

Intercare Community Support Limited

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

We carried out this inspection on 27 July 2016. We told the provider we were coming 48 hours before the visit so they could arrange for staff to be available to talk with us about the service.

Intercare Community Support Limited is a domiciliary care agency which provides personal care support to people in their own homes. At the time of our visit approximately 70 people used the service.

The service has a registered manager. 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. A registered manager was in place and had been since 2010. We have referred to them as the manager in this report.

People told us they felt safe using the service because care workers were skilled and knowledgeable, and knew how to care for them well. Care workers had a good understanding of what constituted abuse and referrals were made to the local authority when safeguarding concerns were raised.

Checks were carried out prior to care workers starting work to ensure their suitability to work with people who used the service. Care workers received an induction to the organisation and a programme of training to support them in meeting people's needs effectively.

Staff understood the principles of the Mental Capacity Act (2005), and gained people's consent before they provided personal care.

People who required support had enough to eat and drink during the day and were assisted to manage their health needs. Care workers referred people to other professionals if they had any concerns.

People had consistent care workers who they were familiar with, who arrived at the expected time and completed the required tasks. There were enough staff to care for people they supported.

People told us care workers were kind and caring and had the right skills and experience to provide the care their family members required. People were supported with dignity and respect. Care workers encouraged people to be independent which led to some people not requiring on-going care.

Care plans contained relevant information for care workers to help them provide personalised care, including processes to minimise risks to people's safety. People received their medicines when required from staff trained to administer them.

People knew how to complain and could share their views and opinions about the service they received. Care workers were confident they could raise any concerns or issues with the manager knowing they would

be listened to and acted on.

The management team gave care workers formal opportunities to discuss any issues or raise concerns with them. There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, review meetings and surveys. Other 'spot checks' and audits ensured care workers worked in line with policies and procedures.

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.

People received support from care workers who understood the risks relating to their care. Care workers had a good understanding of what constituted abuse and referrals were made to the local authority when safeguarding concerns were raised. There was a thorough recruitment process and induction. There were enough experienced staff to provide the support people required. There were safe procedures for administering medicines and care workers were trained to do this.

Is the service effective?

Good ●

The service was effective.

Care workers were trained and supervised to ensure they had the right skills and knowledge to support people effectively. The management team understood the principles of the Mental Capacity Act (2005) and care workers gained people's consent before care was provided. People were supported with their nutritional needs and were supported to access healthcare services when required.

Is the service caring?

Good ●

The service was caring.

People and relatives were supported by care workers who they knew well and considered them to be kind and caring. Care workers ensured they respected people's privacy and dignity, and promoted their independence where possible. People received care and support from consistent workers who understood their individual needs.

Is the service responsive?

Good ●

The service was responsive.

People received support based on their personal preferences. Care records were regularly reviewed and staff updated these when there were changes to people's care needs. People were

given opportunities to share their views about their care at review meetings and the manager responded promptly to any complaints raised.

Is the service well-led?

The service was well-led.

People were happy with the service and felt able to speak to the managers if they needed to. Care workers were supported to carry out their roles by the management team who were available, approachable and knowledgeable about people's care needs. Care workers were given opportunities to meet with managers and raise any issues or concerns they had. The management team reviewed the quality and safety of service provided. This was through surveys, regular communication with people and relatives, and 'spot checks' to ensure care staff worked in line with policies and procedures.□

Good ●

Intercare Community Support 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 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.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. We looked at information received from people, relatives and visitors, and we spoke to the local authority commissioning team who gave us positive feedback about the service.

The inspection took place on 27 July 2016 and was announced. We told the provider we would be coming. This ensured they would be available to speak with us and gave them time to arrange for us to speak with staff. The inspection was conducted by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We contacted people who used the service by telephone and spoke with 15 people and two relatives. During our visit we spoke with three care workers, a senior clerical worker, an assistant manager and the registered manager who was also the provider.

We reviewed four people's care records to see how their care and support was planned and delivered. We looked at two staff files to check whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated, including the service's quality assurance audits, accidents and records of complaints.

Is the service safe?

Our findings

People told us they felt safe because care staff were skilled and knew how to support them well. Comments included, "I feel safe at all times with my carer," and "I feel so much safer knowing that the carers are visiting regularly."

There were enough staff to complete the allocated calls and meet people's care needs. One person told us, "Yes, there seem to be enough staff, they are not usually late for calls and my carer always stays the full time they are meant to." One care worker told us, "There is enough staff that work here, I've got no concerns." Another care worker told us, "There is enough staff, sometimes there have been shortages, but it is not bad lately. We don't use agency staff." At the time of our visit there were approximately 36 care workers at the service.

