

Intrust Care Ltd

Intrust Care Ltd

Inspection report

Challenge House, Suite 2.19A
Sherwood Drive, Bletchley
Milton Keynes
Buckinghamshire
MK3 6DP

Tel: 01908533441

Website: www.intrustcare.co.uk

Date of inspection visit:

31 May 2017

01 June 2017

Date of publication:

19 June 2017

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

This inspection took place on 30 May 2017 and 01 June 2017 and was announced.

Intrust Care Limited provides personal care to people who live in their own homes in order for them to maintain their independence.

At the time of our inspection the provider confirmed they were providing personal care to 25 people

There was a registered manager in post. 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.

Staff had a good understanding of safeguarding procedures that should be followed to report abuse. Staff told us they were confident that any concerns they raised would be followed up appropriately by their manager and people were kept safe.

People had risk assessments in place to enable them to be as independent as possible. Assessments were carried out to identify risk and staff were able to support people safely and in a positive manner.

Staffing levels were adequate to meet people's current needs. People told us that their care was never missed and staff told us they could confidently complete the calls that were needed to be covered. People told us they consistently had the same team of carers that arrived on time.

The staff recruitment procedures were robust and ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service.

Staff induction training and on-going training and qualification was provided which ensured that the staff had the skills, knowledge and support they needed to perform their roles.

People told us that their medicines were administered safely and on time. The agency used records provided by the local authority, in line with local authority medication policy.

Staff were well supported by the registered manager and senior team, and had regular one to one supervisions, spot checks and competency assessments to monitor their on-going skill and performance within their roles.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. Consent forms were signed by people or their representatives when required.

People were able to choose the food and drink they wanted and staff supported people with this. Staff were able to explain both the preferences and health requirements that people had within their diets and provide the support to them that they needed.

People were supported to access health appointments when necessary. The agency had good links and relationships with local health professionals. Staff had good knowledge of people's health and conditions, and helped people to both book and access a variety of different appointments.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes. Both the management and the staff had a good knowledge of people's likes and dislikes, their personal history, personality, and family relationships.

People and their families were involved in their own care planning and were able to contribute to the way in which they were supported.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed

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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

Is the service effective?

Good ●

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

Is the service caring?

Good ●

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

Is the service responsive?

Good ●

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

Is the service well-led?

Good ●

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective

Intrust Care Ltd

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.

This inspection took place on 30 May 2017 and 01 June 2017 and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the registered manager or someone senior would be available on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We spoke with four people who used the service, two relatives of people that use the service, four support workers, the registered manager, and the director. We reviewed five peoples care records to ensure they were reflective of their needs, five staff files, and other documents relating to the management of the service.

Is the service safe?

Our findings

All the people we spoke with told us they felt safe when receiving support from the agency. One person said, "I am absolutely in safe hands, I have nothing to worry about." A relative of a person said, "They (staff) work very safely." All the people we spoke with made similar positive comments.

The staff we spoke with all had a good understanding of the signs of abuse and how to report it. One staff member said, "I have not had to report anything, but if I did I would speak to the manager and make sure that I record everything in detail." All the staff we spoke with during our inspection had a good understanding of safeguarding and whistleblowing procedures and we saw that they had received training in these areas.

People had risk assessments in place to support and manage risk within their lives. We saw that the agency used an electronic care planning system which included relevant risk assessments. We saw that hazards were identified, with control measures, likelihood of occurrence and outcomes listed. The staff we spoke with all felt that risks had been assessed properly which enabled them to do their job safely. Staff also felt confident they could inform management at any time should a person's support needs change and risk become apparent. All the risk assessments we saw were up to date and had been reviewed.

Staff were employed by the service using safe recruitment procedures. We were shown that all staff had a full Disclosure and Barring Service check (DBS) before starting employment. We saw that the service obtained two references from former employers. Identification checks and right to work checks had been carried out on everyone. The staff we spoke with confirmed that they had gone through these pre-employment checks. Records showed that all necessary checks had been verified by the provider before each staff member began to work.

People told us they thought there were enough staff working for the service. One person said, "I always see the same girls. I have never had a call missed. I see the managers as well as they cover shifts." All the people we spoke with felt that staffing was consistent and they had never had any concerns about lateness or calls being missed. One staff member said, "Staffing levels are good. As the company grows, more staff will come on board. There are new roles being created now to make sure that the company can grow safely." We saw staffing rotas that confirmed calls were being covered consistently.

