

## IRC Care Services Limited

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### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

IRC Care Services Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, people living with dementia and younger disabled adults. At the time of our inspection IRC Care Services Limited were supporting 21 people.

Not everyone who uses the service may receive 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

People were positive about the support and care they received from the staff at IRC Care Services Limited.

People's choices and preferences around their care and support were discussed with them and recorded in their care plans. However, we have made a recommendation about increasing the detail in end of life care plans so that staff would have a better understanding of the impact of people's religious or faith-based needs.

People had care plans in place. They gave staff enough information to provide care and support that met people's preferences. People were positive that staff understood their needs and gave care and support in a way they wanted.

People told us they felt safe with the staff, and staff were aware of their responsibilities in keeping people safe from harm. There were enough staff to meet people's needs. People told us that staff arrived on time and stayed the allocated time. Where people were supported with their medicines, they told us this was done in a safe way, and they were given them when they needed them.

Staff received training and supervision to ensure they kept up to date on best practice and had the skills to meet people's individual needs. People were positive about staff supporting them to have enough to eat and drink, as well as making sure they could access healthcare agencies when they became unwell. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People told us they were supported by kind and caring staff, and we saw that where ever possible staff were matched with people so they had similar interests. People gave positive feedback about how well the care staff interacted with them involving them in decisions around their care and treated them with dignity and respect.

Where complaints had been received these had been used to make improvements to the service.

The provider completed various audits to assist them in monitoring and helping them to identify how to improve people's experiences. People told us they felt the service was well managed.

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)

The last rating for this service was requires improvement (published 27 October 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### 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 ●

# IRC Care 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 Care Act 2014.

#### Inspection team

The inspection was carried out by two inspectors. One inspector visited the office, while the other carried out telephone interviews with people who used the 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 a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a 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 19 November 2019 and ended on 20 November 2019. We visited the office location and contacted people by telephone to gather their views on 19 November 2019. On 20 November 2019 we contact care staff by telephone.

#### 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 and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and four people's relatives about their experience of the care provided. We spoke four staff and with the registered manager (who was also the nominated individual). The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. These included care and medicine records for four people. We looked at two staff files in relation to recruitment and staff supervision, and we examined a variety of records relating to the management of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# 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.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to ensure that staff were aware of informing external bodies such as the local authority safeguarding team or the police if they had concerns about abuse. Not all staff had received safeguarding training on a regular basis. This was a breach of regulation 13 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- Staff understood their roles and responsibilities about reporting suspicions of abuse. One staff member said, "I have to report to the office. They would take it from there, however if nothing was done I could contact social services, and if it was really bad, or I couldn't wait as it was urgent I could go straight to the police." Staff were now up to date on safeguarding training.
- People were positive about staff and said they felt safe with them. One person said, "Yes, I feel safe with them as I quite look forward to seeing them." Another person said, "I have no worries. They are 100%." Relatives also confirmed they felt their family members were safe with the staff.
- IRC Care Services safeguarding procedures followed the best practice guidance issued by the local authority. The local authority is the lead agency with regards to safeguarding in Surrey. Where allegations or concerns had been identified, the provider had taken appropriate action in accordance with these safeguarding procedures. This included notifying the local authority where people had been self-neglecting, to see if further support or professional input could be arranged.
- There was an ongoing safeguarding investigation at the time of our inspection. The provider was working with the local authority to examine what had taken place and identify where lessons could be learned. The provider had taken appropriate action to protect people and prevent a reoccurrence while the investigation was ongoing.

Assessing risk, safety monitoring and management

At our last inspection we recommended the provider ensured that risk management plans provide guidance on the action staff should take in relation to supporting people with specific health concerns. The provider had made improvements.

- People were supported to keep safe because hazards to their health and safety had been identified and plans put into place to minimise the risk of harm. These included risks to people's mobility, falls, skin

conditions and administration of medicines. Since our last inspection risk assessments had been reviewed and more detail had been added where required. At the time of our inspection no one was being supported with complex care needs (such as catheter care), which had been the case previously.

- People received appropriate support to minimise the risk of them coming to harm. One person said, "They are always very careful with me."
- Risk assessments gave guidance to staff on how to support people's specific needs in a safe way . A relative said, "[Carer] assists her to move around the house. From walking frame to chair, to walking frame to bed, etc."
- There was a business continuity plan in place to minimise the impact in case of an unexpected emergencies such as fire in the office, adverse weather stopping staff being able to get to people, or unexpected staff shortage.