Recruitment procedures made sure, as far as possible, staff were safe to work with people who used the service. Two references were sought and background checks were completed. One care worker told us, "I had the CRB (criminal records bureau) check, two references and I had to wait then." Staff were unable to start work until the checks were completed. The manager told us, "We are always looking for good carers. We recruit, stop and recruit. We look for a particular person who is reliable, caring and will work to policies and procedures. We can train people. We sometimes interview someone with no experience, but will 'care', and I am looking for caring."

Staff received support during a period of induction to ensure they were able to support people safely. One care worker told us, "I did training, I did shadowing of staff (working alongside). It was good. I had care experience already. I got to meet people who used the service." The assistant manager described the induction as 'comprehensive'. Staff were given a handbook and a pack of information about the service. Policies and procedures were reviewed in relation to areas such as health and safety, and medication. Staff were also observed by the management team to ensure their competency. The assistant manager told us, "New staff need observing in the first two weeks," this ensured staff were suitable to work independently at the service.

Staff understood the importance of safeguarding people and their responsibilities to report any concerns. One care worker told us, "Safeguarding is if the service user has unexplained marks or bruises, if money went missing, the person was losing weight, if a person started not wanting to wash." They went on to say, "I would report it to the office, to CQC or a social worker, there is a policy." Another care worker told us, "If I was concerned I would raise it, I would go over the manager if necessary but [Manager] gets on to it." A whistleblowing policy (raising concerns about other staff) was available, and staff were aware of what to do should this situation arise.

Staff undertook assessments of people's care needs and identified any potential risks to providing their support. One care worker told us, "If I have a problem (with the care), I will ring up, they (managers) are very good." Risk assessments were updated by the manager when people's needs changed. For example, one person's level of mobility had changed and this was reflected on their assessment, so staff were aware of

how to support them safely. This had involved arranging for some additional equipment for the person. For another person, staff had identified that they became sleepier after taking some medicine at night and were at an increased risk of falls. Care workers now supported the person to take their medicine once in bed, to reduce the risk. Risk assessments were in place for moving people correctly and in relation to the home environment.

Care workers were provided with a 'resource kit' by the management team to ensure people remained safe while being supported by them. The kit included items such as antibacterial hand gel and protective equipment, such as aprons. Labels were provided for care workers to put on people's food, to date it when opened. This ensured food was eaten while still safe to do so.

People received medicines correctly and staff were trained to administer this. One care worker told us, "I had medicines training in a classroom." They went on to say they felt competent and had not made any errors. The manager assessed whether staff remained competent to give medicine. One care worker told us, "[Manager] will do a 'spot' check it can be announced or unannounced." Another care worker told us, "I am happy doing medication, [Assistant Manager] observed me."

Some people had medicine 'when required', known as 'PRN'. People were able to tell staff when they needed this. One care worker told us, "If the medicine is prescribed I will ask people if they are in pain. I know people are in pain, I can see the signs."

We saw some gaps on a medicine administration record (MAR) and the manager told us they knew this medicine had been given, but not signed for, and they would speak with the care worker about this. Some medicine records documented when short term medicine such as antibiotics were given, however these had not been always completed correctly by staff and were confusing. The manager showed us that this had been identified already, and a new recording sheet had been designed, which was easier for staff to complete.

Records of accidents and incidents were completed. One form had been completed when a person became unwell. The correct action had been taken and their family member and other professionals had been contacted by care staff.

There was a business continuity plan in place in the event of severe cold weather, fuel disruptions or other unplanned events. This ensured that people would still be supported with their care in these situations.

Is the service effective?

Our findings

People told us care workers had the skills and knowledge to meet their needs. Comments included, "Before my carer leaves me they always make sure that I have everything at hand that I need," "The carers are well trained," and "I receive the best care."

Good communication between care workers ensured people were supported effectively. Changes to people's needs were recorded in care records in people's own homes. Staff working over the weekend recorded in a communication book to handover to staff on a Monday. This meant the management team and staff were aware of any important information and changes, so care was consistent for people.

Staff received training considered essential to meet people's care and support needs. One care worker told us, "I had manual handling training in June, my medication training is up to date, I did that on-line." Another care worker told us, "I have completed on-line courses for dementia. For manual handling, I was hoisted (and this helped them understand how this felt). I have had catheter training and I have quite a few people with a catheter. Also first aid and food hygiene. When I did dementia training I did not realise how many different types of dementia there are and the different impacts."

