

Individual Care & Support Services Limited

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Inspection report

Suite 16 St. Andrews Business Centre
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Liverpool
L19 2NL

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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?	Requires Improvement ●

Summary of findings

Overall summary

About this service

Individual Care and Support Services provides personal care to people with multiple health needs living in their own homes. 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. At the time of our inspection, 3 people were receiving support with personal care.

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

Risks to people's health, safety and well-being had been assessed and staff mostly had access to information about how to manage identified risks safely. We have made a recommendation regarding information about risks associated with specific medical conditions. Staff knew how to support people safely and what action to take if their health needs changed.

Systems were in place to act on any incidents, accidents or safeguarding concerns. Family members told us they felt reassured of their relative's safety when being supported by staff.

Safe recruitment processes were followed, and people were supported by consistent staff. Family members told us staff arrived on time and always completed the tasks required.

People's needs had been assessed and care was delivered in line with best practice guidance. Where needed, staff supported people with their meals. People were supported to access health care appointments and referrals were made to health and social care professionals in a timely manner.

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's communication needs were considered as part of the assessment and care planning process. However, communication care plans required more person-centred information. We have made a recommendation regarding this.

People received care that was person-centred and based on their individual needs and preferences. Staff supported people to access the community where required. Family members told us staff knew their relatives well and had built positive relationships with them.

The provider's governance systems were not always effective at identifying issues and driving necessary improvements. Audits and checks had not identified issues we found in relation to risk management plans and communication care plans. We have made a recommendation regarding this.

The provider was keen to support a person-centred culture and provide people with a better quality of life.

Positive feedback had been received from staff and family members about the provider's support.

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 13 December 2021 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this 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?

This service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

This service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

This service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

This service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

This service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Individual Care & Support Services Limited

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

This inspection was carried out by 1 inspector.

Service and service type

Individual Care and Support Services is a domiciliary care agency. It provides personal care to people living in their own houses.

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 not a registered manager in post. The provider had taken over the daily management of the service.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small 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 26 October 2022 and concluded on 4 November 2022. We visited the location's

office on 26 October 2022.

What we did before the inspection

We reviewed information we had received about the service since they were registered with us. We also used information gathered during a routine review of the service. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection.

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.

During the inspection

We spoke with 2 family members about the care and support their relatives received. We spoke with 2 staff, the provider and an external care consultant currently supporting the provider.

We reviewed records relating to 3 people's care and support needs and 1 person's medicine administration records. We looked at 4 staff files in relation to recruitment and a range of other records related to the overall 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.

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.

Assessing risk, safety monitoring and management; Using medicines safely

- Risks to people's health, safety and well-being had been considered as part of the assessment and planning process. However, some improvements were needed to ensure staff had access to all relevant information.
- Care plans for 2 people with identified medical conditions lacked detailed guidance about how to manage these conditions and keep them safe. However, staff told us what action they would take if people's health needs changed as a result of these conditions.

We recommend the provider reviews their care planning process to ensure staff have access to detailed information regarding people's identified risks.

- Family members told us staff knew their relative's health needs and how to support them safely.
- Where people required support with their medicines, this was recorded within their care plan and guidance available around how to support them safely. One family member said "They [staff] give [relative] his medication. They always do this safely."
- Medicine administration records showed staff administered people's medicines in line with prescriber instructions.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- There were systems in place to record any accidents, incidents and safeguarding concerns.
- The provider understood the importance of learning from accidents and incidents through regular review and analysis. However due to the small number of people supported, there had not been any accidents or incidents to review or analyse.
- Staff had received safeguarding training and knew what action to take and who to contact if they had any concerns.
- Family members told us they were confident their relatives were safe whilst being supported by staff. One family member said, "I am totally confident [relative] is safe with them [staff]."

Staffing and recruitment

- Safe recruitment processes were followed. A range of pre-employment checks were completed on new applicants to make sure they were suitable for the role.
- There were enough staff available to support people safely and ensure their calls were completed on time. One family member said "They [staff] are always on time and complete all tasks. If I need to go out, they will stay longer to support this."

Preventing and controlling infection

- Staff had received training in infection prevention and control and had access to PPE supplies. Family members told us staff wore the correct PPE during their visits.
- Staff had access to Covid-19 testing and were following current testing guidance.

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

- People's needs had been assessed and care was delivered in line with best practice guidance.
- Assessments completed by external health and social care professionals had been used to support in the assessments and care planning process.
- Where people needed support with their meals, this was recorded within their care plan along with guidance about how to support them safely.

