

Integrity Care and Support Ltd

Integrity Care and Support

Inspection report

Office 1A, 5 Westmoreland House,
Cumberland Park, Scrubs Lane
London
NW10 6RE

Tel: 07824995500

Website: www.integritycaresupport.co.uk

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16 June 2022

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Ratings

Overall rating for this service

Good ●

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?

Good ●

Summary of findings

Overall summary

About the service

Integrity Care and Support is a domiciliary care service which provides personal care to people living in their own homes. CQC only inspects where people receive support with personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection five people were receiving support with personal care.

People's experience of using this service and what we found

People were supported by staff who wore personal protective equipment to protect them from the risk of infection. However, staff were not carrying out their own COVID-19 tests at the required frequency.

Risks to the people's health and well-being were identified and addressed. People were supported by staff they were familiar with, which enabled them to develop good relationships.

People were supported by staff with training about how to protect them from the risk of abuse and safely administer their prescribed medicines.

People's personal care needs were assessed. People and their relatives were supported to participate in the planning and reviewing of individual care and support.

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 received care and support that respected their dignity and privacy and promoted their independence. They were provided with information about how to make a complaint and their feedback was welcomed.

The provider operated effective quality monitoring systems and sought feedback from people using the service. Checks were undertaken to ensure staff acted in a caring way and properly followed people's individual care and support plans.

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

Rating at last inspection

This service was registered with us on 02 October 2017 and this is the first inspection.

Why we inspected

This was a planned inspection to provide a rating.

Follow up

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 consistently 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 well led.

Details are in our well led findings below.

Good ●

Integrity Care and Support

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

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 homes.

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 two days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity commenced on 13 May 2022 with a visit to the office location and concluded on 16 June 2022.

What we did before the inspection

We reviewed information we had received about the service since their registration. The provider was not asked to submit a provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We reviewed a range of records which included the care and support plans for four people and the staff files for five people, in relation to recruitment, training, supervision and appraisals. We also reviewed records related to the management of the service, which included minutes of team meetings, policies and procedures and quality assurance checks.

We spoke with the registered manager, deputy manager and the training and recruitment manager.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke by telephone with three people who used the service and four relatives for their views about the quality of the service. We received comments from five health and social care professionals with knowledge about the service. We spoke by telephone with five members of the staff team. We held a remote meeting with the registered manager and the deputy manager on 16 June 2022 to provide feedback for the inspection.

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 service. This key question has been rated as 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.

Preventing and controlling infection

- The provider did not consistently operate correct infection prevention and control (IPC) practices to support people, relatives where applicable and staff to keep safe and reduce any risk of COVID-19. At the time of the inspection staff were testing themselves once a fortnight for COVID-19, but not at the required frequency of twice a week for social care workers in line with government policy. Therefore, the provider could not be assured employees were effectively protecting people from the risk of COVID-19 due to the infrequency of staff testing.
- The provider took immediate action during the inspection visit to address this issue. All staff were contacted and informed of the necessity to commence twice weekly COVID-19 testing without delay. Following the inspection site visit we received evidence from the provider to demonstrate testing was now taking place in accordance with government guidelines.
- People and their relatives told us staff properly wore personal protective equipment (PPE) while working at their home. Staff confirmed they received IPC training and were provided with ample supplies of PPE.

Staffing and recruitment

- The provider undertook safer employment checks prior to staff commencing employment, however we noted minor discrepancies which needed to be addressed. Although the provider sought a minimum of two references which were checked for their authenticity and explored gaps in people's employment history, we found some staff recruitment files where potentially inconsistent and incomplete information from employees had not been properly scrutinised.
- We discussed this with the registered manager and documents were sent to us to after the inspection visit to demonstrate any discrepancies we saw were fully addressed. The registered manager also sent us evidence of revised recruitment policies and practices to ensure a more rigorous approach for appointing new staff.
- Disclosure and Barring Service (DBS) checks had been completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. Other checks were conducted, for example whether staff had proof of their entitlement to work in the UK.
- People who used the service and their relatives told us their assigned support workers were punctual, reliable and provided support at the agreed times. A relative remarked, "My only wish about the hours is that [family member] got more hours of support but that's not down to the agency. [Name of support worker] is a responsible timekeeper, [family member] would get anxious if they were late."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- People were protected from the risk of abuse, harm and neglect by staff with suitable training and procedures to follow to safeguard people and promote their safety and wellbeing. Staff were knowledgeable about the signs to observe in relation to different types of abuse and the actions they would take to protect people.
- People and their relatives told us they had confidence in the provider and their individual support workers to ensure their safety. One person said, "I feel totally safe with [names of support workers] and I would ring [registered manager] if they did anything that worried me." Relatives told us staff were well trained and experienced and understood how to safely deliver care and support, including circumstances where family members presented behaviours that could place themselves at risk.
- Systems were well established to record any accidents, incidents or other events of concern and learn from them. As well as taking suitable action to mitigate any identified risks for the future, learning from these events was shared with staff during supervisions and staff meetings. The registered manager described how the service has learnt from incidents, for example if a person attempted to hide or abscond from staff when being supported in a community amenity.