Medication was administered safely. The people we spoke with were happy that they received the support they needed to take medicines within their home. One person said, "The staff do my medication for me. They are very good, I have no complaints at all." The registered manager explained that the medication administration records (MAR) were provided by the local authority. The local authority worked with domiciliary care agencies within the area to standardize medication administration records, and all records were taken and stored by the local authority once completed.

Is the service effective?

Our findings

People told us they thought the staff were professional, knowledgeable, and well trained in care. One person told us, "The staff and the management are all very good. They are very experienced and know what they are doing."

We spoke with staff about their training and induction and they confirmed that they had been through the process as outlined to us by the registered manager. One staff member said, "After being offered the job, I started training courses, and was introduced to clients. I shadowed other staff to get to know people and their routines." We saw that training courses had been completed and new staff were being enrolled on the care certificate qualification. The care certificate covers the basic standards that are expected within care. We saw that all staff were up to date with their training and that future training sessions were being booked to both refresh knowledge and learn new skills.

Staff told us they felt well supervised and had the opportunity to talk to managers whenever they needed. One staff member said, "We have formal supervisions, as well as being able to speak with managers at any time." The service aimed to hold formal supervisions with staff four times a year, and we saw evidence that supervisions had taken place and various aspects of the service and the person's performance were discussed.

We checked whether the service was working within the principles of the Mental Capacity Act (MCA). 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. In domiciliary care settings this is under the Court of Protection.

Staff gained consent from people before carrying out any care tasks. One person said, "My consent is always asked for. They have never done anything without asking." All the staff we spoke with understood the need to gain consent, and when a person was not able to consent, staff knew what procedures would take place to assess a person's capacity and work in their best interest. We saw that people had signed consent forms within their files, and that staff had signed to confirm they had gained consent before carrying out any care.

People told us that they could receive support with food and drink as required. Most of the people we spoke with said they received support from family to prepare food and drink, but that staff did also help from time to time. The staff we spoke with understood people's needs in this area. One staff member said, "I always make sure a drink is within reach for the person before I leave." We saw that the service had monitoring forms for food and fluid intake although these were not currently in use as the service was not supporting anyone who needed to monitor this information.

The service had good links and good communication with other health professionals. This meant that

people were able to be supported to manage their healthcare needs effectively. The managers of the service were both from a nursing background and explained they had been able to liaise with other health professionals to support a person's needs. We saw that contact had been made with the medication management team, district nurses and G.P's. The service maintained a detailed record of people's medical needs so that this information could be shared with relevant staff and monitored over time.

Is the service caring?

Our findings

The people we spoke with told us the staff that supported them, did so in a caring and friendly way. One person said, "The staff are absolutely brilliant. I couldn't do without them, they are fantastic." Another person said, "I have never been so happy with a care service." We saw that people had completed written feedback on the service they received. One person wrote 'Nothing is ever a burden to you, you are always happy to help.' All the staff we spoke with told us they were able to develop good relationships with the people they supported as they saw them regularly.

People and their relatives told us they were able to express their views and be involved in making decisions about their care. One person said, "I can talk to the staff, and they listen to me. I can contact the managers, and they listen too." Another person said, "I make my own decisions, the staff work with me." All the people and relatives we spoke with confirmed that they had been involved in their care planning from when they started using the service. The registered manager told us that regular feedback was gathered from people and changes to care plans were made when necessary."

Care plans detailed people's likes and dislikes, and the staff we spoke with had a good knowledge of what people's preferences were. The service maintained an electronic care planning system which had sections that documented people's favourite hobbies, social interests, and family history. We saw that all care tasks that were in the care plans were personalised and gave a clear outline of how each person wanted their care delivered. The staff we spoke with understood the need to know about people's preferences and personality, as well as care tasks, to enable a positive and person centred approach.

People felt their privacy and dignity was respected at all times by the staff. One person said, "They (staff) are always respectful. I have never had any complaints." A family member said, "Without a doubt, they are respectful when they are here." All the staff and management that we spoke with had a clear vision that all people should be cared for in a way which always respects their dignity and privacy. Staff and management talked about people warmly and felt proud of the service they gave to people, and how people had fed back positively to them about the quality of their care. We saw that training in privacy and dignity had taken place for staff.

Where possible, people were encouraged to retain independence. One person said, "There is plenty that I can do for myself, and plenty that I can't. The staff help me but don't overstep any boundaries." Through conversations with staff and information within care plans, we saw that the service promoted independence where possible, and encouraged people to do the tasks that they wanted to do themselves.

