

ICRIT Limited

# ICRIT Healthcare

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

This inspection took place on 16 August 2017. We gave the service 48 hours' notice of the inspection because it is a domiciliary service and the manager is often out of the office supporting staff. We needed to be sure that they would be in.

ICRIT Healthcare is a privately owned domiciliary care agency. They are situated in Bolton. The agency provides care staff to support people in their own homes. They provide assistance with tasks such as personal care, food preparation, medication administration and household chores. The service supports people around Bolton. Services are provided to older adults, adults with physical disabilities, adults with memory loss or living with dementia, adults with complex needs and adults with specific conditions such as substance misuse. At the time of our inspection the service supported 15 people and employed 11 care staff.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This inspection was the first inspection since the service was registered with the Commission on 10 February 2016. During this inspection we found the service was in breach of two regulations relating to staff training and development and good governance. These were breaches of regulation 17 and 18 of the Health and Social Care Act Regulated Activities (Regulations) 2014 with regards to good governance and staffing.

We looked at how the service protected people against bullying, harassment, avoidable harm and abuse. We found there were policies and procedures on safeguarding people. Five staff had received training in safeguarding adults and they showed awareness of signs of abuse and what actions to take if they witnessed someone being ill-treated.

Concerns were raised by local commissioners and safeguarding professionals regarding risks associated with moving and handling people. Safeguarding incidents had been investigated and documented, showing the support people were getting after incidents. Staff had sought advice from other health and social care professionals where necessary. Internal investigations had been undertaken where incidents had been reported. There were risk assessments which had been undertaken. Plans to minimise or remove risks had been drawn and reviewed in line with the organisation's policy. Improvements were required in this area to ensure that risk assessments were robust and covered all risks associated with people's care and treatment.

Lone working and environmental risk assessments were in place to ensure the safety of care staff and people they support. During the inspection we observed staff were visiting people at the planned and agreed times. There was a system for checking whether staff had visited as planned which had been implemented and monitored.

There was a medicines policy in place and staff had been trained to safely support people with their medicines.

We looked at recruitment processes and found the service had recruitment policies and procedures in place to help ensure safety in the recruitment of staff. These had been followed to ensure staff were recruited safely for the protection and wellbeing of people who used the service. Records we saw and conversations with staff showed the service had adequate care staff to ensure that people's needs were sufficiently met.

We found care planning was done in line with the Mental Capacity Act, 2005. Staff showed awareness of the Mental Capacity Act, 2005 and how to support people who lacked capacity to make particular decisions. However consistency was required in the records and provider had not provided staff with training in this area.

The feedback from people about care staff and the organisation was positive. However people told us wanted to be kept informed when staff had been delayed.

People using the service had access to healthcare professionals as required to meet their needs. Staff had received training deemed necessary for their role. However there were shortfalls in a number of areas and in house training was not robust. Staff competences were checked regularly in various areas of practice including, medicine administration and food hygiene. Staff had received supervision through spot checks and supervision meetings at the office.

We found that people's care needs were discussed with care commissioners before they started using the service to ensure the service was able to meet their assessed needs. Care plans showed how people and their relatives were involved in discussions around their care. People were encouraged to share their opinions on the quality of care and service being provided. People's nutritional needs were met. Where people's health and well-being were at risk, relevant health care advice had been sought so that people received the treatment and support they needed.

There were established management systems at the service. Senior management had been involved in the running of the service. The registered manager had provided oversight duties they delegated to other staff.

Quality assurance systems were in place and some areas of people's care had been audited regularly to identify areas that needed improvement. We found audits had been undertaken of daily care records, and medicine administration records. However systems and processes for assessing the quality of the service were not robust to ensure audits were taken for the quality of the care records, staff recruitment files and staff training needs. Improvements were required to demonstrate good governance.

There was a business contingency plan to demonstrate how the provider had planned for unexpected eventualities which may have an impact on the delivery of regulated activities.

