

Icare Solutions Merseyside Ltd

ICARE SOLUTIONS MERSEYSIDE LTD

Inspection report

Unit 29
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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

ICARE SOLUTIONS MERSEYSIDE LTD is a domiciliary care company providing personal care to 10 people in their own homes at the time of the inspection.

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

People and their relatives we spoke with told us that they felt they were receiving a safe service.

Medicines were managed safely however, the information was not always in care plans, this was rectified immediately by the managers.

People had detailed support plans and risk assessments in place that gave guidance on how people were to be supported according to their wishes and needs. These were regularly reviewed. People were effectively supported to remain as independent as possible.

People were supported by staff who had been recruited safely. They told us they received support from care staff who arrived on time. They said they did not feel rushed. People were protected from the risks of abuse and discrimination by staff who had been trained to recognise the signs of abuse and the managers reported incidents to CQC and the local authority in line with guidance.

The provider and management team had a range of audits in place that helped drive improvement and ensure quality service for people being supported by the service. Complaints, accidents and incidents were monitored appropriately and referrals were made to other professionals in a timely manner when people were in need.

There were clear processes in place to ensure people were protected from the risks of infection. Staff completed infection prevention and control training, had access to PPE and followed national guidance regarding the COVID-19 pandemic.

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.

This service was registered with us on 30 October 2019 and this is the first inspection.

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.

ICARE SOLUTIONS MERSEYSIDE 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

This inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 two managers who were going through the registration processes with the Care Quality Commission. This means that the provider is 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection.

Inspection activity started on 29 April 2021 and ended on 30 April 2021. We visited the office location on 29 April 2021.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service and four relatives about their experience of the care provided. We spoke with three members of staff.

We reviewed a range of records. This included three people's care records and medication records. We looked at three 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.

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

Using medicines safely

- Regular checks and audits of medicines records were completed to make sure people received their medicines as prescribed.
- However, the medication care plans in the persons care files did not always reflect what was on the medication administration records or what was being administered within the home. The manager took immediate action to rectify this.
- All staff had attended training prior to administering medications.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risks of abuse, discrimination and avoidable harm.
- The managers were aware of their responsibilities to protect people from the risk of abuse and had processes in place to share any concerns with local safeguarding teams for further investigation.
- People and their relatives told us they felt safe with the support they received. One person said us, "I have no concerns about any of the carers and feel very safe with them here" and a relative commented, "At first I stayed with them when they were looking after [person]. I have seen the way they look after him and now feel he is very well cared for. I even think he is so safe in their hands that I sometimes pop up the road to the shop whilst they are here".

Assessing risk, safety monitoring and management

- Risks to people were assessed and measures were in place to reduce risks. Risk assessments were detailed. For example, there was guidance for staff on specialist equipment for moving and handling such as a specialised chair, profiling bed with air mattress and a hoist.
- People's home environments were assessed to make sure they were safe for staff to work in.

Staffing and recruitment

- People told us they were supported by regular carers for the majority of the time and they did not feel rushed. One person said, "Sometimes they tell me they are short of staff, but they always do everything I need without rushing." Relatives comments included, "On the whole I am very happy. We don't have all regular staff, but they do generally arrive on time and make sure they offer a safe service." and "Their timing is very good, and they have never missed a visit. I feel they are very reliable which is a great benefit to all of us."
- An on-call system was used for staff to obtain guidance and advice when they needed it outside office hours. Travel time was taken into consideration to make sure staff did not have to rush people.
- People were supported by staff who had been safely recruited. Checks were completed to make sure new

staff were suitable to work with people.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.
- Staff completed training on infection prevention and control. They were provided with guidance and training about COVID-19 and wearing personal protective equipment (PPE) correctly. Spot checks were completed to make sure guidance was followed.
- Everyone we spoke with felt that staff were doing their best to keep people safe during the pandemic. They were wearing masks and gloves and keeping distance where possible.

Learning lessons when things go wrong

- There was a system for recording accidents and incidents. The managers reported any concerns to the Care Quality Commission and the local authority when needed.
- Accidents and incidents were reviewed to check for any themes. There was also a system in place to monitor any missed calls and to analyse any reasons why.

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

- People had care and support based on individual assessments which informed detailed care plans. Care plans were reviewed regularly and kept in line with people's changing needs
- People's care was based on current guidance and standards. There was a comprehensive set of policies, processes and procedures based on relevant legislation, standards and government guidance. These had been kept up to date during the COVID-19 pandemic.

Staff support: induction, training, skills and experience

- The provider had a programme of induction, training and supervision in place to make sure staff had the necessary skills to support people.
- People who used the service and the majority of their families were happy that staff had the training they needed and knew what to do to support them effectively. One person said, "Yes, very much so. They are all very good." A family member told us, "They have to use a hoist and a special chair, and they all seem to be very efficient in using this. [Person] never complains and they always keep talking to him whilst they are moving him, so he is not afraid." However, we also received comments that newer staff were not always as skilled as senior staff.

