

ICRIT Limited

# ICRIT Healthcare

## 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

ICRIT is a domiciliary care agency, providing personal care to people living in their own homes in the community. They provide support to; older adults, including people living with dementia, people with physical disabilities, and people with learning disabilities. At the time of our inspection there were 23 people receiving a service.

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

Systems for safeguarding people who used the service from abuse were robust, training was given to staff and their knowledge was good. The service had appropriate general and individual risk assessments in place. Medicines were managed safely and staff were trained to an appropriate level.

Staff were recruited safely and staffing levels were sufficient to support the people who currently used the service. However, some people felt there was an issue with staff sometimes turning up late to visits. The induction programme and on-going training equipped staff for their roles.

Thorough assessments were carried out and care plans included a range of relevant health and personal information. People's nutritional and hydration needs were assessed and their dietary requirements and preferences recorded and adhered to.

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. However, records around MCA and consent could have been clearer.

People we spoke with and their relatives felt they were treated well and their diversity was respected. People's dignity and privacy was respected by staff. Some people had a little difficulty with communicating with care workers, if English was not the staff member's first language.

People's care was person-centred and care and support needs were reviewed and updated on a regular basis. Complaints were logged and followed up appropriately. The service was able to link in with other agencies in order to support people nearing the end of their lives.

The service monitored complaints, safeguarding concerns, notifications, accidents and incidents on a weekly basis. Lessons learned were shared with staff via monthly team meetings and supervision sessions.

Staff told us they felt well supported by the management team. The service worked well with other

professionals and agencies to produce joined up care and support.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection and update

At the last inspection in published on 22 October 2018 the service was found to be in breach of the regulations in relation to governance, and was rated as requires improvement overall. The service submitted an action plan which described the actions they would take to improve the service. We reviewed how this had progressed at our inspection and found they were no longer in breach of this regulation.

#### 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 ●

# ICRIT Healthcare

## 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 was carried out by one 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 a short period notice of the inspection because we needed to be sure there would be someone at the office to facilitate the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 three members of staff including the registered manager, the director and a team leader.

We reviewed a range of records. This included care records for two people, four staff files, training records, meeting minutes, audits and other records about the management of the home.

After the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We also contacted two members of care staff and four professionals who have regular dealings with 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Assessing risk, safety monitoring and management

At the previous inspection there were some concerns about safe moving and handling practices and about a missed visit which had resulted in harm. These concerns had been addressed and safe practices were now in place.

- The service had a safe lone working policy and procedure in place and the call monitoring system, requiring staff to log in at each visit, alerted the office staff when a visit was late, or the care worker had not arrived. This allowed them to address these concerns straight away.
- Care plans we looked at included general environmental and individual risk assessments. These included areas such as choking, falls, moving and handling and the use of equipment. There was guidance for staff around how to manage these risks and these documents were reviewed and updated regularly.

### Systems and processes to safeguard people from the risk of abuse

- There was an appropriate policy and procedure in place.
- There had been no recent safeguarding concerns at the service.
- All staff had undertaken safeguarding training and those we spoke with were able to explain the categories of abuse and were confident of the reporting procedures. One staff member said, "I have had to discuss concerns on occasions and have no hesitation in doing so. I always try to ensure there is a paper trail to evidence concerns."

### Staffing and recruitment

- We looked at four staff files and these included all the appropriate documents to help ensure safe recruitment. All staff had Disclosure and Barring Service (DBS) checks in place. These help ensure employees are suitable to work with vulnerable people.
- The service tried to ensure their recruitment of staff matched the community in which they worked. They placed adverts in local shops, places of worship, local papers and the local job centre.
- Staffing levels were sufficient for the number of people who used the service. Staff told us they had no problems completing all their required visits. One staff member said, "I know my shifts beforehand so I know what I am doing."
- However, some people felt there was an issue with the timeliness of visits. One person said, "They sometimes turn up late, but they always get here." Another told us, "When they get here they are great. Timings have been erratic, but we didn't know about the half hour bandings, we now understand." Domiciliary care agencies use time bandings with margins, rather than specific times when offering support. We also saw a comment within a review of care dated April 2019 which said, "Carers to improve on

timekeeping, and lateness to be communicated to family." One person commented, "They turn up on time, no worries." We discussed timeliness of visits with the registered manager. This issue had improved since the last inspection and the service was continuing to work on this issue to help ensure less late visits.