We asked if care workers had training arranged which was specific to people's needs. One care worker told us, "I am sure we would, we had training before about colostomy bags for someone that had one." One care worker told us about a person who could become confused and upset sometimes, and we asked them what they would do in this situation, "I have been trained about this, I just try to calm them down, change the subject and respond calmly."

Some training had been arranged at night to accommodate staff who were unable to work in the day. Training was a combination of e-learning on a computer or 'face to face' training. Subjects covered included mental capacity, safeguarding and dementia.

Staff completed the Care Certificate. The Care Certificate sets the standard for the skills, knowledge, values and behaviours expected from staff within a care environment. A freelance trainer was employed by the manager to assess that care workers had completed each standard satisfactorily.

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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty (DoLS) were being met. The provider understood the relevant requirements of the Mental Capacity Act (2005). No one using the service required a DoLS

authorisation; however they were aware of when this may be applicable for people.

Staff had received training in the area of mental capacity. One care worker told us, "This is in place to protect vulnerable adults who can't make their own decisions. You have a best interest meeting and people should be able to make 'unwise' decisions." Another care worker told us, "You cannot assume people lack capacity unless it has been medically said. Any decisions have to be made in their best interests." They went on to tell us what DoLS meant, "You have to consider the least restrictive option, you would not force someone to do something."

Staff told us how they would support people who refused care, "I would try to explain to the person and explain the importance of it. I would contact [Manager] and let them know." The manager told us if someone refused support with care and they were concerned about their level of capacity to decide, they would seek further support from other professionals such as the social work team or GP. They told us, "We see if they have an understanding of decisions about daily living."

Care workers understood the importance of obtaining people's consent before assisting them with care. One care worker told us, "I always ask for consent, I will ask 'is it ok for me to do this', it might be make their bed for example."

People's nutritional needs were met by care staff if this was part of their care plan. One person told us, "The carer always gets my meals and they always ask me what I want." One care worker told us about one person they supported, "They have to have food before their insulin. They always like me to do porridge with banana for breakfast because they say it is healthy and they enjoy it." They went on to say they knew what people liked to eat and their favourite foods as they knew them so well.

Another care worker told us about one person who was not eating well after being ill, "We did some small things like put a little bit of cake at the side of their plate to encourage them, we stayed as long as possible to do this, and now they are back to eating." The manager told us they had been mindful recently with the hot weather to ensure people had plenty to drink. Most people who used the service had family members to support them with grocery shopping.

People were supported to manage their health conditions and to access other professionals when required. One care worker told us, "If someone is unwell we would make calls if we are there, such as call an ambulance. Other times the manager will call, they might call in the district nurse."

District nurses supported some people, for example one person who had a problem with their skin. Care workers had identified one person appeared more confused and a referral to their GP had subsequently identified that they had an infection. Another person who was unwell had refused to see their GP initially, however staff had encouraged them, and they agreed to accept some support. Another person received support from an occupational therapist who assisted them with some additional equipment to help them move safely. Occupational therapists are trained to support people to carry out everyday activities which are essential for health and wellbeing. Another person was supported by a speech and language therapist in relation to their eating.

Is the service caring?

Our findings

People told us care workers were extremely kind, caring and supportive. As care workers supported people regularly, they had developed good relationships with them. Comments from people included, "I really look forward to my carer coming each day," "I feel the carers who come are really suited to the job," "My carers really care," and "The staff really treat me well at all times."

One relative told us, "The carers who look after [Person] are really caring." Some people told us they had become almost like friends and nothing was a trouble to any of the staff. One person using the service had to have some medical treatment each week and this frightened them. Staff ensured they always sent the person with a blanket, which they knew comforted them. As this person's relative lived a distance away, they had also purchased some slippers and some small kitchen appliances with their permission, 'to make life easier for them.' Another care worker knew one person was often in some pain and at times could not get comfortable. The care worker had spent time and looked to find a cushion they could use which would make them more comfortable.

Staff told us what being 'caring' meant for them. One care worker told us, "One girl [care worker] is really caring, they won't leave any call until they are happy everything is done, and the client is really happy." Another care worker told us, "I would recommend my own family to have care here." One care worker told us about a person who became very anxious and was at risk of falls, "I try to calm them down, reassure them, and put their mind at rest."

Staff told us they understood the importance of having a chat with people and usually had time to do this. One care worker told us, "Sometimes you can sit and chat, other times you might talk as you go. You can sit with people."

Staff supported people according to their cultural needs. One person preferred to have shower as it was important for them to bathe in running water and staff supported them with this.

