

Integrity Home Care Ltd

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 28 April 2016. At this inspection we identified two breaches of regulation. This was because medication had not been recorded safely and the quality assurance systems had not identified or resolved issues with poor record keeping. We issued a requirement notice to the registered provider in respect of Regulation 12: Safe care and treatment, with regard to medicine management, as the breach was assessed as having low service impact. The registered provider's compliance in respect of meeting this requirement will be inspected at our next comprehensive inspection.

The remaining breach was in respect of Regulation 17: Good Governance and was a continued breach of Regulation 17. We dealt with this by issuing the registered provider with a written warning notice for improvement of the breach. We informed the registered provider in the warning notice that they had to become compliant in respect of quality assurance and record keeping including staff recruitment, records relating to people using the service, care plans and risk assessments, medication administration records, audits, staff induction, training and supervision by 30 June 2016.

We carried out a focused inspection on 5 July 2016 to check whether the registered provider had achieved compliance with the shortfalls we identified. This report only covers our findings in relation to the warning notice. You can read the report from our last comprehensive inspection by selecting the 'all reports' link for Integrity Home Care Limited on our website at www.cqc.org.uk.

Integrity Home Care Limited is registered as a domiciliary care service providing support and personal care to people in their own homes. The location office is situated in the old town area of Bridlington, in the East Riding of Yorkshire. At the time of our inspection there were seven people using the service.

The registered provider is required to have a registered manager in post and on the day of the inspection the manager who was employed at the home was registered with the Care Quality Commission (CQC). 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.

During our focused inspection we found all the care staff had completed training deemed by the registered provider as essential or mandatory. Staff had also completed the induction programme and received supervision from the registered manager.

We saw that previous gaps in the staff recruitment records had been identified by the registered manager and action had been taken to ensure all checks had been completed. This ensured the staff employed by the registered provider were fit for practice and suitable to work with vulnerable adults.

The registered manager had carried out medicine competency checks on all staff to ensure they had the skills and knowledge to safely manage and administer medicines to people using the service. Improvements were seen to the recording of medicines on the medication administration sheets.

Improvements were seen to the quality of information in the care plans and risk assessments. The risk assessments gave staff clear and precise information on how to reduce the risk of harm to people and the new care plans were more detailed and reflected the care being given.

Improvements had been made to the quality assurance system. Audits had been completed and action plans identified where practice could be better. Issues identified were discussed with staff during their supervision sessions.

We saw these changes resulted in the registered provider meeting the breach of Regulation in respect of quality assurance and record keeping, previously identified in the Warning Notice for Regulation 17: Good Governance, under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

The service was well-led.

Improvements had been made to the quality assurance system and record keeping; audits were now being completed.

We saw that improvements had been made to staff recruitment, induction, training and supervision so people were looked after by suitable staff with the necessary skills to meet their needs.

We saw that the medicine competency of staff had been checked by the registered manager to ensure that people were given their medicines as prescribed by their GP. The recording of medicines had also improved.

Improvements had been made to risk assessments and care plans and these now gave staff detailed information about people's needs and the care required to offer them effective support.

While improvements had been made we have not revised the rating for this key question; to 'Good' as this requires a longer term track record of consistent good practice.

Requires Improvement 

Integrity Home Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the registered provider was meeting the breach of Regulation 17: Good Governance identified at the comprehensive inspection on 28 April 2016.

We undertook a focused inspection of Integrity Home Care Limited on 5 July 2016. We inspected the service against one of the five questions we ask about services: is the service Well-led? This is because the service was not meeting legal requirements in relation to that question when we carried out the comprehensive inspection in April 2016.

The inspection was undertaken by one Adult Social Care (ASC) inspector.

Before our inspection we reviewed the information we held about the home. We did not request a provider information return (PIR) in preparation for this inspection. This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make.

At this visit to the home we spoke with the registered manager and the deputy manager and one member of staff. We did not speak with people using the service as they had spoken to us in April 2016 and at that time gave us very positive feedback about the service. This inspection was to look at records and quality assurance documentation.

We spent time looking at records, which included medication administration record (MAR) charts, the recruitment records for three members of staff, three care files, records of staff induction, training and supervision and other records relating to the quality assurance and management of the service.

Is the service well-led?

Our findings

At our comprehensive inspection of the service on 28 April 2016 we found that there was a continued breach of Regulation 17: Good Governance of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We found that staff recruitment records were not robust and staff induction, training and supervision records were not completed. Competency checks for medicine management had not been carried out and records of medicine administration were poor. Risk assessments and care plans were not detailed and did not contain relevant information about the care and support provided to people. There were also no formal audits of the service available.

