

## Individual Care Services

# Individual Care Services

### Inspection report

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Date of inspection visit:  
23 May 2019  
24 May 2019  
28 May 2019  
29 May 2019

Date of publication:  
17 June 2019

### 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: Individual Care Services is a domiciliary care agency providing personal care to adults with learning disabilities in supported living accommodation in the community. At the time of our inspection they were supporting 16 people.

People's experience of using this service:

People remained happy with the care and support they received. They had developed positive relationships with staff who kept them safe from harm or abuse.

Staff had the knowledge and skills to support people in the way they wished. Respecting their individuality and encouraging them to remain as independent as possible.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive ways possible; the policies and systems in the service supported this practice.

People had detailed personalised plans of care in place to enable staff to provide consistent care and support in line with people's personal preferences. The risk management plans mitigated any risks identified.

People were encouraged to pursue their interests and live as full a life as possible. They were involved with activities within the community.

People were protected against the risk of infection and received their medicines on time.

There were enough staff to support people in the way they wished, and staff had undertaken recruitment checks which assured people were cared for by suitable staff.

People were supported to maintain good health and nutrition. Information was provided to people in an accessible format to enable them to make decisions about their care and support.

People knew how to raise a concern or make a complaint and the provider had implemented effective systems to manage any complaints received.

The service had a positive ethos and an open culture. The registered manager was approachable, understood the needs of people, and listened to staff and relatives.

There were effective systems in place to monitor the quality of the service and drive improvements.

The service met the characteristics for a rating of "good" in all the key questions we inspected. Therefore, our overall rating for the service after this inspection was "good".

Rating at last inspection: Good (report published August 2016). The rating has remained the same.

Why we inspected: This was a planned inspection to check whether the service had remained Good.

Follow up: We will continue to monitor the service through the information we receive until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service has remained good.

Details are in our Safe findings below.

### Is the service effective?

Good ●

The service has remained good.

Details are in our Effective findings below.

### Is the service caring?

Good ●

The service has remained good.

Details are in our Caring findings below.

### Is the service responsive?

Good ●

The service has remained good.

Details are in our Responsive findings below.

### Is the service well-led?

Good ●

The service has remained good.

Details are in our Well-led findings below.

# Individual Care Services

## 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection was carried out by one inspector.

#### Service and service type:

Individual Care Services is a domiciliary care agency. It provides personal care to people living in supported living accommodation in the community. It provides a service to adults with learning disabilities.

Not everyone using the service receives regulated activity; the Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

The service had a manager registered with the CQC. 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 visit because we needed to ensure there was someone available to facilitate the inspection and to inform the people using the service of the inspection.

Inspection site visit activity started on 23 May and ended on 29 May 2019. We visited the office location on 23 May to see the registered manager and office staff; and to review care records and policies and procedures. We made telephone calls to people, their families and staff on 24, 28 and 29 May 2019.

#### What we did:

We reviewed the information we had about the service which included any notifications that had been sent

to us. A notification is information about important events which the provider is required to send us by law.

We contacted the health and social care commissioners who monitor the care and support the people receive.

Before the inspection, the provider completed 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. The provider returned the PIR in January 2019 and we took this into account when we made judgements in this report.

During the inspection, we spoke with two people who used the service and three relatives. We also had discussions with five members of staff that included three support staff, a fieldwork supervisor and the registered manager.

We looked at the care records of three people who used the service, staff recruitment files, quality assurance checks, staff training and supervision records, safeguarding information and accidents and incident information.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

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

- People continued to be cared for safely. One person said, "I always feel safe, happy with staff." A relative said, "I feel [relative] is safe, they show no signs that they are unhappy."
- There was information about who to contact if people felt unsafe. This was available in a format people could understand.
- Staff knew what signs to look for to keep people safe from harm or abuse and there were up to date procedures in place for them to follow. One staff member said, "The people we support are very vulnerable, it is our duty to protect them, if I had concerns I would report to management."
- The registered manager fully understood their responsibilities to keep people safe and we saw that they had raised concerns appropriately with the local authority and notified the Care Quality Commission as required.

Assessing risk, safety monitoring and management.

