

Intrust Care Ltd

Intrust Care Peterborough

Inspection report

Unit 46, Workspace House Unit
28-29 Maxwell Road
Peterborough
PE2 7JE

Tel: 07985140866
Website: www.intrustcare.co.uk

Date of inspection visit:
11 April 2019
17 April 2019
25 April 2019

Date of publication:
30 May 2019

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service:

Intrust Care Peterborough is a domiciliary care agency. It provided personal care to 16 younger and older people at the time of the inspection.

People's experience of using this service:

There was a lack of managerial oversight at the service and the provider's monitoring process did not look effectively at systems throughout the service. This led to issues and shortfalls in many areas of the service, but significantly staff recruitment checks were not always fully obtained before new staff started working.

Risks to people were not always identified or managed safely. Some assessments had been completed but they did not identify actions to reduce risks or contain information to show the level of risk. People were cared for by staff who had not received training and had not had previous training checked to make sure they had the skills and knowledge needed.

Staff had details if they needed to contact health care professionals and made sure they asked people's consent before caring for them. Staff members understood and complied with the principles of the Mental Capacity Act 2005 (MCA). People were supported to have choice and control of their lives. Staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were caring, kind and treated people with respect. People were listened to and were involved in their care. People's right to privacy was maintained by the actions and care given by staff members.

People's personal and health care needs were met and people were happy with the care they received. Some care plans were written in detail to provide guidance to staff, other care plans were not available and staff did not always have appropriate guidance to care for people. A complaints system was in place. Staff had some guidance about people's end of life wishes, although information in care records was limited.

Improvement action: Please see the 'action we have told the provider to take' section towards the end of the report.

We have made a recommendation about guidance for staff about long term health conditions.

Rating at last inspection: This is the first ratings inspection for this service.

Why we inspected: This was a planned inspection based on the service's registration date.

Follow up: We will continue to monitor information we receive about the service until we return to visit as scheduled in our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

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 not always effective

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was not always responsive

Details are in our Responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Requires Improvement ●

Intrust Care Peterborough

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This 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. It provides a service to older people and younger disabled adults.

Not everyone using Intrust Care Peterborough receives the regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager 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 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office. We needed to be sure that they would be in.

Inspection site visit activity started on 11 April and ended on 25 April 2019. We visited the office location on 11 April 2019 to see the registered manager and office staff; and to review care records and policies and procedures.

What we did:

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We used this information to assist with planning the inspection. We also asked the provider to complete a Provider Information Return before our visit. Providers are required to send us this key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

We asked for feedback from the commissioners of people's care, representatives from the local authority and Healthwatch Cambridge.

During our inspection visits on 11 and 25 April 2019, we spoke with three people and one relative. We also spoke with the registered manager, the office manager and four care staff. We looked at four people's care records. We also looked at other files in relation to the management of the service. These included three staff recruitment and training records, complaints and compliments records, and records relating to the systems for monitoring the quality of the service.

After our visit on 11 April 2019 we wrote to the provider's representative requiring them to provide additional information in relation to obtaining DBS checks for all staff.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

RI: 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. Regulations may or may not have been met.

Assessing risk, safety monitoring and management

- Risks to people were not fully assessed, monitored or mitigated effectively to ensure people were safe. Staff had partially assessed risks to people's health and welfare such as moving and handling, and falls. They had identified that there was a risk but had not included all the information that could increase that risk. For example, the physical effect long term health conditions had on people. They had also not shown why people were at risk, what actions staff needed to take to reduce risks or reassessed these when people's needs changed.
- Risk assessments in relation to people's environment, in and around their homes, had also been completed. However, these also lacked detail and information to show why risks had been assessed at a particular level or actions staff could take to minimise risks.

The lack of incomplete risk assessment processes meant that people may not always be safe. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Staff recruitment practices were not safe. Pre-employment checks were not completed before new staff started working with people. This did not ensure new staff were suitable to work with people who were vulnerable. Disclosure and Barring Service (DBS) checks had not been obtained for staff. DBS helps employers make safer recruitment decisions and helps to prevent unsuitable people from being employed. Gaps in staff employment histories had not been explored, neither had explanations for why staff left employment been obtained.
- We told the registered manager that they had to take immediate action to obtain DBS checks for all staff. They confirmed they had done this the day after our visit to the office.