We issued the registered provider with a warning notice and informed the registered provider that they had to become compliant in respect of quality assurance and record keeping by 30 June 2016.

At the focused inspection carried out on 5 July 2016 we found that the registered provider had made improvements to quality assurance and record keeping and the warning notice had been met.

Improvements had been made to staff recruitment processes. We looked at three staff files and saw that previous gaps in the recruitment process had been identified by the registered manager and action taken to ensure all appropriate checks had been completed for the staff employed by the service. Application forms were completed, references obtained and checks made with the disclosure and barring service (DBS). DBS checks return information from the police national database about any convictions, cautions, warnings or reprimands. DBS checks help employers make safer decisions and prevent unsuitable people from working with vulnerable client groups. Interviews were carried out and staff were provided with job descriptions and terms and conditions. This ensured they were aware of what was expected of them.

Improvements were made to the staff induction, training and supervision programmes. The registered provider had an induction and training programme in place and staff were receiving regular supervision. The registered manager told us that there were 10 care staff employed by the service and all care staff had completed the training deemed by the registered provider as essential or mandatory. We looked at induction and training records for three members of staff to check whether they had undertaken training on topics that would give them the knowledge and skills they needed to care for people who used the service. The registered manager showed us the induction paperwork completed for staff in their first three months of employment.

The registered manager and two other senior care staff had completed 'Train the Trainer' sessions with the training company used by the service in order for them to cascade the relevant training to the staff using a mixture of DVD's and face-to-face training. Discussion with the registered manager and deputy manager gave us an insight to the training being delivered and we were able to see a copy of the training plan and the relevant certificates in the staff files as evidence of what had been completed. Evidence in the staff files showed us that staff had completed training such as fire safety, medicine management, basic food hygiene, first aid, infection control, health and safety, safeguarding and moving and handling. Staff working for the service had also completed their Qualifications and Credit Framework (QCF) Diplomas in care. These

certificates were also available for inspection.

Where people using the service required specialist equipment, the registered manager arranged for staff to be trained by an appropriate health care professional. We saw that staff were booked on training in July 2016 in order to use specialist 'cough assisted' equipment in the home of one person.

Checks of the staff files showed that staff now received supervision from the registered manager and it was planned that they would have a yearly appraisal of their work performance. Records seen indicated that supervision meetings would be held every two to three months and we found that the supervision sessions already carried out were written in detail and included action plans. Staff told us that they found the supervision sessions beneficial as they could talk about their concerns and were given feedback on their working practice. This was confirmed by the records we looked at. This meant that staff practice was monitored and reviewed to make sure people who used the service received a good standard of care.

Improvements were seen to the recording of medicines given to people using the service. We saw evidence that staff had received medicine management training and that the registered manager had completed medicine competency checks on the staff to ensure they had the right skills and knowledge to safely administer and record medicines. There was only one person who required their medicines administering to them and checks of their medicine administration records indicated that they were receiving their medicines on time and as prescribed by their GP.

Improvements had been made to risk assessments and care plans with new formats being introduced by the registered manager and completed on an on-going basis. Care files had risk assessments in place that recorded how identified risks should be managed by staff. These included smoking, medicine management, catheter care, falls, fragile skin, moving and handling and nutrition; the risk assessments had been updated on a regular basis to ensure that the information available to staff was correct. The risk assessments guided staff in how to respond to and minimise the risks. This helped to keep people safe, but also ensured they were able to make choices about aspects of their lives.

An assessment had been carried out to identify each person's support needs, and care plans had been developed outlining how these needs were to be met. Evidence in the care files showed us that people's views were sought and listened to, and that families were also involved in reviews of people's care. Care plans were written in a person centred format and detailed people's wishes and choices regarding their care and support. They highlighted where people were independent with care and what type of support they required and we saw that people's preferences for male or female care staff were recorded.

Improvements to the quality assurance system was seen. The registered manager had carried out formal audits on care files, medicines and staff files in May and June 2016. Changes following the last inspection had been made to ensure the monitoring and assessing of quality was robust. Reviews of care and checks of staff competency ensured people were happy with their care and the staff supporting them had the skills to meet their needs.

The registered manager acknowledged that there remained further work to be done to ensure that Regulation 17 continued to be met. They were aware that the risk assessments and care plans required constant review and updates as people's needs changed; work was also on-going to develop better supervision records and competency check sheets.