We were told that advocacy services could be made available should people require them. At the time of our inspection, no one was using the services of an advocate. We saw that each person received a handbook which outlined information about the company, and included information about advocacy and the support they could get to make contact with advocacy services if they ever required it.

Is the service responsive?

Our findings

Pre assessments were carried out to identify each person's needs before they started using the service. The service provided support to many people who were coming out of hospital care. In these cases, the registered manager told us that she would receive a referral, and aim to get to see the person "Within a matter of hours." A hand over of information from medical professionals could then take place and an assessment of needs could be completed. The registered manager said, "We play an important role in reducing the anxiety of people and their families. We know if we show up quickly, in uniform, and explain the process of how we are going to provide care, people will become less anxious and settle back at home better." The people we spoke with confirmed that pre assessments had taken place.

People told us they felt that care was personalised to their needs. One person said, "The staff take time with me. We have got to know each other well. They know what I like." All the people we spoke with made similarly positive comments. We spoke with the staff about the care they gave to people, and they were able to describe the specific needs and wants of individuals and how they had been able to get to know the people they cared for. We saw that people were consistently seeing the same team of staff which meant that staff were able to provide personalised care.

We saw that the service had put care plans together that described the care people needed in a way that was personalised to them, and clearly stated personal preference and choice. There was information within plans which documented personal history, future wishes, concerns, hobbies and interests, likes and dislikes. We saw that systems were in place to regularly review and monitor care plans to keep them up to date and relevant to people's needs.

The service understood the importance of people being able to maintain positive relationships with friends and family members. One family member said, "Yes, the staff understand and respect our relationship. Having them here helps us get on with life." The staff we spoke with told us they considered it important to understand the relationships that people had and encourage them to build support networks with family and friends.

People were given the time they needed to receive care in a person-centred way. All the people we spoke with told us that the staff arrived on time and spent the time required to complete all the care tasks that were necessary and not have to rush. The service was able to remotely monitor its staff and the time they spent on a visit. Staff members used a system to log in and out of care calls, which was tracked via GPS by the service. This enabled the service to monitor the staff and identify if any calls were late for any reason. Staff were able to record that tasks were completed in accordance with the persons care plan. This ensured that people's care was fully delivered.

The service had a complaints procedure in place, but no complaints had been made. One person said, "I have the confidence to make a complaint, but I have not had to." All the people we spoke with were aware of the complaints procedure. We saw that a complaints policy was present and a system was in place to address complaints appropriately.

Is the service well-led?

Our findings

The people we spoke with told us they knew the management team and saw them regularly. One relative of a person said, "[Managers name] is brilliant, she makes sure we are ok and checks on us all the time." All the staff we spoke with told us they felt well supported by the management. One staff member said, "It is the best company I have ever worked for. Everyone is really positive, and we all work well together. We are very well supported." Another staff member said, "It's very good, we can go to the office whenever we need to, and there is someone on call for us 24/7." During our inspection, we saw that staff members were able to come in and out of the office to collect supplies and speak with management as they required. We found that the management team all had a good knowledge of all the people receiving support, and all of the staff teams strengths and skills.

All the staff we spoke with told us they felt valued and respected within their roles. The service was able to communicate well with its staff and share information as required. We were shown that a new electronic system was being installed that would enable the staff to communicate and share information more effectively. The service felt that the new system would enhance and improve communication. In the crossover period, the service were using a texting and messaging application to fill any gaps in communication that the system created. All the staff we spoke with felt that communication was good, and they could reach anyone they needed at any time .

Staff meetings were held as a forum for sharing information and discussion on the service. We saw minutes from meetings were topics such as the visions and values of the service, outcomes for people, incidents, training and general updates were all discussed.

The management team explained that they had plans for the service to grow, and were recruiting new staff members. This included new carers and new roles within the management structure of the company who would look at compliance. All the staff we spoke with were well aware of their responsibilities as well as the visions and values of the service which were clearly set out.

Staff recorded incidents and accidents accurately and information was monitored and responded to by management. We saw that the details of any incidents were recorded and actions had been created where required. The registered manager was aware of the responsibility to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC).

We saw that quality control systems had been implemented. The electronic system that the service was using allowed for all aspects of information on both people and staff to be regularly monitored and audited. We saw that paper files such as daily notes were all audited when returned to the office . We saw that action was taken to rectify any issues that were found.