Assessing risk, safety monitoring and management

- The provider carried out assessments to identify and address any risks to people's safety and wellbeing. Risk assessments contained individual and detailed guidance for staff to promote people's safety and were kept under review. Where feasible, these assessments considered people's own wishes and the importance of enabling people to maintain as much independence as possible in a safe and balanced manner.
- Environmental risk assessments were in place to identify risks within people's own homes and provide staff with guidance to reduce these risks to protect people and themselves. This included risks in relation to equipment, fixtures and fittings or concerns about the potential impact due to a lack of facilities. For example, if a person was living in temporary accommodation and awaiting necessary adaptations to their home environment.

Using medicines safely

- The provider had systems in place to make sure people received their medicines safely, which included a medicine policy and procedure. People's care and support plans contained clear information about their medicine needs and how staff were required to meet these needs.
- Where applicable the provider liaised with relevant health care professionals to ensure up to date guidelines were in place to support staff to safely administer specific medicines. For example, we saw written instructions issued by specialist nurses for the care and treatment of people with epilepsy.
- The deputy manager carried out competency checks before staff were permitted to provide people with medicine support. Staff told us they had received comprehensive medicine training and felt able to ask the management team for advice if necessary. A support worker said, "I would describe the medication training as being thorough with tests at the end that we needed to pass."
- Checks were made to ensure staff correctly supported people with their prescribed medicines. This included observations of staff practice made by the management team during 'spot check' visits to people's homes and regular checking of how staff completed medicine administration records (MARs) to detect any errors or concerns.

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 service. This key question has been rated as 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 care and support were delivered in accordance with best practice guidance. The deputy manager conducted detailed assessments of people's needs before they received a service and actively sought the involvement of people and their chosen representatives where possible. Assessments were kept under review and updated as required.

- The provider effectively liaised with a range of health and social care professionals involved in people's care to ensure assessments and the accompanying care and support plans contained valid and informative guidelines for support workers to follow. We noted the provider obtained a copy of people's most recent assessment of their needs by social services professionals to ensure care and support was designed in a way that fully considered their individual health and social care needs.

Staff support: induction, training, skills and experience

- People were supported by staff who received a comprehensive package of training, supervision and guidance from the provider to carry out their roles and responsibilities. This included mandatory training such as moving and handling, health and safety, and equality and diversity. Staff also received specific training to meet the individual needs of people who used the service, for example positive behaviour support, autism awareness, epilepsy and the administration of buccal midazolam. Buccal midazolam is a type of emergency medicine that can be prescribed to stop prolonged seizures and is administered by inserting an oral syringe into the buccal cavity, which is the space between the gum and the inner cheek.

- People, their relatives and health and social care professionals told us the staff were very well trained, skilled and competent. Comments included, "[Name of support worker] is very good, they understand me and help me to make progress", "I am confident [my family member] is getting excellent support, these are the best support workers I have come across" and "They have the skills and knowledge to provide high-quality support for clients, they give a marvellous standard of support."

- Staff told us they were well supported by their line managers through regular one to one formal supervision, team meetings and the training programme. Following induction training and opportunities to shadow experienced colleagues, staff undertook the Care Certificate which is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Other training opportunities from the provider included PROACT-SCIPr (Positive Range of Options to Avoid Crisis and use Therapy), which enabled support staff to understand and apply strategies for crisis intervention and prevention.

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

- At the time of the inspection the provider was not supporting people to eat and drink as this aspect of personal care and support did not form part of people's agreed care and support plans. The deputy

manager confirmed staff received training in relation to meeting people's nutritional and hydration needs as part of their induction and this nature of support could be provided if required.