Surveys we saw showed people felt they received a good service and spoke highly of their staff. Relatives told us the staff were kind, caring and respectful. Two professionals we spoke to confirmed this. However two other professionals provided mixed feedback regarding the quality of the care documentation.

We found the service had a policy on how people could raise complaints about their care and treatment.

## 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 not consistently safe.

People and their relatives told us they felt safe. Feedback was positive.

Risks to the health, safety and well-being of people who used the service were assessed and plans to minimise the risk had been put in place. Improvements were required to the documentation of risks.

Safeguarding procedures and disciplinary procedures had been followed when concerns had been raised. However concerns were raised regarding moving and handling assessments.

People's medicines had been safely managed. Staff had been trained and had their competence tested for safe administration of medicines.

Staff had been safely recruited and disciplinary measures were in place.

**Requires Improvement** ●

### Is the service effective?

This service was not consistently effective.

The rights of people who did not have capacity to consent to their care were protected in line with the MCA principles. Staff had not received mental capacity training.

Staff had received supervision and induction and training in various areas. However we found shortfalls in various areas of staff training. Training provided was not robust.

People's health needs were met and specialist professionals were involved appropriately.

**Requires Improvement** ●

### Is the service caring?

The service was caring.

People and their relatives spoke highly of care staff and felt they

**Good** ●

were treated in a kind and caring manner.

People's personal information was managed in a way that protected their privacy and dignity.

Staff knew people and spoke respectfully of people they supported.

### Is the service responsive?

Good ●

The service was responsive.

People had well written plans of care which included essential details about their needs and outcomes they wanted to achieve.

The provider had gained the views of people who used the service and their representatives. Care was reviewed regularly and people were involved.

Staff had visited as planned and the systems for checking visits had been effectively implemented and monitored.

There was a complaints policy and people's relatives told us they felt they could raise concerns about their care and treatment. Complaints had been dealt with in line with policies and procedures.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

People felt the service was consistently well managed.

Governance systems within the service were not robust. Management oversight had been provided to care staff and the overall running of the service.

Systems for assessing and monitoring the quality of the service and for seeking people's views and opinions about the running of the service were implemented to improve the care and treatment people received. However improvements were required in respect of staff training, care documentation and audits.

There was a clear and service development plan which outlined how the service was run and future plans.

Staff told us there was a good culture in the service and were kept up to date with the visions of the service.

# ICRIT Healthcare

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection took place on 16 August 2017 and was announced. We gave the service 48 hours' notice of the inspection because it is a domiciliary service and the manager is often out of the office supporting staff. We needed to be sure that they would be in.

The inspection team consisted of one adult social care 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.

Before the inspection, we had asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider 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 when we made the judgements in this report.

Before the inspection we gained feedback from health and social care professionals who worked together with the service. We also reviewed the information we held about the service and the provider. This included safeguarding alerts and statutory notifications sent to us by the registered provider about incidents and events that had occurred at the service. A notification is information about important events which the service is required to send us by law.

During the inspection, we used a number of different methods to help us understand the experiences of people who used the service. We reviewed records of care and management systems used by the service for care delivery. We visited two people in their own homes. We spoke with five people and four relatives by telephone. We also spoke with the managing director of the service, the registered manager, the care coordinator, the quality assurance manager, four professionals who had recent contact with the service, and two care staff. We also observed four care staff during their home visits.

We looked at samples of care records of three people in the office and two care records in people's homes. Two of these records were pathway tracked. Pathway tracking is where we look in detail at how people's needs are assessed and care planned whilst they use the service. We also looked at a variety of records relating to management of the service. This included staff duty rosters, four recruitment files, the accident and incident records, policies and procedures, service certificates, minutes of staff meetings, reports from commissioners and the local authority, also quality assurance reports, surveys and action plans, visit plans and visit duration records and medicine records.

# Is the service safe?

## Our findings

We asked people who used the service whether they felt safe receiving care from the service. All people we spoke with told us they felt safe. Examples of comments included, "Yes I am happy with my regular carer and she does make me feel safe.", "I feel safe because the carers always turn up on time", "Yes I feel safe because they (staff) are always checking how I am." Similarly, relatives we spoke with told us, "We have no issues with the care workers with regards to safety" and "Staff always wear plastic gloves and aprons when providing hygiene or personal care to prevent infection and cross contamination."

