

Intrigue Homecare Ltd

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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

About the service

Intrigue Homecare Ltd is a domiciliary care agency, providing a 'supported living' service to people living in their own homes. It provides personal care and support to people with learning disabilities, autism and mental health needs. People lived in shared houses within three 'supported living' schemes in the towns of Southend and Basildon in Essex. People had their own bedrooms and en-suites and had access to shared communal areas such as kitchens and lounges. At the time of our inspection, six people were using the service.

People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Safe recruitment processes were in place to ensure staff were suitable for their roles. People and their relatives told us they felt the service was safe. Staff had received safeguarding adults from abuse training and knew how to act on any concerns. Risks to people's safety and wellbeing were assessed and monitored. Medicine practices showed people received their medicines as prescribed. Staff carried out infection prevention and control measures to minimise the risk of the spread of infection.

Staff received induction, training and supervision to carry out their role effectively and safely. People were supported with eating and drinking. The service worked well in partnership with other professionals to ensure people received the health care support they needed.

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.

Staff were kind and caring and treated people with dignity and respect. People received personalised care responsive to their individual needs and their independence was promoted.

Quality assurance systems had been developed to monitor the service. Feedback from people and relatives demonstrated they were happy with all aspects of the service.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

This service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture. People received person centred care which promoted their dignity and rights. There was a positive culture within the service. Staff felt valued and shared the provider's passion and commitment to providing high quality care, empowering people to lead fulfilling lives.

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

Rating at last inspection

The last rating for the service at the previous premises was Good (published on 22 August 2018). You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Intrigue Homecare Ltd on our website at www.cqc.org.uk.

Why we inspected

This inspection was carried out to check the safety and quality of the care people received.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Intrigue Homecare Ltd

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 Care Act 2014.

Inspection team

The inspection was carried out by two inspectors.

Service and service type

This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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

This inspection was announced. Due to the pandemic, we gave a short period notice of the inspection to enable us to collate as much information as possible virtually to minimise the time spent by the inspection team visiting the provider's office.

Inspection activity started on 30 April 2021 and ended on 12 May 2021. We visited the office location on 10 May 2021.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the 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 spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with seven members of staff including the registered manager, deputy manager and care workers.

We reviewed a range of records. This included six people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback about the service from two professionals.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe living at the service. One person told us, "I feel safe living here." Relatives also told us their loved ones were safe. One relative said, "Yes [name] is safe. I am relaxed about them being there."
- Staff completed training in safeguarding adults and children and understood their responsibility to report any concerns. One staff member told us, "If you see someone being abused you have to report it to the manager or to the person in charge. If nothing was done, I would call the Police."
- The registered manager was aware of their responsibilities for reporting concerns to the local authority and to CQC.

Assessing risk, safety monitoring and management

- Risks assessments were carried out, and regularly reviewed, to identify risks associated with people's care and support needs. These were person centred and provided guidance to staff to mitigate any identified risks.
- COVID-19 risk assessments had been completed to ensure people's and staff's safety during the pandemic.
- Risks to people's safety and wellbeing were appropriately managed and promoted positive risk taking. For example, a risk assessment had been put in place to enable a person to independently make their own hot drinks.
- Each person had a missing persons protocol in place. These contained key personal information, including communication and medicine needs. This is important information which can be shared with other professionals such as the Police and hospital staff to support and protect people.

Staffing and recruitment

- There were enough staff deployed to meet people's needs.
- Appropriate recruitment procedures were in place. The registered manager had carried out all the necessary checks on staff suitability before they began to work at the service. This included undertaking a check with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Using medicines safely

- People received their prescribed medicines safely.
- Staff had received training in the administration of medicines. Assessments of their competency to administer medicines were completed.

- Where people were prescribed 'as and when' medicine, there were protocols in place which guided staff on when these should be administered.
- Regular audits were undertaken to ensure medicines were being managed safely. Any actions were highlighted and actioned.

