

Intercare Services Direct Limited

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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

Intercare Services Direct Ltd is a domiciliary care service which provides personal care to adults with a range of support needs in their own homes. At the time of this inspection the service was supporting 140 people.

Not everyone who used the service received personal care. 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

The registered provider had effective recruitment procedures in place to make sure staff had the required skills and were of suitable character and background. There were enough staff available to ensure people's care and support needs were met in a timely way. Where people needed support with managing their medicines there were systems in place to ensure people received their medicines as prescribed.

Staff were provided with an effective induction and relevant training to make sure they had the right skills and knowledge for their role. Staff were supported in their jobs.

Staff understood the requirements of the Mental Capacity Act 2005. 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 told us staff were kind and caring. Staff knew how to treat people with dignity and respect.

People's care and support was planned and delivered in a way that ensured it met their needs and reflected their preferences.

The service had up to date policies and procedures which reflected current legislation and good practice guidance. There were effective systems in place to monitor and improve the quality of the service provided.

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 this service was good (published 2 October 2017). Since this rating the service has moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

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?

The service was safe.

Details are in our safe findings below.

Good 

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 

Intercare Services Direct 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 team consisted of one inspector and one assistant inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a domiciliary care service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 6 December 2019 and ended on 16 December 2019. We visited the office location on 13 December 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We contacted staff at Healthwatch Sheffield. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We contacted members of Sheffield contracts and commissioning 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 seven people who used the service and three of their relatives. We met with the registered manager and one of the directors. We spoke with nine members of staff. We spent time looking at written records, which included eight people's care records, six staff personnel files and other records relating to the management of the service.

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 told us they felt safe with the service they received from Intercare Services Direct Ltd. 98% of 78 responses to the provider's service user survey in May 2019 agreed 'they felt safe, secure and comfortable with care workers.'
- Staff told us they had received training in safeguarding adults from abuse. The training records we looked at confirmed this.
- Staff were aware of how to report any unsafe practice. They were confident any concerns they raised with management would be taken seriously and dealt with appropriately.
- The registered manager kept an overview of all safeguarding concerns reported to the local authority. This included a record of any actions taken in response to the concerns. For example, disciplinary action or staff re training.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- There were systems in place to help keep people safe. Incidents and accidents were recorded and action was taken to reduce the risk of repeat events, where appropriate.
- People's care records contained risk assessments. We saw these assessments contained information and guidance for staff on how to reduce any identified risks.
- People's care records also included environmental risk assessments which identified any possible risks to care workers in the person's home.

Staffing and recruitment

- The process of recruiting staff was safe. We checked the personnel files of staff who had been recruited since the last inspection. Suitable checks were carried out to ensure people employed were of good character.
- There were enough staff deployed to meet people's needs in a timely way. People and their relatives told us staff usually arrived on time and stayed the full amount of time allocated to each call.
- The registered manager told us they would contact a representative of the organisation funding the person's care if they thought more time was needed to meet the person's care and support needs.

Using medicines safely

- Medicines were managed safely. Care staff we spoke with confirmed they had received training in medicines administration. We saw checks were undertaken of care worker's ongoing competency in this area.
- The provider's 'Administration of Medication' policy covered the safe storage, administration and disposal

of medicines.

- Care staff completed the person's electronic medication administration record (EMAR) to confirm they had given the person their medicines or record a reason why it had been declined. We saw EMARs were audited each month.
- Some people were prescribed medicines on an 'as required' basis (PRN). In these cases, we saw there was guidance for staff on when a PRN medicine may be needed by the person.

Preventing and controlling infection

- The provider had systems in place to reduce the risk of infections. Care workers told us they had access to personal protective equipment (PPE), such as plastic aprons and gloves. We saw there was a store of PPE in the office for staff.
- People we spoke with confirmed staff wore PPE as appropriate. One person told us, "They [staff] have got all the equipment they need, oh yes, all the white plastic gloves and they're always wearing a uniform."

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 now remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had the necessary skills to undertake their jobs effectively. One person told us, "The carers all have the right skills and experience."
- Staff told us they had an induction to their jobs which included training and shadowing more experienced members of staff before working on their own. Some staff told us they felt their induction could have been more thorough. The registered manager told us a more comprehensive 12 week development process had been introduced for new starters. We saw evidence of these being completed on the files of new members of staff.
- Staff received ongoing training. This was a mix of classroom based and electronic learning. Some staff we spoke with told us they would prefer more face to face training. The business support officer kept a record of all staff training and we saw this was up to date.
- Ongoing support was provided to staff through supervision and appraisals. Staff confirmed they received regular supervision and appraisals.

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

- People were supported with meal preparation, eating and drinking, if required. People's nutritional needs and preferences were documented on their care records and guidance was available to staff on how to support people to eat and drink.

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 on-going health and social care support services, such as GPs and social workers. Professional's contact details were included in people's care records.
- Care staff undertook joint visits with other healthcare professionals to ensure they were meeting people's needs. For example, a care worker told us about a visit they had undertaken with an occupational therapist to look at safer moving and handling techniques.

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

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 registered manager and care staff were working within the principles of the MCA. Staff had received training on the MCA.
- At the time of this inspection we were told there was no one receiving a service who lacked capacity to consent to significant decisions about their care. However, it was not clear on the care records we looked at where it would be recorded if a person did lack capacity. The registered manager agreed to develop the care record format so this would be clearly recorded in the future if required.
- The registered manager told us the care development coordinator visited people at home to assess their care and support needs to ensure they could provide an appropriate service before it commenced. They also undertook the initial review after six weeks.