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

- Suitable practices were in place to enable people to receive a smoothly delivered service with appropriate support to meet their health care needs. People's care and support plans contained clear information and guidance for staff about people's health care needs and details of health care professionals and organisations involved in their care and treatment. For example, any guidelines to follow from specialist nurses, psychologists or therapists.

- Relatives told us that staff demonstrated a good understanding of the health care needs of their family members. We received positive comments from health care professionals in relation to how the provider kept them informed of changes in people's needs, and how staff supported people to attend medical and other clinical appointments and follow any health care instructions given. Staff had a good understanding about the importance of reporting without delay any concerns about people's health and wellbeing to their line managers.

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 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.

- The provider was working within the principles of the MCA. People were supported to make choices about how their care and support was planned and given wherever possible. The registered manager and deputy understood when it was necessary for capacity assessments to be carried out and how to ensure people's care and support was delivered in their best interests if they lacked capacity.

- Staff received mental capacity training and were knowledgeable about how to provide care and support that protected people's human rights. A staff member told us, "If a person refused support with their personal care I would listen to their concerns and try other approaches. If this didn't work, I would get advice and guidance from [line manager]."

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 service. This key question has been rated as 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; respecting equality and diversity

- People and their relatives spoke very positively about the caring approach and kindness of staff. Comments included, "[Name of support worker] is great, they listen to me about what I want" and "This is the best agency we have ever had. [My family member] is treated with respect and is so happy to see their support worker arrive. [He/she] understands [my family member] as an individual, it's wonderful."
- People and their relatives expressed how pleased they were to receive their care and support from regularly scheduled support workers, which enabled them to develop good relationships and experience stability and consistency. Staff told us they enjoyed the opportunity to get to know people well and support them where possible to increase their independence and confidence through gaining new skills.
- The provider enabled staff to continuously develop their knowledge of equality and diversity through staff training and discussions during supervision and team meetings. People's individual needs, aspirations and preferences including those relating to their gender, culture and religion were understood and respected. For example, people received personal care from a support worker of their own gender in line with their expressed wishes.

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

- People and their relatives informed us the provider regularly sought their views about how their care and support should be planned and delivered. A relative told us, "I can call [management team at the service] if I want to discuss the care package for [my family member]. They are always receptive to new ideas and happy to try out suggested changes."
- People's comments and opinions about their care and support and the views of their relatives where applicable were reflected in the care planning and reviewing process. The provider encouraged people and their chosen representatives to express their ideas and advised them about how they could access independent support to do so, if required. Information was provided about local advocacy services, which can help people to express their concerns, get information and explore options for their future.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected. People told us they felt at ease with their regularly assigned support workers and felt assisted to be as independent as possible. One person told us they were steadily developing new life skills.
- Care and support plans were written in a respectful manner and highlighted how staff should enable people to maintain their dignity during the delivery of personal care and how people should be supported and encouraged to carry out the aspects of their care they were able to. Staff told us their training included guidance about how to maintain people's privacy during their personal care, for example ensuring doors

were shut and curtains pulled.

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 service. This key question has been rated as 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's care and support plans contained detailed guidance about their needs and preferences to enable support staff to provide person-centred care and support. This included specific information about the products they needed for health care reasons or preferred to use to maintain their personal hygiene. A relative told us, "They (staff) are very thorough and want to do things properly. [My family member] needs a certain routine due to their disability and their support workers really understands this."
- For example one person's care and support plan included step by step instructions of how they wished to be supported with shaving. The registered manager told us these guidelines for staff to follow were in line with the person's wishes and were kept under review to reflect any changes in their needs and choices. We noted this care and support plan considered relevant individual circumstances such as the person's home environment.
- Health and social care professionals told us people received a high standard of personalised care that responded well to their current and changing needs. One professional told us, "I would recommend this agency to other professionals. The care is excellent" and another professional said, "I believe they are a very safe, well lead and excellent service. They provide a very person-centred approach and have excellent awareness of the person's needs."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider ensured people's communication needs were identified and addressed. People's communication needs were assessed and information for staff about how to effectively communicate with individuals was recorded in the care and support plans. This guidance was kept under review.
- Staff told us they recorded their observations and reported any concerning changes in relation to people's communication skills to their line managers. A support worker told us that it could potentially be an indicator that a person needed to see their GP for a referral for a hearing test, or an appointment with a speech and language therapist or psychologist.
- Information about the service and people's rights using the agency could be provided in large print, audio or other accessible formats if required.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow

interests and to take part in activities that are socially and culturally relevant to them

- Where people received both personal care and social support we received very positive comments from them and their chosen representatives in relation to the quality of this support. A relative told us how staff supported their family member to engage in their favourite hobby and it had an excellent impact on their personal development, sense of achievement and wellbeing.
- People's care and support plans provided guidance for staff about how to support people meet their social needs. Staff told us social care plans could include visits to places of worship, activities at cultural centres or visits to displays at museums and galleries that reflected people's unique interests and identity.