Preventing and controlling infection

- The provider had an infection control policy and procedures to prevent the spread of infection.
- Staff had received infection control and food hygiene training.
- Specific attention had been given to meeting good infection prevention and control guidelines so people and staff were protected from COVID-19. All the necessary guidance and personal protective equipment (PPE) was available.

Learning lessons when things go wrong

- The registered manager informed us there had been no significant incidents since our last inspection. They told us they would carry out an analysis of all accidents and incidents to consider lessons learned and would share these with staff to reduce the risk of reoccurrence. They said, "I am trying to build a culture of learning rather than staff feeling they are unable to speak up when things go wrong."

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 needs were assessed prior to them using the service to make sure these could be met.
- The registered manager told us where needed visits, including sleepovers, were completed to enable a gradual move into the service. They said, "We can make sure it [the service] is right for them and gives them the opportunity to meet other service users." A professional told us, "Intrigue staff communicated with [person] well during their assessment such that they wanted to go with them on the same day."
- People's needs continued to be assessed and reviewed to ensure the care they received met their choices and needs and helped them to develop new skills and achieve as much independence as possible.

Staff support: induction, training, skills and experience

- Newly appointed staff received an induction. This included familiarisation with the service's policies and procedures and getting to know people's care and support needs.
- Staff completed training to enable them to acquire the knowledge and skills to fulfil their role. They told us they felt they had all the training they needed to meet people's care needs.
- Staff received regular supervision and told us they felt well supported by management. Feedback included, "[Registered manager] is really good. I've spoken to them more than any manager where I have worked elsewhere. They are really good and approachable."

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

- People were supported to maintain a balanced diet.
- Staff helped people to buy their food and prepare meals.
- People were able to choose the foods they wanted to eat. Care plans recorded their likes and dislikes and any specific dietary needs.

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

- People were supported to access routine and specialist healthcare.
- Staff worked with other health and social care professionals to ensure people received the best quality care. A professional told us, "[Registered manager] and her deputy manager communicate well with me whenever needed."
- One person told us how staff had helped them to access local mental health services when they moved into the service. They said, "This helped me a lot."

- Relatives told us they were kept updated regarding their family member's health needs. One relative said, "If [person] is unwell they phone and let us know. They called about the [COVID-19] vaccination and asked whether they could take them. I made it clear from the beginning I wanted to know about these things so I could be involved."

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.

- People were encouraged to make their own choices and decisions. A healthcare fed back their observations following a visit to the service. They said, "The members of staff I met demonstrated that they were working well with the [person] giving them space to make choices and plan what they would like to do each day which is really positive."
- Staff had received training in the MCA and supporting people to make decisions. They understood the importance of giving people choices.
- The registered manager demonstrated a good understanding of the principles of the MCA.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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

- One person told us they were happy living at the service and were complimentary about the caring attitude of staff. They said, "Staff are kind and caring and always helpful to me."
- Without exception relatives also spoke positively about the care their loved ones received. Comments included, "[Staff] are very good. They are very caring." And, "[Staff] are very caring and if they weren't I would tell you. [Name] has complex needs and they have been very supportive and tried different tactics with them. I couldn't praise them enough."
- Professionals also spoke highly of the care people received. One professional told us, "I have been working with Intrigue for two to three years. The quality of care for the adults is excellent and the feedback from relatives is that the adults are well supported and the staff are very helpful and accommodating. All adults have settled extremely well and are benefitting from the care and support given as well as the high quality accommodation."
- People's cultural and religious needs were respected by staff however these were not always reflected in people's care records. We discussed this with the registered manager who advised they would take immediate action to ensure this information was recorded.
- Staff had received training in equality and diversity.