The lack of robust recruitment checks meant that the provider could not demonstrate that only suitable people were employed. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff on duty to support people. People told us that staff arrived on time and never missed visits.
- There was a system in place to recruit new staff when this was needed or to replace staff when there were shortages, such as for sick leave.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff from the service and they were happy with the staff who visited them.
- The provider had a safeguarding system in place, staff understood that they had to report concerns to protect people from harm. However, they told us that they did not have contact details for external organisations and did not know they could report concerns in this way. Staff told us they had not received training before starting work, although they had received safeguarding training from previous employers.

Using medicines safely

- Staff told us that they had received medicines administration training with previous employers, but they had not received this training at Intrust Care Peterborough. However, no person using the service received support with their medicines.

Preventing and controlling infection

- People and staff told us that staff used personal protective equipment, such as gloves and aprons, to help prevent the spread of infection. Staff said that they had easy access to supplies when needed and this was not restricted.

Learning lessons when things go wrong

- There had been no accidents or incidents involving people using the service. Therefore there were limited opportunities to learning from events that occurred within the service. However, the registered manager and office staff were not able to tell us how incidents from other agencies could be used to provide a safer service to people.

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

RI: The effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent. Regulations may or may not have been met.

Staff support: induction, training, skills and experience

- People told us they thought staff were trained. One person said, "They look at the care plan or ask if they don't know." However, we found this was not always the case.
- Not all staff had received training when they first started working for the service. One staff member told us their induction training had consisted of going over office information. They said they had received no other training and no shadowing of other staff. The staff member felt as if, "I've been pushed in at the deep end." Other staff also said they had not received a lot of training before starting work. Two staff told us they had not been able to attend training, but it had not been rescheduled.
- Staff records showed that staff had not all received training in key areas, such as infection control, first aid, lone working or moving and handling. Training provided by other employers was taken into account by the provider. However, no competency checks had been completed to show that the staff members' knowledge and understanding of the subject was at an acceptable level.

The lack of up to date training or checks of previous training meant the provider was unable to confirm that staff had the skills and knowledge to safely care for people. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff members did not all receive the support they needed to carry out their roles. Only one staff member told us they had received supervision, and this provided them with support. Other staff said the office manager had carried out a 'spot check' and they could also contact this staff member for advice.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff completed assessments of people's needs before they started using the service. They considered information from social care professionals when assessing and planning people's care. However, up to date information about people's ongoing health needs had not been identified; guidance from national organisations or health professionals had not been obtained. Staff did not know what some of the health conditions people lived with were or how these might affect them.

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 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 with appropriate legal authority. For people living in their own homes, this is through the Court of Protection.
- We checked whether the service was working within the principles of the MCA. People were supported by staff who understood the principles of the MCA. They knew how to support people to continue making decisions and who to go to if the person was unable to do so. However, there was no guidance in one person's care records about how to make sure they were helped to make choices and decisions. There were also no mental capacity assessments or best interest decisions to make sure the person was cared for with their choices and decisions in mind.
- No applications had been made to the Court of Protection to deprive people of their liberty.

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

- People were supported to eat and drink if this was needed, although most people or their relatives were able to make themselves meals and drinks. Information in care records was brief and did not describe how staff should make sure people had enough to eat, or what to do if they did not.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us they were in the process of developing a form with a summary of people's needs. This would record important information about people, their needs, daily routines and preferences, if they were not able to tell other professionals involved in their care.

Supporting people to live healthier lives, access healthcare services and support

- Staff had access to information in care records about health care professionals involved in people's care. Records showed that staff contacted these health professionals when needed.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People were treated kindly by staff. One person commented that staff were, "Kind and friendly." Another person said staff were, "Very nice, very helpful, very polite - no complaints with them."
- Staff treated people kindly; they showed concern for people and made sure people had everything they needed. They were aware of people's individual needs and preferences.