There was mixed feedback from professionals regarding the service. Two professionals we spoke with gave positive feedback regarding the service. One professional told us; "As a result of my client's complex needs, a number of providers in the past had difficulties working with him. During our review I observed the way the person engaged with ICRIT staff and it was obvious he was very happy with support staff." However one professional who had recent contact with the service raised concerns regarding quality of the care records for one person they had reviewed during a safeguarding enquiry.

The local authority safeguarding professionals expressed concerns regarding the records for moving and handling for one person. They also expressed concerns regarding the provider's response when they asked for care records. They had failed to respond promptly with the records relating to moving and handling for the safeguarding professionals to evaluate and make judgements. We shared the concerns from the safeguarding professionals with the nominated individual who is the managing director for the service. They informed us that following the allegations they investigated the concerns, suspended care staff involved and commissioned their own private physiotherapist assessment for the person to ensure staff were provided with expert guidance on moving and handling the person safely. They added that the outcome of the physiotherapist provided them with valuable information and guidance which staff now follow.

The records that we saw demonstrated that the organisation had completed moving and handling assessments. They had also followed their disciplinary and safeguarding policy. Staff involved had been suspended to allow investigations to be undertaken by the local safeguarding team. The provider had been involved in the review meetings with the local safeguarding authority.

Staff we spoke with were aware of the signs of abuse and discussed the appropriate actions they would take if abuse was suspected. They said, "Any concerns I would inform the office, so that they can inform social services to investigate." Staff told us they had no concerns about the care people received and were aware of the whistleblowing policy (reporting bad practice). They told us they would feel confident reporting any concerns to the registered manager. Comments included, "I have no concerns about the care or the service" and, "I trust that anything I raise with managers would be kept confidential." However we found six care staff had not received safeguarding awareness training. The nominated individual showed us records to demonstrate that training had been booked for September 2017.

We saw records of safeguarding enquiries and alerts that had been completed. Evidence we saw demonstrated that care staff were able to report concerns. There was evidence of how management had



undertaken internal investigations where there had been concerns. We saw examples of reports and investigations that had been shared with other agencies. Investigations had been completed and lessons had been learnt to prevent future incidents. This meant that the service had systems in place to address potential safeguarding concerns.

We found that the service had followed safeguarding reporting systems as outlined in their policies and procedures. We looked at information that we had received from people regarding care staff who had been alleged to have acted unprofessionally. We found disciplinary measures and supervision had been instigated when there had been a complaint or concern about staff conduct. For example staff who had been alleged to have acted inappropriately or found to have made repeated errors during care delivery.

We looked at how the service protected people against risks of receiving care and treatment. We looked at three people's care documents. There were risk assessments in people's care files which included risks of falls, moving and handling, behaviours that can challenge staff, skin care and environmental risk assessments. We discussed the need to incorporate risk assessments completed by other professionals where these were available such as assessments by dieticians and speech and language therapists (SALT).

Care files we checked demonstrated that staff had been provided with guidance on how they could ensure risks to people were reduced. For example in one person's records, staff had been clearly guided to take extra caution when supporting the person to reduce the risk of skin damage. In another example one person had been assessed to be resistive to care interventions and presented with behaviours that could challenge care staff and put the person and staff at risk. Care staff had been provided with guidance on how to support the person and reduce the harm to themselves and the person when undertaking moving and handling manoeuvres. This meant that the service had identified people's risks and put measures in place to minimise them.

Where people required equipment to assist them with their mobility and transferring, staff had clear guidance to check the safety of the equipment and also to ensure the equipment was safe to use.