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

- Not everyone using the service were able to be involved in making decisions about their care however, where possible, people were supported to express their views.
- Relatives told us they were actively involved in decision making and were kept informed about any changes.
- The service held information on local advocacy services. The registered manager informed us no one was currently using advocacy services. An advocate supports people to express their views and wishes.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. One person told us, "[Staff] respect my privacy definitely. I go out for walks by myself. If I want to go and be by myself in my room they respect that."
- Importance was placed by staff to encourage people to increase their independence and do as much as they could for themselves. One person said, "Since I have been here I have come a long way with my mental health and independent living skills. I'm ready to move on [to a more independent setting]. We are starting to talk about it now."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 plans were person centred and included detailed information on how they wished to receive their care and support.
- Care plans were reviewed regularly to ensure they continued to meet the needs of people.
- People benefitted from having regular care staff to promote continuity of care.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, recorded and met. For example, one person's care plan stated, 'I do communicate verbally. I have hearing aids to help me hear, sometimes I can be hard to understand so please be patient and politely ask me to repeat the question. Please use a short phrase or single word when talking to me or asking me to do something.'
- The registered manager told us, "We would ensure information is made available in a way people can understand. It needs to be accessible to them." This approach helped to ensure people's communication needs were known, and met, in line with the AIS.

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

- People were supported by staff to follow their interests and hobbies. A professional told us, "[Person] is supported to access different activities in the community as well as within the home which is promoting their wellbeing and independence."
- During the COVID-19 pandemic, people's access to community activities had been restricted. The registered manager said, "People used to go to the day centres; this being their daily routine for a number of years. During the pandemic we have put on additional activities and have activities schedules in all the homes. People can see what they want to do. It's important for their mental health and wellbeing. We try and keep them engaged as worries can take over people."
- One person told us, "Staff have been putting on extra activities during COVID-19. I like to do art and I write poems but there been other things like gardening and baking. This has really helped me. If don't feel I want to do something on my own the staff come with me. Me and the other residents go out for walks."
- Relatives confirmed people were supported to stay in touch with them throughout the pandemic in line with government guidance.

Improving care quality in response to complaints or concerns

- Effective systems were in place to respond to complaints.
- People and relatives knew who to speak with if they had any concerns and felt confident they would be listened to.

End of life care and support

- No one currently using the service was receiving end of life care.
- The registered manager told us they would work with healthcare professionals to support people with end of life 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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The service provided a person-centred approach to caring for people. People had received good outcomes during the COVID-19 pandemic despite government restrictions.
- The registered manager was motivated, caring, visible and inspired staff. They had provided a clear vision and passion for providing individualised care, achieving good outcomes for people. One person enthusiastically described how the support they had received from staff had enabled them to move forward with their life and move towards living in more independent accommodation.
- Relatives and staff were very complimentary about the management of the service. Without exception, relatives told us they would recommend the service to others. Comments included, "[Name] is very fussy and has settled in there marvellously. It took over 18 months to get the right place. They are very good." And, "The support staff are so good. They listen to us and they listen to [name]. I can relax now knowing they are alright. I can tell by their voice and eyes they are ok."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager had oversight of the service on a day to day basis and was knowledgeable about people's care and support needs. Both staff and the registered manager demonstrated their commitment and passion to providing high quality care.
- Staff enjoyed working at the service and were clear on their roles and responsibilities. They told us both the registered manager and deputy manager were approachable for support and guidance at any time.
- Morale amongst staff was positive. Staff told us communication was good and they worked well together as a team.
- Quality assurance systems and checks were in place to monitor the quality of the service.
- The registered manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.
- The registered manager was aware of their responsibilities to report notifiable events to CQC.

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

- People and relatives were given the opportunity to provide feedback about their experience of the care provided. We viewed a sample of surveys which had been undertaken and noted all responses had been

positive about the quality of care people received.

- Regular team meetings were held. Without exception, staff told us they felt valued and they could raise any concerns or suggestions with management. The registered manager said, "We need to have good rapport and clear lines of communication. Staff need to be able to access us as management. The welfare of our staff is important. We want them to feel part of the organisation and we need to listen to what they are saying."

Working in partnership with others; Continuous learning and improving care

- The registered manager had a good working relationship with other health and social care professionals. They had joined Skills for Care which provides up to date information about the care sector. They also attended local forums where information, support and guidance was available for managers.
- The registered manager informed us they were in the process of moving to an electronic software system to enable them to have better governance and oversight of the service and help drive improvements.