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

- People confirmed that staff asked how they preferred to have their care and support provided. One person's relative told us the staff member who visited was always polite even though they, "Have to put up with a lot, especially first thing in the morning."
- Staff had enough time to support people properly and in the way they wanted, which also allowed them to spend time talking with people.
- Staff supported people to make choices about their care. For example, they chose when to get up, whether they had a wash, shower or bath, and when they had these.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and made sure they were supported in a dignified way. This was because they closed doors and curtains, and covered people up as much as possible while supporting them with personal care.
- People's confidentiality was maintained; records were kept securely in the service's office.

Is the service responsive?

Our findings

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

Requires Improvement: People's needs were not always met. Regulations may or may not have been met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People's care needs were met and they were happy with the care they received. One person told us that staff supported them and said, "My care has been very good, in fact they've been brilliant." Staff had built good relationships and knew people's likes, dislikes and preferences.
- People had care plans in place, although the level of information in these varied greatly. Some plans had enough detail to guide staff, some required more information to tell staff what they needed to do. Other plans, particularly those for people's long-term health conditions were not available at all. These were important so that staff understood how the person's condition might affect them and restrictions they may have to consider when caring for the person.

We recommend that the service consider current guidance and information on long-term health conditions to support staff when caring for people with these conditions.

- Not all of the people we spoke with said they looked at their care records, one person told us this was because they were happy with their care. Another person told us their relative did look at the care plans and thought it was an accurate reflection of the person's care needs.

Improving care quality in response to complaints or concerns

- People did not all know who to speak with if they were not happy with the care they received. The registered manager told us that contact details and information about how to complain was given to people with their care records. However, two people said they were not aware of this information.
- One complaint had been received and this was being investigated within the organisation's timescales.

End of life care and support

- Guidance was not available in people's care records about their end of life wishes, although there were no people receiving end of life care at the time of our visit. A staff member told us that they had not received any training about how to care for people at this time. However, they would speak with people's relatives in the event this care was needed.
- Guidance about how staff should care for people was available in the services end of life policy, which was available to staff.

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

Requires Improvement: Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

Continuous learning and improving care

- There were limited processes in place to effectively monitor and continually assess the quality of the service and if it was operating safely. The provider and management had failed to carry out audits on a regular basis and therefore had not identified where lapses had occurred, such as poor recruitment practices, staff training, and assessment and management of risk.
- The registered manager was not available often enough to support the office manager or staff. Although people received the care they needed, the registered manager did not understand their responsibilities to ensure systems that supported the running of the service were maintained.
- We found concerns in relation to staff recruitment. Although the registered manager had previously been told that improvements were needed, it was only when we told them what action was needed, did they do this.
- We found concerns in a number of other areas that show the registered manager did not have an understanding of their responsibilities. Some of these resulted in a breach of regulation, some of these were not good practice. They indicate there was not enough oversight of the risks to people, or evaluation and improvement to the service.

The lack of robust quality assurance meant people were at risk of receiving poor quality care and should a decline in standard occur, the provider's systems would potentially not pick up issues effectively. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were very few records of complaints, accidents and incidents. It was therefore not possible for the registered manager to identify trends or themes.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility. Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff were committed to providing high-quality care and support. They told us how they made sure people received the care they needed, despite concerns about their roles and a lack of training when they first started. One staff member told us they would continue to provide care to people for as long as the agency continued to provide the service.

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

characteristics

- People had completed a survey, which showed positive comments about the service.
- Staff told us that there were no staff meetings where they could raise issues, although they were able to make suggestions about working for the service to the office manager. However, these suggestions were not always responded to. One staff member told us that despite raising concerns that staff had no ID badges, they had not been issued with these.

Working in partnership with others

- Information available to us before this inspection showed that the registered manager had contact with other organisations, such as the local authority quality improvement team. The registered manager told us that they were working to improve the service. However, some actions were not robust enough to properly address the concerns identified.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment People who used the service were not protected against existing and potential risks as risks had not been adequately assessed or mitigating action identified. Regulation 12 (2) (a), (b).
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance People who used the service were not protected against the risks associated with inadequate and ineffective monitoring the quality and risks to the service. Regulation 17 (2) (a), (b), (f).
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed People who used the service were not protected against the risks associated with incomplete staff recruitment checks. Regulation 19 (3) (a)
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing People who used the service were not protected against risks associated with inadequate staff training or checks to assess staff competency. Regulation 18 (2) (a)