Staff treated people with respect. One person told us, "Yes, I am treated with respect at all times by the carers." One relative told us, "The staff are very respectful to [Person] at all times." The manager told us how one person initially did not like to eat in front of care workers and staff respected this as the person's individual preference.

Staff told us how they supported people with privacy and dignity. One care worker told us, "If someone perhaps needs the toilet, I would leave them to do this and wait outside. When you are washing someone you would cover other areas with a towel." The manager told us, "If people are washed in the lounge for example, we would ensure curtains or blinds were closed and a towel is over someone, we would respect them." Another person did not like to use their commode because they felt embarrassed about staff cleaning it; however staff had reassured them that this was not a problem and part of their job.

People were supported to increase their independence and the support they received was flexible to their

needs. For example, one person had broken their hip previously and staff had provided them with encouragement to make a cup of tea. As their confidence grew they had also started to make snacks for themselves. One person told us, "My carer encourages me to do things for myself, only if it is safe for me to do so." One care worker told us, "We see if people can wash themselves, or part of themselves; they choose their food, drinks and clothing." One care worker supported a person when their main family carer went out each week and they found the person had gained confidence with decision making during this time.

The manager told us, "We are careful we don't de-skill people. You encourage somebody to do well as long as they can do this safely." They gave us examples of some people who started with the service having four daily calls and as they regained more independence, this reduced to one call or none. They went on to say, "We have had people become well enough to completely care for themselves again."

The manager and staff knew when to offer people additional support to help them make decisions if this was required. One person had used the services of an advocate in the past to help them communicate their views. An advocate is a person who supports people to express their wishes and weigh up the options available to them, to enable them to make a decision.

Is the service responsive?

Our findings

Care workers supported people in the ways they preferred. One person told us, "I have a shower on the days I want," and, "My carer does everything I want."

Prior to coming to the service, people were assessed by the management team to ensure they could meet their needs. One relative told us, "Before the carers started coming, we all sat down and we filled in [Person's] care plan together, it is reviewed every six months." The manager told us, "I will do the care plan for them, there are no 'tick charts', it is exactly what the client has said, we do what they say. Their care plan is tailor made."

When people started receiving support from the service, the manager had new basic equipment such as nail brushes, washing bowls for personal care and slip mats to put under plates, to help people and staff. They told us, "I always ask people if they are okay using this, as quite often people don't have a 'washing bowl' ready for their personal care use."

The management team ensured as far as possible that people received care from consistent care workers who they had a relationship with. One care worker told us, "You have regular clients. You are in the same area, minutes away and on the whole you have enough time."

People told us care workers usually came on time and if calls were going to be late, a phone call was made to let them know. There was a flexibility of 30 minutes either side of the allotted time to allow for problems at previous calls and travelling between people. Staff told us they had enough time to get to each call and provide the required care during the call. One care worker told us, "If you can't do the care in the allocated time, they (managers) will try to get extra time."

The assistant manager planned calls to people, and rotas were issued weekly for staff with calls for the following week. They told us calls were planned for care staff in a cluster in one area of the city. This meant staff did not have to travel far. The assistant manager told us they took into account time required during a visit, for example with administering medication, or delays in staff arriving on time such as roads being closed. Care was recorded on an electronic system using mobile phones, for care staff to log in and out of calls. This enabled the management team to monitor call times.

Care workers were flexible when supporting people. One person told us, "If I get an early hospital appointment, the carers come early." Another person told us, "If we need to change the carers visit times for whatever reason, the company do all they can to help."

Care workers had time to read care records. One care worker told us, "You do get time to read the care plan when you first go in and we always read the notes." Care records contained information about people's backgrounds, routines and preferences, so staff could support them in the ways they preferred. For example, one person liked a cup of coffee very weak with two sugars and we saw this was documented. Another care record documented 'Person is anxious unless the carer clearly explains tasks.' Care provided was 'person

centred,' and staff supported people according to their preferences. The manager told us, "Everyone is individual," and they treated them as such.

Care plans detailed people's health conditions and symptoms, allergies and overall care needs. One person had been unwell and their care plan documented they were unable to shower until they felt stronger, so staff supported them with a strip wash until this time. The manager told us, "I am careful what I include on care plans, if people are happy to tell me, I add this information in." This ensured information recorded was what people wanted to include.

Staff completed records at each call with information about the person and any changes to their needs. If people's care needs changed, the management team updated the care records and made sure other care staff were aware. One care worker told us, "If there were any changes I would record it and soon as I left the house I would phone the office straight away."