#### Using medicines safely

- There was an appropriate policy and procedure in place which included all relevant areas of medicines management.
- New staff undertook medication training, shadowed experienced staff and were then assessed for competency to administer medicines. Training refreshers were carried out annually.

#### Preventing and controlling infection

- There was an appropriate policy and guidance available for staff.
- Staff used personal protective equipment (PPE), such as plastic aprons and gloves, when carrying out personal care. This helps prevent the spread of infection. Staff told us there were enough supplies of PPE for them to use.

#### Learning lessons when things go wrong

- The service recorded any accidents, incidents, complaints and safeguarding concerns. These were monitored and used to aid staff learning and help minimise the risk of further similar incidents.

# 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 remained the same. 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

- The care plans included thorough assessments of people's needs and preferences as well as assessments of risk.
- There was clear guidance about how care and support should be delivered to each individual and people's information was regularly reviewed and updated as changes occurred.
- There was good information around people's particular communication needs and methods.

Staff support: induction, training, skills and experience

- Staff we spoke with were able to clearly explain their roles.
- The induction process was in line with the Care Certificate. The Care Certificate is a set of standards that care staff are expected to adhere to. Staff we spoke with felt the induction had prepared them well for their role.
- There was evidence of on-going training and staff we spoke with felt there were lots of opportunities for development. The training considered mandatory by the service was refreshed on an annual basis to keep staff's skills and knowledge up to date. One staff member told us, "I feel the training equips me to do the job."

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

- People's particular dietary needs were recorded within their care files and food and fluid charts were completed if required.
- Assessments by specialist agencies, such as Speech and Language Therapy (SALT) were included within the care files and guidance followed by staff.
- Staff had training in food hygiene and food preparation.

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

- Referrals were made to other agencies or services as required. One professional we contacted told us, "[Staff member] was always very accommodating and would meet with [other agency] at short notice. [Staff member] is very professional; experienced and confident."
- Some people were supported to attend health appointments where this was required.

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorizations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was documentation to record people's capacity within the care files, but this was not always completed as required.
- Consent forms were in place to agree to accepting care and treatment. Some of these were signed by the person and others by their representative. It was not always clear why a representative had signed. For example, when we asked about one instance, the registered manager told us the person had a physical disability and was unable to sign, but agreed verbally.
- We discussed the above issues with the registered manager who agreed to check all care files and ensure MCA paperwork was completed accurately. They also agreed to ensure it was made clear why a representative may have signed consent forms on an individual's behalf.
- Staff had undertaken training in MCA and were able to give good examples of how they recognised and worked with capacity issues. One staff member said, "I understand about decision making and best interests, but would like more training in this area." Another staff member told us, "[If a person struggled with a decision] I would ask carers or family if I needed to."

# 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 we spoke with and their relatives felt they were treated well and their diversity was respected. Comments included, "I have no problems with the service. Staff are very pleasant"; "I am very well looked after indeed, they [staff] are very kind"; "They try very hard with [person] who is quite difficult" and "They always do what we want. One care worker in particular is exceptional, really something special."
- The service had a policy and procedure around equality and diversity.
- Some people who used the service expressed a concern around care workers' command of the English language. They told us this could be a problem at times, but said they usually managed. One person told us, "Sometimes staff are difficult to understand. Sometimes they speak loudly and it sounds like shouting." We spoke with the registered manager about this and she agreed to look at this issue and discuss with staff how they could improve their communication skills.

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

- People's needs were reviewed regularly and those we spoke with told us they were fully involved in the review process.
- There was an advocacy policy in place and advocacy services could be accessed for anyone who required this, although many people had family to advocate for them.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with were able to explain how they protected people's privacy and dignity, giving examples such as covering people appropriately when delivering personal care. One staff member told us, "I try to ensure that people do what they can for themselves so that their independence is not taken away."
- Staff were aware of the need for confidentiality and people felt their privacy was respected.