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

- People told us staff were kind and caring. Comments from people included, "They [staff] really are marvellous" and "Their [staff] manners are impeccable. I enjoy seeing them, they are all chatterboxes."
- Staff talked about the people they supported with warmth and compassion. They clearly knew people well. The registered manager told us they and the directors also provided care and support to people if a call needed covering. This enabled them to get to know people better and ensure the care package was meeting the person's needs.
- Staff told us they enjoyed their jobs and they would be happy for a loved one to receive support from the service, if they needed this type of care. A member of staff told us, "I really do enjoy working here. Its personal and you get to know everyone. A lot of care staff have been here a long time and are really good. They are committed to the service users."
- The provider complied with the Equality Act 2010. This meant people were not treated unfairly because of any characteristics that are protected under the legislation, such as age and gender.
- We saw the provider's policies and procedures, statement of purpose and service user guide made references to respecting and meeting people's cultural needs.

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

- The registered manager told us people's needs were reviewed at least every six months or sooner if their needs changed.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to treat people with dignity and respect. A member of staff explained to us they did this by, "Closing curtains when dressing people or when they are using the loo. We ask people if they want male or female carers. You think about what you are doing and treat people like your own family members."
- Staff told us they encouraged people to be as independent as possible. One way they told us they did this was by being patient and giving people time to do what they can for themselves. A relative told us, "Because of the carers, [name of relative] lives independently. Without them I wouldn't be able to work fulltime."
- Staff we spoke with understood the need to respect people's confidentiality and we saw confidential records were locked away in the office. Electronic devices were password protected.

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 records held information about their current health and support needs in all areas of daily living. This included guidance for staff on how best to support the person to meet their needs.
- Not all the care records we looked at contained detailed life histories for people, however from our conversations with staff it was evident they knew people well. The registered manager told us electronic care records had recently been introduced and were being updated with this information.
- The relatives we spoke with told us they missed the paper communication books care staff used to complete when they had visited. These had recently been replaced by an electronic recording system for staff to use on their mobile phones. We spoke with the registered manager about this who told us two people and their relatives had been given access to their own electronic records as part of a trial. The plan was to roll this out to everyone.
- People and their relatives told us they usually saw the same group of staff. One relative told us, "I get good communication from them [staff], I get the same carers each time unless someone is on holiday."

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 appropriate people who used the service were supported by care staff to undertake activities and maintain their social relationships to promote their wellbeing. The registered manager told us the service had developed a companion and social care worker role. This was separate to the care worker role.

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.

- The provider had a 'Accessible Information and Communications Policy.' The procedure included identification of a person's communication needs at their first point of contact with the service. Any needs were recorded in the person's care records.
- The registered manager told us the service would be able to provide information to people in a format they could understand.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint and they would inform the registered manager and staff if they were unhappy with their care. A relative told us they had made a

complaint regarding the administration of medicines. They told us they received a letter in response to their complaint and they were happy with the actions taken and the outcome.

- The provider had an up to date complaints and compliments policy in place.
- The registered manager had a system in place to record any complaints, their action taken in response and the outcome. We saw the complaints and compliments file from January 2019. There had been 22 complaints and 24 compliments. Each complaint had been investigated and compliments had been shared with staff.

End of life care and support

- All staff had completed a 'Death, Dying and Bereavement' training course.
- There was information available to staff in the office via a leaflet called, 'End of life care – Achieving Quality in Domiciliary care.' This contained guidance for staff on local resources and who to contact for further information and advice.
- There was space in people's care records to record their wishes for their care at the end of their life.

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; 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 service was well-managed. Staff told us they felt valued and supported in their jobs.
- The registered manager was aware of their obligations for submitting notifications in line with the Health and Social Care Act 2008. Evidence gathered prior to the inspection confirmed that a number of notifications had been received.
- The provider continued to ensure the ratings from their last inspection were clearly displayed in the office and on their website.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager had effective quality assurance and governance systems in place. The registered manager and senior care staff undertook audits of care and electronic medicines administration records. They also undertook home visits to observe staff competencies in medicines management and providing safe care. We saw where actions had been identified these were shared with staff to improve their practice.
- The provider had a comprehensive set of policies and procedures covering all aspects of service delivery. We saw these were up to date and therefore reflected current legislation and good practice guidance. Paper copies were held in the office for staff to access as well as being able to access them online.
- The registered manager and directors held regular management meetings. We saw from the records of these meetings that continuous improvements and business development ideas were discussed and actioned.

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

- There were opportunities for people and staff to give feedback on the service. People were asked for their views of the service via an annual survey. We saw the results of the 2019 survey had been analysed and an action plan formulated to address every suggestion and negative comment. For example, a new phone divert system had been introduced to increase the number of phone lines alongside additional staff in the office in order to answer calls in a timelier way.
- The registered manager told us they were in the process of introducing an annual newsletter for people who used the service.
- We saw minutes of the annual staff meetings. These included sharing the results of the annual staff survey.

Staff also received a monthly newsletter and general updates on the service, such as staff changes via email.

Working in partnership with others

- The registered manager worked in partnership with the local authority.
- Staff told us they had developed good working relationships with other health and social care professionals.
- Senior care workers were part of multi disciplinary meetings at a local GP surgery. The registered manager told us they planned to roll this out to more surgeries.