- People's risk had been assessed and risk management plans provided staff with the information they needed to manage the identified risk. For example, a risk management plan for someone at risk of skin damage had clear instructions with pictures to guide staff to ensure the person was positioned correctly when in bed or in a chair to mitigate any risk to their skin integrity.
- Fire and health and safety checks were in place which ensured that people and staff were safe in the home environment.
- People had personal emergency evacuation plans in place which meant staff and emergency services knew what support people needed in the event of an emergency.

Staffing and recruitment.

- People continued to be safeguarded against the risk of being cared for by unsuitable staff because there were appropriate recruitment practices in place, which were consistently followed.
- Staff had been checked for any criminal convictions and satisfactory employment references had been obtained before they started to work at Individual Care Services.
- There was enough staff to meet people's needs and the registered manager endeavoured to ensure people were supported by the same staff. One relative said, "There has been a lot of changes with staff, but more recently there are more consistent staff which is important for [relative]."

Using medicines safely.

- Medicines systems were organised, and people were receiving their medicines when they should. The provider was following safe protocols for the receipt, storage, administration and disposal of medicines.

- Staff had received training and their competencies were tested regularly.
- Audits of medicine administration were undertaken regularly which ensured any shortfalls were addressed quickly.

Preventing and controlling infection.

- People were protected by the prevention and control of infection.
- Staff were trained in infection control and there was a policy and procedure in place which staff could access

Learning lessons when things go wrong.

- Accidents and Incidents were monitored, and action taken to address any identified concerns.
- Any lessons learnt from incidents were discussed with staff and action plans put in place to ensure similar incidents did not happen again.



# 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

People's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed before any care was agreed and delivered. This ensured that there was sufficiently trained staff to provide the care and support required.
- People and their families were involved in developing their care plan. One relative said, "I am involved in [relative's] care plan, staff ring me and know to include me. I feel listened to."
- The plans recorded people's preferences, their likes and dislikes, communication needs and their cultural background.

Staff support: induction, training, skills and experience.

- People were supported by staff who were trained, and their training was refreshed regularly which ensured they continued to deliver care following best practice guidance.
- Staff induction procedures ensured they were trained in the areas the provider identified as relevant to their roles. One staff member said, "The training was extremely useful, it guides you how to do the job, makes you aware of things such as recognising early signs of abuse and food hygiene."
- Staff were given opportunities to review their individual work and development opportunities.

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

- People were involved in planning what they ate. One person said, "I choose what I want, the staff cook it for me."
- There was information in care plans instructing staff how to support people who had been identified as being at risk of not eating or drinking enough. For example, preparing pureed food and drinks with thickener in for someone who had difficulties swallowing.

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

- People were supported to live healthier lives and were supported to maintain good health.
- Staff knew the procedure to follow if they found a person needed urgent medical assistance.
- People and their relatives confirmed there were close working relationships with other healthcare professionals. One relative said, "The staff are very intuitive, they know when [relative] is not well, they liaise with the GP and nurses and support [relative] if they need to go into hospital."
- People had Hospital and Communication passports which ensured that health professionals had the information they required to best support the person.

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 with appropriate legal authority. We checked whether the service was working within the principles of the MCA.
- Mental capacity assessments had been undertaken and where people were unable to make specific decisions about their care and treatment appropriate steps had been taken to ensure people were supported in the least restrictive way possible.
- Applications to the Court of protection had been made; the provider was still awaiting outcomes.
- People's consent was sought and when people were unable to give their consent best interest decisions had been made.

# 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

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 continued to be well cared for. The feedback we received from people and their relatives was positive about the care they received. Comments included, "The staff are fantastic." "Staff are very good, they listen and communicate well with [relative]."
- Staff understood people's individual needs. One staff member said, "Everyone is an individual, some people can't verbally communicate, but you know from their actions, such as closing their mouth they don't want any more to eat."
- Consideration was given as to which staff were best suited to support people, for example if they shared similar interests.
- Care plans included how people preferred to be supported and what level of interaction they needed to support their behaviour.