We asked people who used the service and relatives about the support they received with their medicines. All people we spoke with told us they manage their own medicines or their relatives were responsible for their medicines. Staff told us and records confirmed they had undertaken the required training in the safe administration of medicines. We saw evidence of competency checks and spot checks. These are visits carried out by management or care coordinators to monitor how staff delivered care in people's homes. This helped to ensure staff had the required knowledge and skills to support people with their medicines safely.

We saw the provider had an up to date policy and procedure to guide staff on the safe administration of medicines. Medicine Administration Records (MAR's) confirmed medicines had been administered as prescribed and signed by staff.

We saw that the service had undertaken regular audits of completed MAR sheets. This helped to ensure people's medicine administration was monitored and checked for any gaps. The registered manager told us all MAR sheets were returned to the office and safely stored. Where concerns had previously been identified in relation to the administration of medicines, we saw actions had been taken by the provider to ensure any future risks of medicine errors were reduced. This included staff being called to the office for supervision and re-training.

We looked at recruitment processes and found the service had recruitment policies and procedures in place,

to help ensure safety in the recruitment of staff. We reviewed the recruitment records of four staff members and found that recruitment procedures had been followed. We saw the required character checks had been completed before staff worked at the service and these were recorded. The files also included proof of identity and Disclosure and Barring Service (DBS) checks. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

The service employed enough staff to carry out people's visits and keep them safe. All staff we spoke with told us they had enough time at each visit to ensure they delivered care safely. We spoke to the registered manager who informed us that they ensured that all care packages they accepted were within particular post code areas. This would ensure care staff could travel between visits safely and in a timely manner. People we spoke to informed us staff supported them at a safe pace without feeling rushed.

People told us the service had been reliable and that in the majority of cases staff had visited as planned. They also told us that they saw the same staff unless there was a specific reason for not doing so, such as annual leave or sickness. One person told us, "I have the same regular care workers, I am happy with this." Another person said, "I prefer to have a team of same care workers that come to help maintain consistence."

We asked staff if they felt they had enough time to provide care and travel to their next visits. They told us they were given enough time with people, were given time for travelling and that visits to people did not overlap. People we spoke to told us that staff stayed for the allocated time. However one person said, "The girls are first class and fantastic, I just wish the office would ring if they are caught up in emergencies or delayed to let me know they are running late."

We looked at how the service minimised the risk of infections and found staff had undertaken training in infection prevention and control and food hygiene. There were policies and procedures for the management of risks associated with infections. Staff had received training on reducing the risks of infections during their induction. People told us staff wore their uniforms and gloves and disposed used gloves appropriately.

A business continuity plan had been developed, which helped to ensure continued service in the event of a variety of emergency situations, such as flood, severe weather conditions, or power failure. Staff were aware of actions they needed to take in the event of a medical emergency, such as a person collapsing or if there was no response when they visited someone in the community, who they would have been expected to be at home. There was a lone working policy which provided staff with guidance to promote health, safety and welfare of lone workers. Lone workers are staff who work by themselves without close or direct supervision and in a separate location to the rest of their team or manager.

## Is the service effective?

### Our findings

People who used the service and relatives spoke highly about staff knowledge and skills to meet their needs. Comments included, "Although we don't always receive the same carer, it's not a problem as all the staff have the correct skills, experience and training.", "All the staff take their time, they never rush their job." and "The staff make me my meals and something to drink."

Similarly we received positive comments from professionals regarding staff. One professional told us "The care staff involved with my clients have provided the service as per the support plan. The manager and coordinator have been very responsive to any issues raised during reviews. The relatives of all three clients have been generally satisfied with the service provided."

There was a training policy and a plan in place which identified training that had been completed by staff and when further training was scheduled or due. We noted that some training had been completed by care staff. Training such as medicines management and manual handling had been provided by the local authority and additional training had been provided in house by the registered manager.

However, we found shortfalls in the training and development. For example not all care staff who had been employed at the service had completed training in a number of areas that the provider had deemed necessary for the role. These included training in areas such as managing and dealing with challenging behaviours, emergency awareness (first aid), dementia awareness, mental capacity, equality and diversity, dignity and respect and safeguarding adult's awareness. We also raised concerns regarding the credibility and the quality of the in house training that had been provided by the provider. There was no evidence of the training content, structure or curriculum to demonstrate what the training provided had covered.