#### Using medicines safely

- People told us they were supported to have their medicines when they needed them. A relative said, "The carer knows the list and understands all the times and she's as good at giving the medicines as I am."
- Where IRC staff were responsible for managing people's medicines this was done in a safe way. A relative said, "They are very good at keeping records. In fact, when she came out of hospital it was [carer] who went through every single medicine and made sure she had the right medicines for the prescription."
- Before staff were able to support people with their medicines they had to complete training and have their competency checked. The team leaders and registered manager reviewed medication administration records (MAR's) on a regular basis, to ensure these were completed correctly. MAR's we looked at were fully completed and signed by staff to indicate that people had been given or supported with their medicines as prescribed.

#### Staffing and recruitment

- There were enough staff to ensure they visited people in their homes at the times agreed, and that people's needs had been met. One relative said, "They (the agency) have never let us down." None of the people we spoke with had ever had a call missed. Where people required support from two staff, this always happened. A relative said, "She needs two carers, yes, and there are always two."
- People were kept updated on staff, so they knew if they were going to be a little late. A person said, "They will say if there is someone else coming. Late? I've never had a problem. They are always prompt and they stay the full time."
- There was a continuity of care as people were supported by a regular team of care staff wherever possible. A person said, "It's mostly the same staff. They usually tell me if it's going to be someone different."
- The provider followed safe practices when recruiting new staff. The provider obtained proof of identity and address, references and a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check.

#### Preventing and controlling infection

- People were protected from the spread of infections because staff followed safe working practices. One person said, "They (staff) always make sure everything is clean and tidy."
- The staff were trained in preventing infection. They used appropriate protective equipment, such as disposable gloves and aprons, and antibacterial hand gels to reduce the risk of infection during and between care calls.

#### Learning lessons when things go wrong

- The provider had systems in place to ensure learning took place in the event of any accidents or incidents, to minimise the risk of them happening again. Incidents and accidents were recorded and monitored, and

actions taken were reviewed to check they had been effective.

- Records showed that help from health and social care professionals had been sought immediately where needed, for example where a person had an increase in falls in their home.
- The outcome of incidents were shared with the carer staff to ensure they all learned about what had happened, and to check if they supported someone who may be at a similar risk.

## 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 requires improvement. At this inspection this key question has now improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to ensure that new staff had completed training before providing care and support, and staff had not received a supervision within the last year. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Since our last inspection staff had received induction, training and supervision to ensure they kept up to date with best practice and were able to support people with their needs. A relative said, "Funnily enough I was just speaking to the carer the other day and she was telling me she'd been on a dementia course. She's often saying she has to go on one course or another."
- Staff had access to a range of training to ensure they would understand people's needs. Staff attendance at mandatory training was tracked by the provider by use of a training matrix. This clearly identified where staff required refresher training, and if that had been booked for staff to attend. One staff member explained how they had recently had a training day. They said, "We talked about caring, reporting and recording, medicines - it was a whole day of refresher training."
- Staff now received annual appraisal and regular supervision, which is a one to one meeting with a senior member of staff to discuss their role and development needs.

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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People's rights were protected because staff understood and followed the principals of the MCA. One person said, "Consent? Yes, they do ask me. They say things like, 'is it alright if I do...'" People's consent had been sought before they received care from the agency.
- People's capacity to make specific decisions had been assessed by the provider and the local authority (if they were the funding body.) Where people were not able to understand and agree to receive care and support in their homes from IRC Care, relatives or other people with the legal authority to do so made the decision in the person's best interest.
- Staff understood the need to seek and obtain peoples consent before giving care or support. One staff member said, "It's about whether a person can decide on their own, making decisions about their daily life. If they can't then someone else has to help, like their family or social worker. The care plans tell us about this."
- People confirmed staff respected their wishes and asked them for their consent before carrying out a task. One relative said, "I have no cause for concern [in this area] at all."

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

- People were involved in discussions around their needs and preferences prior to them joining IRC Care. This was to ensure the service and its staff understood those needs and could support the individual. A relative said, "I had copious long discussions with them. I was quite vocal in my aspirations and what I thought was needed, and they've tailored [my relatives care] to that."
- The information from these assessments was used to develop individual care plans which guided staff on how to support people.
- The assessments considered any protected characteristics under the Equality Act, as well as any religious needs or cultural needs.

