

icare Solutions NW Ltd

Icare Solutions NW Ltd

Inspection report

23-25 Market Square
Nelson
BB9 7LP

Tel: 01282449806
Website: www.icaresolutionsnw.com

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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

Icare Solutions NW Ltd is a domiciliary care service which provides personal care and support to people living at their own home. At the time of our inspection there were two people who were receiving a regulated activity.

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

People using the services of Icare Solutions NW Ltd benefited from a service that was committed to providing safe and high-quality care and support.

People were placed at the heart of their own care and support plan. The service matched care staff with people so that people were supported by a consistent staff team who knew their needs well and shared similar interests.

Staff recruitment process ensured staff were safe to work with people. Risks to people were identified and were managed and mitigated by staff to lessen the risk of harm to people. Staff supported people to retain their independence in order to remain living in their own homes.

Both staff and the management team demonstrated a strong commitment to driving the best outcomes for people, which were guided by people's own preferences and goals. We received positive feedback from both people who used the service and their relatives about the quality of the care and support they received.

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.

The service adopted an open and compassionate culture which was committed to delivering high-quality care to people which was unique to them. Staff understood and shared these values. This was underpinned by effective governance and collaborative working to achieve positive outcomes for people.

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

Rating at last inspection

This service was registered with us on 1 February 2019 and this is the first inspection.

Why we inspected

The service has been registered with CQC since 2019 but had been dormant (not actively providing support to people) until earlier this year. We carried out this comprehensive inspection to award a rating for the service.

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?

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.

Icare Solutions NW 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

Icare Solutions NW Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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.

Registered Manager

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. However, the registered manager was in the process of leaving the service and a new manager had been recruited who was in the process of becoming registered with CQC.

Notice of inspection

We gave the service two days' notice of the inspection. This was because we wanted to ensure the registered manager was available to speak with us.

Inspection activity started on 9 September 2022 and ended on 16 September 2022. We visited the location's office on 9 September 2022.

What we did before the inspection

We reviewed information we had received about the service since its registration.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We attended the office and spoke with two members of staff, including the manager and the registered provider.

We looked at records in relation to people who used the service, including two care plans and systems for monitoring the quality of the service provided.

We also made a visit to a person being supported by the service in their own home and spoke with both them and their relative.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff training and quality assurance records. We also spoke with a relative on the telephone to help us understand their experience of the care and support their loved one received. We also spoke with three members of care staff on the telephone.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were adequately protected from the risk of any harm or abuse. Any incidents or concerns were appropriately reported and shared with relevant safeguarding authorities. Robust systems, policies and processes enabled transparent investigations to take place in the event of any safeguarding concerns.
- People and their relatives told us they felt the support provided by staff was safe. One person told us, "Yes, I feel safe in [Staff Name's] company." A relative commented, "I have peace of mind when staff are there. [Name] is definitely in safe hands."
- Staff were trained in safeguarding matters and knew what action to take to keep people protected. The service had an appointed safeguarding lead who acted as a point of reference and knowledge for other staff members.
- The service took a preventative approach to safeguarding and were aware of relevant risk factors and triggers. This approach ensured that people's human rights were protected as any decisions were taken in people's best interests.

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

- The service managed risks in a proactive and positive way. People's right to choose was balanced with the person's right to be free from harm. Staff supported people to make their own choices in an informed way and understood where people required support to reduce the risk of avoidable harm.
- Staff were aware of the risks to people and how to manage them. Information about risks was shared and discussed through meetings. Risks were reviewed regularly to ensure the service had a current and accurate picture of safety.
- The service adopted a practice of learning from any incidents, accidents and other relevant events. People's records were reviewed to monitor any safety related themes. Findings were communicated to staff to ensure the correct action was taken to help prevent any future recurrence.

Staffing and recruitment

- Recruitment systems ensured staff were recruited to support people to stay safe. Staff files were organised and contained all required information. A staff member told us, "All checks were made before I started with the service."
- People received reliable and consistent support as the service ensured there were enough staff to meet people's needs. People received care and support from regular staff who had been matched to their needs and knew them well.

Using medicines safely

- Medicines were managed safely. Although the service was not supporting anyone with the direct administration of medicines at the time of the inspection, staff were supported to ensure they met good practice standards and were trained and competent to administer medicines.

Preventing and controlling infection

- The service managed the control and prevention of infection well. Staff followed policies and procedures on infection control which met current and relevant national guidance. Risk assessments for the management of COVID-19 were in place.
- Staff understood their roles and responsibilities for maintaining high standards of hygiene in people's homes. This included managing risks of COVID-19 by the use of effective infection prevention techniques and the use of appropriate PPE.

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 newly registered service. This key question has been rated 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

- Care and support was delivered in line with evidence-based guidance, relevant legislation, which was monitored to ensure consistency of good practice.
- The service completed an initial assessment of people's needs before their introduction to the service. This helped the service tailor care and support appropriate to people's needs. People were directly involved in setting out expected outcomes and goal, both of which were monitored regularly to ensure they were being met.
- The service ensured that people's needs were met in the best way and made appropriate referrals to external services and professionals to ensure that support led to good outcomes for people and promoted a good quality of life.

Staff support: induction, training, skills and experience

- Staff had the right skills, knowledge and experience to carry out their roles. Staff were matched up to people to ensure people received the right support by staff who were best placed to meet their needs, and shared similar interests and personalities as the people they supported. A relative confirmed, "Staff are well trained and know what they are doing."

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

- The service helped protect people from the risk of poor nutrition, dehydration, swallowing risks and other medical conditions that affected people's diet and fluid needs. Staff were trained to observe for any concerns in people's intake and share them with the registered manager as appropriate.