We spoke to the registered manager and the managing director about these concerns regarding staff training. They confirmed that training had not been provided in mental capacity and consent and the areas identified above. After the inspection they sent us evidence to demonstrate that additional safeguarding training and mental capacity training had been booked for September 2017.

We discussed the need to ensure additional training was provided to suit the needs of people supported. For example the service was supporting people who were towards the end of their life and people living with dementia. The registered manager advised us that they specialised in teaching dementia care for the local care trust and had used their expertise to coach staff. They also advised us that they were working with the local care commissioning group (CCG) to ensure staff received end of life care training. This would help to ensure that staff were able to meet the needs of people they supported. The evidence we found demonstrated that systems and processes for staff training and development were not robust to ensure that staff were provided with ongoing credible and relevant training to ensure they carry out the role they were employed to do effectively.

There was a failure to ensure that all staff had received such appropriate support, training, and professional

development, as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014 with regards to Staffing.

Records showed that staff completed an induction programme when they joined the service which included, shadowing experienced care staff to gain experience and staff familiarising themselves with policies such as manual handling, safeguarding vulnerable adults from abuse, confidentiality and whistle blowing. The staff we spoke with told us they had received a thorough induction when they started working at the service. They told us that as part of their induction they had been able to observe experienced staff supporting people, to enable them to become familiar with people's needs before becoming responsible for providing their care. This helped to ensure staff could provide safe, person-centred care which reflected people's needs and preferences.

Records showed that staff received regular supervision. Care staff we spoke with confirmed this to be the case. They had also received on site supervision in the community, which was designed to monitor care staff's conduct whilst they delivered care to people in their homes. We reviewed some staff supervision records and noted that issues discussed included staff performance, standards of care, staff roles and responsibilities and training issues. Additional supervision was also provided when concerns had been identified about staff performance such as medicines errors, time keeping or safeguarding concerns. We noted that not all supervision records had been signed by the registered manager and staff. Staff told us they felt able to raise any concerns during their supervision sessions. This meant that the service had put measures in place to monitor staff performance and offer support where required.

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 make 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. The application procedures for this in community services such as people receiving services in their homes and supported living are called the Court of Protection authorisation.

We reviewed how the service gained people's consent to care and treatment in line with the MCA. There was a mental capacity policy to provide guidance to staff. We looked at people's care records and found mental capacity assessments had been completed to identify whether people could make their own decisions regarding their care and treatment. Best interest's processes had been followed where people had been assessed as lacking mental capacity to make specific decisions.

The care staff we spoke with demonstrated an understanding of the legislation as laid down by the Mental Capacity Act (MCA) 2005. Staff spoken with demonstrated a good awareness of the Mental Capacity code of practice. However records we reviewed and discussion with the provider showed that the provider had not provided staff with training in this area and records for mental capacity had not been consistently completed across the service for the people who may lack capacity. This was as a result of lack of robust record keeping. The managing director informed us that they had introduced a new care record system and were in the process of transferring various records.

Staff spoken with told us meetings were held, so the staff team could get together and discuss any areas of interest in an open forum. This also allowed for any relevant information to be shared with staff. Records seen confirmed meetings had taken place. We saw that during recent meetings staff training and the

organisation's infection control policy had been discussed. Guidance and changes to practice had also been shared during the meetings.

We looked at how people's nutrition was managed. We found the provider had suitable arrangements for ensuring people who used the service were protected against the risks of inadequate nutrition and hydration. Systems and processes for monitoring people's nutritional needs were in place. People's records showed people's preferences and risks associated with poor nutrition had been identified and specialist professionals had been involved where appropriate. We saw records which directed staff to follow guidance provided by SALT and dieticians. During our home visits we observed giving people choice on what they wanted to eat and drink and offering them drinks of their choice.