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

- People received the support they needed to ensure they had enough to eat and drink and meet their dietary requirements. One person said, "They make me a sandwich at lunch time and do a meal for me in the evening." People confirmed staff asked them about what they would like to eat and gave choices.
- People's dietary requirements and preferences were understood by staff because detailed guidance was in the care plans, and staff where possible were matched with people. A relative said, "My mum is a vegan and the carer is a vegan, so they are the same."
- People confirmed that staff always ensured they had access to drinks before they left at the end of their care call.

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

- The staff worked closely with other agencies, including health services and care commissioners, to provide consistent and effective support. One relative said, "[Name] was in [a local] Hospital. The hospital would not release her until a care package was sorted which is where IRC came in. They organised live-in care. They visited her when she was in hospital and they assessed her house for suitability of a live-in carer."
- Where a change in people's health was noted, staff made referrals to appropriate agencies. A relative said, "[Carer] was so good when [family member] became unwell. She recognised the difference between her being just a bit under the weather to being very ill. On her own instigation she phoned the GP, then phoned me." As a result, the person received the right care and support to help them get better.

# 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 and their relatives told us that staff treated kind and compassionate way. One person said, "They make sure I have everything I want." A relative said, "She is looked after beautifully. They are really kind and always laughing and joking. I can't fault it [the care]."
- Relatives were positive about the attentiveness and understanding of staff. One relative said, "All has been good. They [staff and relative] hit it off straight away. She [the carer] is very patient with [name]. She's so chirpy and upbeat. I hear them chatting and laughing as if they're old friends."
- The service ensured staff understood equality and diversity through training and by providing access to the equality and diversity policy. One person confirmed that staff were respectful in their approach in response to how that person wished to live.

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

- People were involved in their day to day care and support and told us they felt in control of decisions made around their care. One person said, "They are friendly. They give me ideas." Another person said, "They are all very good."
- Care plans were used to record people's preferences and how their care and support should be delivered. One person said, "The only thing I've asked for is that it is never a man (carer)." She confirmed that they had never sent a male carer to her.
- Staff involved people in their care and support. One person said, "They're really good. They'll tell me how to do things or if I have something on inside out." A relative said, "Staff are kind and caring. She [care staff] has a close bond with [wife's name]."

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected their privacy and treated them with dignity and respect. One person said, "They treat me with respect." A relative said, "We are very, very happy. It's really nice to have the same carers [each time]."
- People were supported to maintain their independence and maintain dignity. A relative said, "I hear her (the carer) get the best out of [relative]." A staff member explained, "I let her do things she can do comfortably, however if it's something risky, I still let her. I reassure her and make sure I am with her, and tell her she is in good hands, to make her feel safe with what she is doing."

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people's needs were met through good organisation and delivery.

### End of life care and support

At our last inspection we recommended the provider considered the care people may want at the end of their life. The provider had made improvements.

- Peoples religious and cultural needs had been identified within care plans and how this related to day to day care and support was understood by care staff. However, the specific details around how faiths and cultures may impact what staff should do if they were first on the scene where someone had passed unexpectedly had not been documented, for example in an end of life care plan, or emergency plan. The registered manager was aware of specific requirements that related to people's faiths; and after calling an ambulance the next thing staff would do was contact the office for guidance - so the risk of peoples cultural and religious preferences not being met was low.

We recommend the provider documents how people's cultural and religious needs should be met in the event of an unexpected death.

- Where required, people could be assured that their preferences for how they wanted to be treated at the end of their lives would be respected by staff. People had been approached to discuss all aspects of their care and support and where they wished to share this information it had been recorded in care plans.
- At the time of our inspection, the service was not supporting anyone who required end of life care. Staff were able to access support from other relevant healthcare professionals such as district nurses or local hospice services should this be required.

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

At our last inspection we recommended the provider ensured care records were managed consistently and that personalised information was available to staff. The provider had made improvements.

- People had care plans in place that gave staff information and guidance about the care and support people need. One person said, "When I first started I did have a care plan. It doesn't get reviewed that often, but I just tell them what I want, and they do it." Another person said, "I know about my care plan. I haven't read it, but I know it's there."
- People received care as detailed in these care plans. One relative said, "She (the carer) is very aware of

[wife's name] particular needs and lightens the load for us."