Improving care quality in response to complaints or concerns

- The provider had clear systems in place to clearly respond to any issues, concerns and complaints. People and their representatives were informed by the provider that they welcomed complaints to resolve as promptly as possible any problems people experienced and make improvements, where necessary.
- People who used the service told us they would ring the registered manager if they had any concerns about their care and support. One person said "I know [registered manager] and would let him know if I wasn't happy with my support workers. I haven't needed to do that." Relatives also stated they felt confident contacting the registered manager to report any concerns although so far none had arisen.

End of life care and support

- At the time of the inspection the agency was not providing end of life care as this was not required. The registered manager told us he was presently concentrating on delivering personal care.

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 good. This meant the service was consistently managed and well-led.

Leaders and the culture they created promoted high-quality, person-centred care; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and management team demonstrated knowledge of their roles including their regulatory responsibilities. Where we found any matters during the inspection that needed to be addressed, this was immediately attended to.
- The provider used robust quality assurance systems to ensure people received individual care and support that met their needs. For example, the deputy manager carried out observational visits to check people were well supported in line with their agreed care package.
- People, relatives and local health and social care professionals told us the standard of care and support was first-rate. Comments included, "I never want to use another agency again, this one is great and my support worker is the best", "[My family member] is getting the best support I have ever come across from an agency" and "The support workers follow the agreed plan but they will use their initiative wisely if [family member] declines support to due to their complex needs. It makes this agency special."

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 provider was aware of the requirement to notify the Commission of significant events, in accordance with the law. They understood the importance of working in an honest, open and transparent way, in line with their duty of candour.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider demonstrated a clear ethos of placing the needs of people and their relatives where applicable at the centre of its provision of care and support. For example, the provider had created a spacious room for therapeutic and recreational purposes at its office location. During the inspection we met people who enjoyed using this facility for engaging in their favourite games, listening to music or for quiet relaxation away from their home setting.
- Staff were encouraged to contribute their ideas about how to improve the quality of care and support given to people and how to develop the service. The management team sought their views at team meetings, individual supervision sessions and during in-house training. A staff member told us, "This agency is very different to other companies I have worked for. They value our opinions and offer very good training."
- The provider supported staff by offering a wide range of training opportunities to enable staff to competently carry out their duties and gain the knowledge and skills for career progression, if this was part

of their individual training and development plan. Staff told us their line managers encouraged their participation in beneficial courses including management and leadership, train the trainer for the provider's mandatory training programme and qualified trainer status for guiding colleagues in the use of positive behaviour support.

- People and their chosen representatives were asked for their verbal and written feedback about the quality of the service. People and relatives told us they regularly spoke with the registered manager about how their care and support package was positively impacting on their health and wellbeing. A relative said, "I can easily get in contact with [registered manager or deputy] and keep them informed with how [family member] is getting on and they call me as well."
- Feedback from people and their relatives was also sought during individual care and support planning reviews. The written feedback from people and relatives we looked at was very positive. Comments included, "I have never had such a professional service from an agency, Integrity rocks...amazing staff" , "If all of your staff are like the two you've sent today, all I can say is wow" and "Your ladies are lovely and [my family member] has been surprisingly happy to have them here."

Continuous learning and improving care

- The provider had systems in place to ensure ongoing learning in order to make improvements. The deputy manager checked how staff completed documents including the records for each visit and the completion of medicine administration records. This enabled the provider to identify any circumstances where the delivery of care and support could be given in a better way.
- Specific practices were carried out as part of the provider's commitment to developing the standard of the service. For example, detailed analysis was conducted to understand the impact of positive behaviour support interactions with people and how this improved the quality of the person's life.

Working in partnership with others

- The provider worked well with other organisations to ensure people's needs were appropriately met. This included liaison with statutory health and social care bodies. A health care professional told us, "They are very pro-active in working with multi-disciplinary teams."