People's healthcare needs were considered as part of the care planning process. We noted assessments had been completed on physical and mental health and there was a detailed section in each person's care plan covering people's medical conditions. This helped staff to recognise any signs of deteriorating health. There were links with the local primary health services and professionals such as local doctors, physiotherapists and District Nurses.

# Is the service caring?

## Our findings

We received overwhelmingly positive comments about the care staff and the service delivered to people. All people and relatives we spoke with told us that they thought the care provided from the service was of a high standard. Comments included, "I have a good relationship with the staff, she is like a friend to me", "They are excellent at caring.", "They are really nice people that look after me." And "Nothing is a problem for them (staff)."

Similarly we received positive feedback from people's relatives. Comments included; "I want the service to give [staff member] an award for her caring.", "I would give the staff 10 out of 10 for their care.", "The girls are fantastic and first class, I cannot fault them. They are respectful and I trust them with [my relative]."

Views from professionals we spoke with were positive about staff's caring approach. Comments included; "They have experienced staff that are very patient with people living with severe learning disability. Main relative of my service user said she is very happy with ICRIT as her son have never been this happy with other providers. She said they engage with her and ensure they complete task as stated on support plan."

Staff spoken with had a sound knowledge and understanding of the needs of people they cared for. Staff members told us how they enjoyed working at the service. Comments from staff included, "We care for people like they are our family really" and "I like my job and I enjoy supporting people."

During the inspection, we observed some warm and genuine interactions between people and staff. Conversations showed kindness and compassion. People and their relatives appeared to be very comfortable in staff presence and staff knew people well. We observed some positive interactions between care staff and people who used the service during their care visits. We noted that care workers approached people in a kind and respectful manner and respected people's homes. People were referred to by their preferred names.

We considered how people's dignity was maintained and promoted. We noted people's daily records and care plans had been written in a way that took consideration of their choices and preferences. People had been asked about their likes and dislikes and this had been included in their daily support. Staff we spoke with talked about people in a respectful, confidential and friendly way.

Daily records were completed by care staff and were written with compassion and respect. All staff had been instructed on maintaining confidentiality and gave us examples to demonstrate that they understood the procedural guidance. People's records were stored securely. This meant people using the service could be confident their right to privacy was respected with their personal information kept in a confidential manner.

Staff we spoke with showed a clear understanding of the measures in place to ensure a person's privacy and dignity was respected and gave appropriate examples. They told us they understood that their place of work was someone else's home and had to be respectful. They knocked before entering even when they had used a 'key safe' to enter the house. A key safe system is a system where a key is stored in a secure box outside of

the property.

There was information available about advocacy. Advocates support people to access information and make informed choices about various areas in their lives. Relatives that we spoke with informed us that they had been more involved in the care of their family members and that this had improved the quality of the care they received. The care staff we spoke with displayed a real passion in relation to the care of people and it was evident that the ethos of the service was based on the care and compassion of the people using the service.

## Is the service responsive?

### Our findings

We asked people who used the service if they felt their needs and wishes were responded to. We received positive feedback from people using the service and their relatives. Comments included, "The girls are brilliant if only the office could ring us when they are running late as we know they can get caught up in traffic. Otherwise they are bob on.", "You can't expect everything to be right all the time. If they aren't it's nothing much to worry about, they get it sorted." and "I'm definitely involved in my care plan." Comments from relatives included; "The staff deliver quality.", "The staff are so knowledgeable."

One professional told us, "The carers involved with my clients have provided the service as per support plan. The manager and coordinator have been very responsive to any issues raised at review. The relatives of all three clients have been generally satisfied with the service provided." Another professional told us; "ICRIT staff are very responsive and flexible."

We looked at how the service provided personalised care that was responsive to people's needs. We found assessments had been written in a person centred manner and were detailed. Care plans contained people's identified needs, the outcomes they wanted to achieve and guidance to staff on what to do on arrival to people's houses and the order in which people preferred their care to be delivered.