People and their families were involved in reviews of care. Comments from people included, "My care plan is looked at I think about every six months," and, "The manager comes to see me and we go over my file." The manager told us if people's needs were changing rapidly, the care plan could be reviewed two or three times in one week. Reviews were also arranged with the local authority who funded some people's care. The manager told us, "The local authority are better now reviewing after six weeks. We speak with the family if we have any concerns."

People told us they had no complaints, knew how to complain and would be confident to raise any concerns with the manager or staff if they needed to. One care worker told us, "I think the clients would be comfortable complaining and I would be as well." There had been two complaints in 2016, one in relation to a missed call and another around cleaning in a person's home, both of these had been addressed. A complaints procedure was in place and given to people when the service started. Complaints were recorded and the management team took action to resolve these. Compliments were also recorded and we saw one which said, 'You are all stars.'

Is the service well-led?

Our findings

People told us they were very happy with the management of Intercare Community Support Limited. One relative told us, "I can speak to the manager any time I need to." One care worker told us, "I really enjoy working here."

The management team consisted of the provider who was the registered manager, and an assistant manager. A senior clerical worker also supported the team.

People told us managers were easy to contact and would try to deal with any problems and resolve them as quickly as possible. The manager told us, "If anyone phones with a problem I make sure it is dealt with. I get to know people really well."

Staff told us the management were approachable. One care worker told us, "They are very approachable; I can talk about anything, if I have any problems. They follow things up, it's good. I can approach [Manager] anytime." Another care worker told us, "If there is a problem they are so helpful, you can come in and talk to them. It has really helped me gain confidence." The manager was based in the office and was available if staff wished to meet or talk with them. They told us, "I am always here on a Friday, some other days I may be out doing reviews."

The manager and assistant manager operated an on-call system so they could be contacted by staff out of office hours. One care worker told us, "There is a mobile number, one of the managers always has this."

Staff told us they felt supported by the management team with one to one meetings to review their performance. One care worker told us, "I have supervision every three months with [Manager]. It is nice to get the feedback. I come in on a Friday to see them. They are very easy going and helpful." Another care worker told us, "I find the meetings alright. I am not that keen on having meetings, but [Manager] makes you feel at ease." Appraisals were completed annually. These meetings enabled staff to review their development, training needs and goals.

Staff meetings were held around every three months and gave staff a formal opportunity for discussion. One care worker told us, "We don't have many staff meetings, but it is not a problem. I work on a 'double up' round (two care workers) so I see other staff." Another care worker told us, "There are no issues around staff meetings, we call each other anyway." The manager told us, "Staff meetings have dwindled, we are looking at this happening again. We have meetings and some social events which are about three or four times a year, these are more informal."

The provider used a range of quality checks to make sure the service was meeting people's needs. Audits were completed of care records and medicine records to identify any issues, concerns or points for staff learning.

The management team also completed spot checks of care workers in people's homes to assess their working practices. The assistant manager told us about a recent check, "I observed the service user with the

care worker. We have sheet we complete. I saw the workers confidence was soaring. I checked they wore an ID badge, wore gloves, checked how they prepared food and made sure their shoes were covered (with protectors)."

Satisfaction surveys offered people and relatives the opportunity to feedback any issues they may have. In 2015, 72 surveys were sent out and 37 were returned. Most of the comments were positive and any issues identified were addressed by the manager. We saw one person had requested a review meeting and this had been arranged. The manager told us, "I say if you are not happy, tell me and I can put it right." Positive comments included, 'An excellent service,' 'I am well looked after,' and 'I love my carers.'

The manager told us about their plans for the service. They had been through a period when the service had been 'on hold' while they discussed contract arrangements with the local authority. They had stopped taking on new work, however this had now been resolved in June 2016 and they had started planning again. They told us, "It has been very difficult to plan things." Plans were now in place to employ supervisors for the care staff.

The manager told us what they were proud of at the service. They told us, "I don't want to be huge. We try hard with each person, we will do our best, we don't judge people, we work with staff and do the best we can. I am proud of my staff." Staff were given a loyalty bonus each month after completing four years of service. The manager told us, "I give the most we can give and appreciate the staff." The manager told us it was sometimes a challenge for them around arranging funding for care. They also told us, "We have challenges all the time in relation to care."

The manager told us they had experienced a personal situation recently when their family member required care from another service. This had been really useful for them to see 'both sides' of receiving a service, from a relative's point of view.

The local authority commissioning team had visited and identified that training for staff needed to incorporate safeguarding for children, and this was now being arranged.

The manager understood their responsibilities and the requirements of their registration. For example, information such as changes in management, serious injuries and safeguarding concerns. They had submitted statutory notifications which enabled us to monitor the service.