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

- People were listened to and encouraged to make choices for themselves. One person said, "I choose what I want to eat."
- Care plans included information 'About me' which ensured staff knew how to involve people, specifically those people who could not verbalise their views. For example, giving people time and space to complete task and activities.
- Pictorial aids were used to enable people to make choices. For example, pictures of places people may wish to go or food they may choose to eat.
- The registered manager was aware of the need for people's voice to be heard so ensured people had access to an advocate if they needed to have someone to help them speak up about their care.

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

- People's privacy was respected, and their dignity maintained. One person said, "The staff treat me with respect."
- Staff described to us how they maintained people's dignity. One said, "Before I start I make sure the blinds are shut and the bathroom door is closed, I take my time and talk with the person."
- Care records were kept securely, and confidentiality maintained.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.

- People had individualised care plans, which detailed the care and support people wanted and needed; this ensured that staff had the information they needed to provide consistent support for people.
- People who displayed behaviours that may put them self at risk or harm others had plans which guided staff to support them in a way to minimise risks and maintain their choice and control.
- People were encouraged to pursue their interests and be involved in activities within the community. A relative told us that their loved one went out regularly as that is what they most enjoyed.
- People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. For example, communication passports had been developed which meant for one person pictorial information was used to explain things. For another person being able to touch objects and feel textures helped them.

Improving care quality in response to complaints or concerns.

- People knew who to speak to if they had a complaint. One person said, "If I was unhappy I would speak to [name of care worker] they would sort things out." We saw complaints had been reported to the registered manager.
- There was a complaints procedure and information was made available to people in a format that they could understand.
- A relative said, "There were some problems with communication, but since speaking to [registered manager] things have improved, and we have regular contact now."

End of life care and support.

- No one was receiving end of life support at the time of the inspection.
- People and their families were being encouraged to talk about their wishes for end of life care.
- The registered manager informed us that plans were in place for some people who have been happy to express their wishes and that they sought advice from other health professionals as to the best approach to take with individuals.
- Staff undertook training in End of life care.

# 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

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- People were at the centre of everything the service did; the registered manager ensured that people were involved with their care and that staff understood the need to treat people as individuals and respect their wishes.
- The provider and registered manager were focussed on providing the support and care people required to meet their individual needs and promote their independence and choices as to how they lived their lives. The service's mission was 'To give people the confidence and support to maintain a happy, secure and well-balanced life.'
- Staff spoke positively about the people they supported and understood the need to treat people as individuals. One said, "You get to know people and understand them as individuals. Some of the training helps you to put yourself in their shoes."
- The registered manager was aware of, and they and the provider had systems in place to ensure compliance with duty of candour. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- Staff knew about how to whistle-blow and knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they felt they were not being listened to or their concerns acted upon.

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

- Staff were clear about their roles and responsibilities towards the people they supported and felt listened to. They had regular supervisions and 'spot checks' of their work were undertaken which ensured they provided the care and support at the standards required.
- There were effective systems in place to monitor the quality and standard of the service. The provider had established audits in place relating to the running of the service. These included care records, health and safety audits, staff training and medicine administration.
- The registered manager had notified CQC about events they were required to by law and we saw that the provider had displayed the last inspection rating on their website as required.

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

- People and their families completed questionnaires about the service. The questionnaire had recently been revised to enable more people to complete it.

- There was a provider newsletter sent out to people, their families and staff which kept everyone up to date what was going on locally and wider developments.
- People were encouraged to attend user forums which were social events but also an opportunity to share their experiences of the service.
- Regular meetings were held which gave people and staff the opportunity to raise concerns and share ideas.
- Staff were supported to access the training they needed in a way which supported their communication needs.

Continuous learning and improving care.

- The registered manager attended local forums for managers which gave them the opportunity to share best practice.
- New training opportunities were looked for to enhance the training and experience for staff.
- The feedback we received indicated the registered manager was receptive to ideas and strived to build positive working relationships with professionals.

Working in partnership with others.

- The provider and registered manager worked closely with the local authority commissioners and safeguarding authority to ensure the service developed and people remained safe.
- Staff worked closely with other health professionals such as speech and language therapists, community nurses and GPs which enhance the health and well-being of people.