We looked at what arrangements the service had in place to ensure people received care that had been appropriately assessed, planned and reviewed. We looked at three people's care files. All three files contained assessments also known as support plans. An assessment of people's needs had been completed before a decision had been made about whether the service could meet that person's needs. Additional assessments were also evident in some of the files we looked at, for example assessments completed by the Local Authority. This helped to provide a more detailed and holistic assessment of people's needs. However we received a mixture of responses regarding one assessment being carried out before the service commenced. People's responses varied from yes, no and couldn't remember. The registered manager assured us that assessment had been carried out in some cases jointly with people's social workers.

We noted that people had been involved in their assessment and where appropriate, the service sought support from their family members. One family member said, "They visited us and reviewed the care plan with me present." Daily reports provided evidence to show people had received care and support in line with their care plan. We noted that records were detailed and people's needs were described in respectful and sensitive terms.

We noted procedures were in place for the monitoring and review of care plans. Care plan reviews were carried out regularly and wherever possible people using the service and their families, if appropriate, were involved.

We looked at whether care visits had been effectively planned and delivered in line with people's needs. We found care staff had visited as planned in the majority of the cases and stayed the duration of the allocated time. People told us the service had been reliable and that in majority of the cases staff had visited as



planned. However there were times when staff had been delayed due to unforeseen circumstances or traffic. One person told us, "[My relative] has the same regular care workers, I am happy with this." Another person told us, "They are keep time however if running late I would prefer they ensure they let me know so that we can be assured they are on their way. We shared these views with the registered manager and the care co-ordinator who informed us they would resolve this.

We looked at the policies and procedures that the provider used to check if staff were staying the allocated time and visiting as planned. There was an electronic log in and log out system for which staff used to demonstrate the time they arrived and the time they would have left people's house. On the day of the inspection this system was not working due to a technical fault. We found a backup paper based system that was in use in the houses we visited. The visit records were monitored by the care co-ordinators. We found that staff were staying the duration of their visits. This was also confirmed by people and their relatives.

We asked staff if they felt they had enough time to provide care and travel to their next visits. They told us they were given enough time with people, were given time for travelling and that visits to people did not overlap unless there was an emergency. People we spoke to told us that staff stayed for the allocated time and did not appear to rush.

The service had a complaints procedure in place. The procedure provided directions on making a complaint and how it would be managed. This included timescales for responses. We saw complaints and compliments guidance was provided to people when they joined the service and was easily accessible. One person told us, "I'd certainly know how to make a complaint, but so far everything has been perfect." Staff we spoke with confirmed they knew what action to take should someone in their care, or a relative approached them with a complaint. We also saw evidence of complaints that had been received and how they had been dealt with. Evidence we saw showed that the managing director had offered to meet people if they had raised a complaint to try and resolve the issues. Complaints had been dealt with in line with the organisations' policy. This meant that people could be assured that their concerns had been received.

People we spoke with confirmed they were aware of the complaints procedure and how to access any information around making a complaint. They told us they were confident should they have any issues that these would be dealt with appropriately.

## Is the service well-led?

### Our findings

We received positive feedback about the management and leadership of the service. People told us, "The company is very good I cannot grumble", "The service is very good" and "I'm extremely happy with the service." Comments from relatives regarding the service included, "This service makes the world a better place." And; "We can phone the manager whenever we want."

One health and social care professional told us, "ICRIT came on recommendation from another colleague in my team. I have three people who use this care provider. There have been no care related issues regarding any of these people which has allowed them all to go to annual review." Concerns were raised regarding the quality of record in one person's file.

Staff were complimentary about the registered manager and the management team. They told us they were supported to develop their skills to undertake their jobs effectively and felt they could contribute to the development of the service and feel listened to.

During this inspection we identified two breaches of regulations relating to staff training and development and good governance. This demonstrated that the arrangements for assessing quality and safety required further improvements to ensure they were effective and robust in identifying concerns.