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

- The provider supported people to have a balanced diet based on their own choice. Staff prepared meals according to people's preferences and encouraged people to eat and drink enough.
- Care plans identified people's favourite foods and held other information on hydration and nutrition needs.

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

- The provider worked with other professionals to deliver effective care when people left hospital or a residential care service to go home. There was appropriate contact with professionals such as nurses, to develop people's care as their needs changed.
- The provider supported people to live independent lives in their own homes while taking care of their physical and mental health needs.
- The provider made people aware of other services relevant to their needs. Where appropriate they worked with social services, people's families and other agencies to improve people's living environment.

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.

- The provider, manager and staff were aware of their responsibilities to seek consent and to take account of the principles of the Mental Capacity Act 2005.
- Suitable training was in place, and care plans contained the information of when people had consented to their care.

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

- The provider took into account the need to respect equality and diversity in the care assessment and care planning process. Care plans recorded any relevant needs arising from people's culture, religion and sexuality.
- Feedback we received regarding the care staff was very good. People told us that they were friendly and very caring. No-one had any problems communicating with them and many said they had a good laugh with them. We were told staff were kind and considerate and treated people with dignity and respect, always asking if people were happy with the care.
- Family members told us, "The carers have been fantastic", "Some people are naturally personable and well suited to the job, and we are lucky to have them." Another relative told us "Two staff have worked really hard and built up a fantastic relationship and rapport with him."

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

- The provider supported people to be involved in decisions about their care. Where appropriate family members were involved in the regular care plan reviews.
- We were told that staff had time to listen to people. One family member told us how carers often stayed a few minutes extra so they could sit and have a chat with their relative.

Respecting and promoting people's privacy, dignity and independence

- People we spoke with said staff were very respectful to people and their family. Everyone said they were happy to let them in their homes as they were very respectful and recognised that they were guests in their house.
- Care plans documented how to support a person to stay as independent as possible, for example one care specified how one person was to have as little assistance as possible but that 'this will change from day to day so staff are to take the lead from [person] as to how much support he needs.'

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.

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

- Staff supported people according to their care plans in ways that met their needs and reflected their preferences. Care plans were detailed, individual to the person and contained information about their preferences. Examples of this included how to support the person with their clothes or personal care.
- People we spoke with told us the care they received met their needs. One person told us "I do rely on them for my medication and creams, I know what I have and they are very good at getting them for me."

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 service was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs.
- Where appropriate people's care plans included guidance for staff about how to communicate effectively, for instance by speaking slowly and clearly.

Improving care quality in response to complaints or concerns

- The registered provider had a complaints policy and procedure which was made available to people.
- No one we spoke with had ever made a formal complaint as they had not needed to and there are no outstanding issues that anyone was concerned about. People said if they had a concern, they would either speak to one of the carers they saw regularly or ring the office.
- On the few occasions' family members had made suggestions they had spoken to someone in the office and any issues were very quickly resolved.

End of life care and support

- There was no one receiving end of life care at the time of inspection.
- The provider had processes in place to support people during their last days.

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

- The service worked collaboratively with all stakeholders to achieve the best outcome for people and the provider carried out a customer satisfaction survey twice a year to ensure the quality of the service meeting people's needs.
- The managers held regular staff meetings and encouraged staff to take advantage of the open-door policy.
- Care plans held information that gave specific guidance on how to support people to maintain their independence and communication needs. One family member told us "They [staff] try very hard to communicate with [person] and she does smile at them."
- People told us how staff asked people's preferences and always sought consent before doing anything.

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

- Providers are required to ensure a manager registered with the Care Quality Commission (CQC) is in place in locations where the regulated activity of personal care is carried out. Two managers were going through the registration processes with the Commission.
- The managers and provider were clear about their responsibilities for reporting to the CQC and the regulatory requirements. Risks were clearly identified and escalated where necessary.
- Staff received supervision and support from the managers to develop their practice. Spot checks were completed to ensure staff followed guidance and wore personal protective equipment correctly. Punctuality and the performance of care and support tasks were also monitored.
- Care plans were regularly reviewed with people and their relatives to make sure their up to date needs were reflected.
- There had not been any missed calls. On occasion, if staff were running late, they attempted to let people know.
- The managers completed regular safety and quality audits to measure performance and generate improvements.
- People's personal information was stored securely and treated in line with data protection laws.
- The provider was able to show how they visited regularly and carried out their own audits in regard to the

quality of the service. The provider also completed appraisals and supervisions with the managers to ensure they also had support in their roles.

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

- The provider responded to feedback from other healthcare professionals and people's families to improve the care people received. They had worked with nurses and social workers to make sure people's care plans continued to meet their changing needs.
- People's family members told us the provider was responsive to changes and suggestions.
- The managers carried out a monthly telephone review with people they were supporting to ensure the service continued to be appropriate.
- The managers and provider representative was responsive to feedback given throughout the inspection and immediately acted on the findings.