The same person's care plan stated, "I would like to be supported in my own home with personal hygiene routines, bathing, dressing, transfers and laundry."
- Staff found care plans helpful in supporting people. A member of staff said, "Care plans are helpful for us because we know how to support people to meet their needs. We know people's support needs."

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.

- People's communication needs were recorded in their care plans, and these helped staff understand the best ways to communicate effectively with people. One person's care plan stated, "[Person's] facial expression explains when [person] is happy." A relative told us, "Staff communicate with [person] well. [Person] likes staff."

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. The registered manager told us that there were no complaints received since the service was registered with the CQC. Staff knew how to record and investigate complaints following the provider's policy.
- People and relatives knew how to make a complaint. One person said, "I will speak to staff if I am not happy." A relative said, "Yes, we know how to make a complaint."

End of Life care and support

- At the time of inspection, the service did not support people with end of life care. The registered manager told us that would they ensure a policy was in place and staff were trained so they were prepared should they support people in this area.

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.

This is the first inspection for this newly registered service. This key question has been rated Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Although the provider had audits for various aspects of the service such as care plans and staffing, these were not always effective. For example, the provider failed to identify shortfalls with the recruitment of staff and take appropriate action to ensure staff were safe and suitable.
- The provider was not clear about the employment status of one care staff. From discussions with the registered manager, it was not evident whether the care worker was an agency staff member or directly employed by the provider. We were informed by the registered manager that, although they paid the staff salary, they did not have their recruitment file. This showed the registered manager were not implementing their recruitment systems effectively.

The provider's staff recruitment and auditing practices were not effective to ensure shortfalls in the systems were identified and rectified, and people were supported by staff who underwent robust thorough employment processes. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff had the information they needed to provide safe care. We noted staff had access to person-centred care plans, which they used to support people in their preferred ways. One person told us, "[Staff] are very good. [They] always help me in the way I want."
- Staff were clear about their roles and were positive about the management of the service. A member of staff said, "[Registered manager] is supportive, understanding. I am happy."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff meetings took place, and these allowed staff to share information. Records showed that staff discussed various work-related topics such as infection control and wearing ID badges.
- People's background information and their beliefs were recorded in their care plans and staff knew how to support people taking their equality characteristics into account.
- The registered manager obtained verbal feedback from people and relatives. People and relatives were positive about the service. One person said, "The service is good. [Staff] does a lot of work [for me] out of [their] hours." A relative told us, "I like their way of care."

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 was aware that it was their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or any serious events that may stop the running of the service. A relative told us staff were open and transparent with them.

Working in partnership with others:

- The service worked in partnership with professionals when needed to ensure people received care and support that met their needs.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's auditing practices not effective. Shortfalls in staff recruitment practices were not identified and rectified to ensure people were supported by staff who underwent robust employment processes.</p> <p>Regulation 17(1)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The provider had failed to carry out a robust staff recruitment process. This meant there was a risk staff were not fit and proper to achieve safe care for people.</p> <p>Regulation 19 (3)(1)</p>