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

- Staff worked in collaboration with the most appropriate services, such as district nurses and the Local Authority commissioning team, to meet people's needs in the best possible way.
- The service helped ensure people experienced positive outcomes regarding their care and support. People and their relatives were provided with options and information about their likely outcomes so that people made choices which were right for their care and support requirements.

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 MCA 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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The service ensured that people were directly involved in decisions about every aspect of their care and support, so their human and legal rights were upheld. Staff regularly assessed whether people had capacity to make particular decisions and involved relevant others when required such as external health professionals and relatives.

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 newly registered service. This key question has been rated 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 were treated with respect and with kindness and compassion. People and their relatives were positive about the caring attitude of both staff and managers at the service. One person told us, "Staff are incredible, wonderful, I just couldn't be without them." A relative commented, "I can't fault the care, care is delivered well with fantastic consistency, it's clear it has a beneficial impact on [Name]."
- The service did not view people's protected characteristics as a barrier. A positive value was placed on people's differences to enable people to fulfil their potential. A relative told us, "I have seen such a positive change in [Name] since the service began supporting [Name]."

Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was adhered to. People's care and support needs were met in a way which both maintained and encouraged people's independence. The service utilised technology to minimise any risks to people's confidentiality.
- People were treated with dignity, respect and without discrimination and were afforded choice and control. Staff had built positive relationships with people and their relatives which helped ensure people received a consistent level of care and support from staff who were familiar to them and knew their needs well. A relative commented, "Staff know how to treat [Name] and know [Name] as well as the family do."

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

- The service supported people to express their views on all aspects on their care and support. Both staff and managers took the time to get to know people and understand their needs, wishes and choices around their support.

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 newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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 service presented information in a way that people understood, to ensure people were able to make appropriate choices based on options which had been presented to them in an accessible way.
- Adjustments were made to reduce any barriers in communication. For example, we saw a person whose first language was not English, the service used staff who spoke the same native language as the person, enabling the person to express their own needs and wishes, which had a positive impact on their psychological well-being. A relative confirmed, "It's so important that staff speak the same language so [Name] can make their needs known. On the days they can't verbalise, staff know [Name] so well, they know exactly what [Name] wants."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The service worked with external professionals to help identify people's care and needs before delivering support. Both people and their relatives were consulted to ensure that people's needs were identified, and people had choice, control and preference on how their needs were met. People were supported to make their own choices.

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

- The service involved those people who were important to the person involved in their care and support to help maintain good relationships.
- The service both facilitated and maintained links with people's local communities, to help people feel a sense of belonging and avoid any feelings of social isolation.

Improving care quality in response to complaints or concerns

- Although the service had not received any complaints, an accessible complaints policy was in place to ensure people knew how to give feedback on their support and that any feedback would be acted on.
- People and their relatives told us the service was accessible and they felt confident that if they did need to complain, it would be treated seriously, and they would be listened to. A relative told us, "I have confidence that managers act on feedback."

End of life care and support

- For people who were receiving end of life care, the service helped ensure people and their relatives were involved in the development of appropriate treatment plans, sensitive to the needs and wishes of the person, including any religious and cultural needs.
- The service worked in conjunction with health care professionals and providers to ensure people were treated with dignity and that any specialist medicines or equipment was made available.

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.

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

- Both the registered manager and provider implemented and practiced a culture dedicated to person centred care and support underpinned by honesty, compassion, dignity and respect. This ethos was understood and shared amongst staff so that people using the service received support which was inclusive and person-centred. A staff member told us, "It's the staff and the whole company that are caring."
- This positive culture, openness to feedback and direct involvement of people and their relatives in their support, led to positive outcomes for people. A relative commented, "Managers visit monthly and phone in between, to gain feedback and listen. It's very good."
- The service promoted equality, diversity and inclusion to remove any barriers, such as people's protected characteristics, to people's access to care and support.

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 welcomed any feedback even if critical and adopted a transparent and open approach. Concerns were investigated in a sensitive and confidential way, shared with the relevant authorities and lessons were shared and acted on.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The service demonstrated effective governance and accountability processes and practices. Both staff and managers had a good understanding of their role and responsibilities and were committed to deliver a person-centred service for people. Staff were positive about the manager and shared the same values, ethos and need to provide a quality service. One staff member told us, "Managers are always there for support. I have everything I need."
- Governance systems were effective at identifying risks to the safety and quality of the service provided to people. Audits were used to drive up improvement within the service.
- The registered manager understood the importance of their role and understood their legal and regulatory requirements. Staff were supported using performance feedback, such as supervision and appraisals and provided with opportunities for further learning and development to help further enhance the delivery of good care and support. One told us, "I am fully supported, I have everything in place that I need."

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

- The service encouraged and facilitated people and their relatives to be heard. Various methods were used to obtain feedback from people about all aspects of their care and support. This also enabled the service to make changes to people's support plans as their needs changed. The service operated from an office which was accessible to people using the service and were welcome to visit the office at any time. A relative told us, "Managers are always reachable."
- The registered manager engaged with staff to enable staff to have a platform to voice their feedback and views. Feedback was listened to and acted on to help shape the service further.

Continuous learning and improving care

- Quality assurance processes were in place to capture the views and experience of people using the service, this included regular visits to people's homes. The service placed emphasis on the perspective of people to help understand any quality issues and challenges.
- The service demonstrated a commitment to sustained and improved care at all levels. Best practice guidance was shared amongst staff to help further in the deliverance of good care.

Working in partnership with others

- The service worked in partnership with external organisations to support high quality care provision to ensure people received a positive experience based on best practice outcomes and people's choice and preference. We received positive feedback from the Local Authority safeguarding team about the service's quality of work.