- The provider responded to people's changing needs. Additional 'one off' support had been put into place for a couple who received support from IRC Care. One of the couple had to attend an urgent hospital appointment with the live-in carer. IRC arranged for another carer to stay on to support the person who stayed at home while the appointment took place.
- People's care plans were updated as their needs changed. A staff member said, "I tell the office when things change, and they come in to review and update the care plans."

#### 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.

- People's communication needs were assessed, and any necessary measures were put in place to support them. Information was available in different formats such as large print or picture format where required.

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 was not supporting people with help to follow their interests or take part in activities with the wider community as this was not required as part of their care package at the time of our inspection. However, these factors were considered when pairing staff to people. One relative said, "It is very difficult to get someone with the same religious beliefs, but the carer is a very religious person and so is my mum. Their religion is the same. The care manager really did look into it."

#### Improving care quality in response to complaints or concerns

- People knew how to make a complaint and said they felt their concerns would be addressed by the provider. One person said, "There was one particular one I didn't get on with and I told them, and she hasn't come again."
- Information about how to make a complaint was readily available to people in formats to suit their needs. This gave details on the timescales the provider would work to resolve the issue, and further steps a complainant could take, if they were unhappy with the response from the provider.
- Complaints were reviewed by the registered manager, so they could check for any themes or patterns that may need to be addressed.

## 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.

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

At our last inspection the provider had failed to ensure that effective quality monitoring systems were in place and that records were clear and organised. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered provider had systems and procedures to monitor and assess the quality and safety of their service. Regular audits were completed and used to ensure people received a good standard of care and drive improvement. A relative said, "They have come to us on more than one occasion to check on the carer and speak to us about the carer. We have the opportunity to give our feedback."
- The registered manager (who was also the nominated individual) and the staff all had a clear understanding of their roles and how they each contributed to the care people received. A staff member said, "They [IRC] are strict, but warm [friendly] to work with . They make sure we do right by our clients."
- Organisational policies and procedures were in place to ensure staff understood what was expected of them when supporting people. Staff had access to these and they were knowledgeable about key policies, for example confidentiality, dignity and safeguarding people from abuse. One staff member said, "Oh yes, we have spot checks on what we do. They come in and look at if I am doing the recording correctly, and the medicines. They look at the cleanliness and check on my training."
- The management team were committed to continuously improve the service, for example the registered manager had taken the decision to keep the service small, while they addressed the issues raised at the last inspection and created a strong foundation to build and expand the service.
- A key improvement made since our last inspection was with the introduction of an electronic monitoring system. This meant office management were able to access current and up to date information about the care calls and communication logs, to ensure people received care when agreed, and that records, such as MARs and care records, were being completed.

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

- We found a positive and inclusive atmosphere across the service. One relative said, "We have an open

dialogue and they are very helpful and co-operative." Another relative said, "The manager has been good. She was clear to me about what they could do, and communication is good."

- People were positive about the care and support they received. They knew who the management were and told us they were accessible. A person said, "(The office) are always very polite and they let me know things." A relative said, "We've built up quite a nice relationship."
- Staff told us they felt valued and enjoyed working for the service. One staff said, "When you work for IRC it's like a family. When going to training everyone is friendly - the staff in the office and the manager."

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 law requires providers to follow a duty of candour. This means that following an unexpected or unintended incident that occurred in respect of a person, the registered person must provide an explanation and an apology to the person or their representative, both verbally and in writing. The provider understood when we were to be notified of events as required by regulation.
- Staff were confident to raise concerns if necessary. We found the registered manager and the staff were open and honest with us and engaged positively during the inspection process.

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

- People's views were sought by the provider to help them develop the service. One relative said, "I may ring up to have a discussion with them and they ask for my feedback. [Office staff name] rings up from time to time to ask too."
- Everyone we spoke with said they felt involved in what happened to them. People told us they were encouraged to speak freely and were confident to raise any concerns they may have had. One person said, "[Office staff name] tries to call me once a week to check I'm happy (with the care)."
- Staff felt supported by the provider's management, and that their feedback was useful at making improvements.

Working in partnership with others

- The service worked in partnership with health and social care professionals who were involved in people's care. IRC Care is a member of the Surrey Care Association (SCA) who communicate updates on the latest regulations. IRC Care is also a member of United Kingdom Home Care Association (UKHCA).
- The provider and management team attended provider forums on a regular basis. This enabled them to keep up to date on what was going on within the local area and share ideas. For example, the last forum they attended resulted in a review of the impact Brexit may have on their business, to ensure the service they provided would not be affected.