# 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

- Care plans included information about people's preferred routines and preferences around care delivery, visit times, meals, clothes, interests and how they liked to spend their time.
- Staff were matched with people they supported, as far as possible, to help ensure they were compatible with the individuals they supported.

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.

- There was good information within the care plans about people's communication needs.
- The service was able to translate documents into other languages, or produce them in another form, such as large print, to meet this standard.

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

- Information about people's social circles, family, religious commitments and interests were recorded within their care plans.
- Staff told us they supported some people with activities in the community. For example, supporting a person with a weekly shopping trip and taking someone to the sensory impairment centre for a social activity.

Improving care quality in response to complaints or concerns

- There was a complaint form in each person's file and people we spoke with told us they were aware of how to make a complaint. One person said, "I have no complaints. I have had [the service] a long time."
- Complaints were logged and followed up appropriately and used to learn lessons and improve the service.

End of life care and support

- The service was able to link in with other agencies in order to support people nearing the end of their lives.
- Training in care of the dying had been done by some staff and further training was to be rolled out.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

### Continuous learning and improving care

At the previous inspection the audits of the care plans had not identified the concerns found in relation to safe care and treatment. The governance systems had not ensured management had oversight of all aspects of service delivery. This meant, the provider had failed to maintain good governance which was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 17.

- The service's new key performance indicator tool was used to monitor complaints, safeguarding concerns, notifications, accidents and incidents on a weekly basis. Lessons learned, via this system, were shared with staff via monthly team meetings and supervision sessions. This had helped staff understand the impact of incidents and how to minimise the risk of further similar occurrences.
- There were audits in place for all records, including daily records and medication administration records (MAR) and any issues identified were addressed with actions.
- Care plans were regularly reviewed and people's care needs updated as required.
- There was evidence of regular spot checks of staff to help ensure they remained efficient and effective.

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

- People who used the service and their relatives told us they felt included in the planning and reviewing of their care and support.
- Staff told us they felt well supported by the management team. Comments included, "Management support is really quite good. Supervisions are helpful and I can chat about anything that might affect my work, even if it is personal" and "The management team are supportive. If you don't understand something you can go into the office and they will help you through it. I struggled with [training course] and they went through the issues until I was confident."

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 registered manager understood the duty of candour and was able to explain their role within that requirement.

- Notifications of significant events, such as injuries, deaths and allegations of abuse, were submitted to CQC as required.

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

- The management team told us they were keen to continue to improve and expand the service. They understood their responsibilities with regard to regulatory requirements and had made improvements to how they monitored quality and risk within the service.
- Since the last inspection a deputy manager had been employed to help ensure the management team was strong and effective in managing the service.
- Staff we spoke with were able to clearly describe their roles and responsibilities.

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

- The results of most recent annual service user satisfaction survey were positive about care and support. All those who responded were happy with dignity and respect. Comments included, 'Your staff are excellent. Very caring and organised' and '[Relative] is happy with the care they receive and grateful for their carers, their kindness and their thoroughness.' There were some minor concerns about not having enough written information. The service had responded to this by taking out a service user guide to each individual.
- There was a resource folder in the office which was accessible to all staff and included a range of useful guidance and information. Guidance and information was also circulated during team meetings.
- Staff supervisions and appraisals were undertaken regularly and staff meetings carried out on a monthly basis. Minutes demonstrated discussions around lessons learned, new referrals, risk assessments, reviews, support plan updates, training and staffing issues. One staff member said, "Staff meetings have improved recently. I get supervisions quite regularly."

Working in partnership with others

- One professional commented, "I have been involved with ICRIT care agency and have been very impressed with their staff. I met with the carers, particularly [name], one of the main carers, on a number of occasions and have no concerns about the agency. [Registered manager] has been proactively making changes to improve the service. We do not have any quality issues/complaints about this provider."
- A member of the management team told us they had been proactive in seeking out networking opportunities, via the Care Certificate forum. This had helped them to improve practice, be aware of changes and new guidance and gain knowledge and skills.