Staff support: induction, training, skills and experience

- Staff had received training relevant to their role and people's individual needs. One family member said, "They [staff] get the extra training they need for [relative]."
- Family members were confident staff had the right skills and knowledge to support their relatives. One family member told us, "They [staff] definitely know what they are doing. I feel confident [relative] is looked after well when I am not there."
- The provider completed regular assessments to check staffs' competency to carry out their role.
- Staff received regular supervision meetings to give them the opportunity to discuss any concerns and enable the provider to address any areas of development needed.

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 health care appointments when needed. One family member said "They [staff] have helped to get [relative] to hospital appointments if I have needed them to."
- Staff knew who to contact if they had concerns about people's health and relevant health and social care referrals were completed in a timely manner.

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 Mental Capacity Act (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.

- No-one using the service was subject to any authorisations to deprive them of their liberty.
- Assessments were completed to determine a person's capacity to make specific decisions and consent for care was considered during the planning process. However, consent was not always obtained from people with the legal authority to do so. The provider took action to immediately address this during the inspection.

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; Respecting and promoting people's privacy, dignity and independence

- People were well-treated and supported by consistent staff who knew them well. Staff and the provider spoke fondly of the people they supported.
- Family members told us staff had built positive, trusting relationships with their relatives. Comments included; "He [relative] gets on well with staff. He has good relationships with them. He trusts them. I trust them" and "There are 2 lovely [staff] that come. It takes [relative] a while to feel comfortable with people. She had a really good relationship with these 2."
- The provider was passionate about support being extended to family members where needed. One family member said, "They [staff] support me as well. If I need or want to go anywhere, they stay longer so that I can do that."
- Staff treated people with dignity when providing personal care.

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

- People were unable to express their views or be involved in decisions about their care due to a lack of understanding. However, the provider ensured that, where appropriate, family members or advocates were involved in this process.
- Regular reviews and conversations were held with family members about people's care.

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.

- People's communication needs had been considered as part of the assessment process. However, care plans lacked detailed information and guidance about how to communicate with people effectively.
- Despite a lack of detailed communication care plans, staff were aware of each person's individual communication needs and what alternative methods were required to enable effective communication. One family member told us, "They [staff] are really getting to know [relative] and his non-verbal cues. They know how to communicate with him."

We recommend the provider review all people's care plans and ensure they contain person-centred information in relation to communication needs.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 received care that was person-centred and based on their individual needs and preferences.
- Staff knew people well and how best to support them. One family member said, "They [staff] know [relative] well. He has [multiple needs] but they know him and what he needs."
- People received care and support from consistent staff. One family member told us "It's always the same 2 staff that come which is good for [relative]."
- People were supported by staff to access the community if they wanted to. The provider had purchased a vehicle suitable for all people's mobility needs to enable this level of support to take place.

Improving care quality in response to complaints or concerns

- Systems were in place to record and act upon any concerns or complaints received. No formal complaints had been received.
- Family members knew who to contact if they had any concerns and were confident they would be dealt with appropriately.

End of life care and support

- The service was not supporting anyone with end-of-life care at the time of our inspection.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Continuous learning and improving care

- The provider's governance systems were not always effective at identifying issues and driving improvements.
- Audits and checks had failed to identify issues we found in relation to risk management plans, communication care plans and consent for care and treatment.

We recommend the provider review their governance systems to ensure they drive necessary improvements to the quality and safety of the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider promoted a culture that was person-centred and supported people to achieve good outcomes.
- Family members told us the support provided by staff had positively impacted theirs and their relatives' lives. One family member said, "I get a much-needed break which I didn't get before and [relative] gets good care from lovely staff. I can't fault them [staff]."
- Since the registered manager resigned, the provider had taken over the daily management of the service. They were also providing hands-on support to people.
- Positive feedback was received from family members and staff regarding the provider. Comments included; "[Provider] is always hands on. He helps out and you can see he just loves helping people" and "We [family] always see [provider]. He supports with the care and is there if we need anything."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- Family members were given the opportunity to share their views through surveys and regular conversations with the provider. One family member said, "I can chat to [provider] about anything. If I am not happy with something about [relative's] care, I can tell him and it's sorted."
- Staff meetings had not routinely been completed due to the small staff numbers and their availability. However, other forms of engagement were used to ensure they were provided with important information and given an opportunity to share their views.
- The service worked with external health and social care professionals to ensure people received good outcomes.

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 provider was aware of their legal responsibility to be open and honest when things went wrong.