We found concerns in relation to the systems and processes for auditing, training and development records, care plans and staff personnel files to ensure the provider assured themselves that the records were up to date and that staff were completing all the required documentation on people's care. As well as ensuring that they monitored the training needs of their staff and seek training from accredited training providers. We found the quality of care records and the recording was not consistent and robust especially in respect of ensuring details about consent to care and risk assessments had been clearly documented in people's records. Some of these records had not always been audited and we found issues that could have been picked up by regular routine audits. The organisation's policies had not always been followed to ensure compliance with regulation. For example, policies in relation to, staff training, mental capacity and quality assurance policies. This meant that systems and processes for ensuring good governance had not been effectively implemented to maintain, monitor and improve the service.

The provider had failed to maintain good governance. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations, 2014.

The service was led by a manager who is registered with the Care Quality Commission. The registered manager had responsibility for operation of the service. They informed us they worked in the service four days a week and that the managing director was in the service daily. There was a clear leadership structure in place within the organisation. All staff we spoke with were aware of their roles and responsibilities as well as the lines of accountability and who to contact in the event of any emergency or concern. There were up to date policies and procedures relating to the running of the service. Staff were made aware of the policies at the time of their induction and when new changes came into place.

We spoke with the registered manager about the daily operations of the service. It was clear they understood their roles and responsibilities and had an understanding of the operation of the service. This included what was working well, areas for improvement and plans for the future. They were supported in their role by the managing director, a compliance manager, quality assurance officer, and care coordinators.

The senior management from the organisation were actively involved in ensuring the service was compliant with the regulations and delivering good quality care. We found evidence to demonstrate that there was management oversight from the registered manager. For example, staff with delegated tasks had been supervised by the registered manager and discussions had been undertaken on what was expected of the staff and how progress was going to be monitored. Staff had been made aware who they were accountable to. This meant that the service had arrangements in place to ensure staff had clear guidance and lines of accountability.

We saw regular surveys had been carried out to seek people's views and opinions about the care they received. People were also asked to share their views about care staff and the feedback was positive. Where concerns had been raised in the questionnaires, action was taken immediately.

We found the registered manager and/or care coordinators had visited people to review their care and also seek their views on the care they received. The registered manager told us and records confirmed how they monitored the quality of service. These included audits of medicines administration records, competence visits (spot checks), and people's daily records. Spot checks had been undertaken to observe staff's competency on a regular basis. These were in place to check that staff were punctual, wore their uniform and personal protective equipment. They also helped to check if staff stayed for the correct amount of time allocated and the people supported were happy with the service. There was evidence of the measures taken by the provider as a result of the findings from the audits.

We looked at how staff worked as a team and how effective communication between staff members was maintained. Communication about people's needs and about the service was robust. We found meetings and a handover system was used to keep staff informed of people's daily needs and any changes to people's care. Information was clearly written in people's daily records showing what care was provided and anything that needed to be done on the next visit.

We also found a handover system was in place to ensure information relating to people's care was shared between care staff and staff located in the office. For example information relating to changes in people's care visits.

We checked to see if the provider was informing the Care Quality Commission (CQC) of key events in the service and related to people who used the service. We found the registered provider had fulfilled their regulatory responsibilities and statutory notifications were being submitted to the Commission. However we noted that one notification had been submitted more than two months after the incident. We discussed this with the registered manager who informed us that they identified the error and took corrective action to ensure all notifications were submitted in a timely manner. A notification is information about important events which the service is required to send us by law.

We found the organisation had maintained links with other organisations to enhance the services they delivered, this included affiliations with organisations such as local health care agencies and local commissioning group, pharmacies, and local GPs. Challenges associated with working with other agencies had been identified and the service had engaged other services effectively to ensure safe and effective

provision of care service.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure governance systems were robust and systems or processes were not established and operated effectively to ensure compliance. Systems and processes for monitoring the quality of the service had not been effectively implemented to monitor and improve the quality of the service delivered. Regulation 17 HSCA RA Regulations 2014 Good governance</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider had failed to ensure that persons employed by the service provider in the provision of a regulated activity received such appropriate support, training, professional development and appraisal as is necessary to enable them to carry out the duties they are employed to perform. -Regulation 18(2)(a) - Staffing</p>