

Icare Solutions Stockport 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

ICare Solutions Stockport Limited is a domiciliary care service providing personal care to people in their own homes. At the time of our inspection there were 70 people receiving personal care. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

We found improvements to the way staff recruitment, safeguarding and service oversight were managed at the service. Staff had undergone safe recruitment checks prior to working at the service. There was a safeguarding policy and procedure in place and staff knew how to identify and report any concerns. We were assured the service employed safe and effective infection prevention and control practices. A medicines policy was in place. Staff had received medicines training and regular competency checks.

Staff underwent an induction and received a programme of training, supervision and competency checks. People were supported to access healthcare and the service facilitated appropriate and timely referrals to other agencies and professionals.

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 received care and support from mostly kind and caring staff. Staff we spoke with talked about the people they supported in a kind and compassionate manner. People were treated with dignity and respect. We have made one recommendation about staff language barriers and a one recommendation about people's gender preferences.

Care plans were detailed and person-centred and written with involvement of people and those important to them. Any changes were reviewed and updated to ensure plans reflected current need. Staff told us they knew people well and were aware of people's needs and their individual preferences for care. We fed back to the registered manager some concerns raised by staff about their ability to access care information on their mobile phones.

Management oversight of the service had improved since the last inspection. The registered manager had addressed the issues from the last inspection. Management systems, such as audits and checks, were regularly used to monitor and improve the service.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 28 June 2021). 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

The inspection was prompted in part by notification of an incident following which a person using the service died. This incident is subject to further investigation by CQC as to whether any regulatory action should be taken. As a result, this inspection did not examine the circumstances of the incident. However, the information shared with CQC about the incident indicated potential concerns about the management of safe care delivery. This inspection examined those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe and well-led sections of this full report.

The overall rating for the service has changed from requires improvement to good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for ICare Solutions Stockport on our website at www.cqc.org.uk.

Recommendations

We have made one recommendation about staff language barriers and a one recommendation about people's gender preferences.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

ICare Solutions Stockport 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector. Following the visit to the location office, an Expert by Experience completed telephone calls to people and their relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure there would be people at the service to speak with us. Inspection activity started on 14 February 2023 and ended on 27

February 2023. We visited the location's office on 14 February 2023.

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 Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We reviewed a range of records. This included 3 people's care records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed. We spoke with 6 people who used the service and 6 relatives about their experience of the care provided. We spoke with 8 members of staff including the registered manager, the care co-ordinator and care staff.

Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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 safeguarding concerns were investigated and reported immediately. This was a breach of regulation 13(1) 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.

- There was a safeguarding policy and procedure in place. Staff had received up-to-date training about how to protect people from harm and abuse.
- Staff we spoke with demonstrated an understanding of the signs of abuse and knew to inform management and what action to take if they had any concerns.
- The registered manager was aware of their obligations to report concerns to the relevant authorities and took action to protect people.
- People told us they felt safe when receiving care and support. One person told us, "I always feel safe with the carers." Another person told us, "The carers are very careful and gentle with me."

Staffing and recruitment

At our last inspection the provider had failed to ensure safe recruitment practice. This was a breach of regulation 19(1) 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 19.

- Safe recruitment practice had been followed to ensure that suitable staff had been employed to care for vulnerable people.
- Necessary background checks had been completed. These checks included DBS checks and references from previous employers. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- People told us they received their calls from mostly regular staff. We received mixed feedback from people about time preferences and timeliness of calls; however, they told us staff would let them know if they were

running late. One person told us, "They're not on time pretty much every day." Another person told us, "They come at the right time and they stay for the time we agreed; they do everything I need."

Assessing risk, safety monitoring and management

- Specific risks to people were identified, recorded and assessed.
- People had individual risk assessments in place which covered a variety of risks, such as bed rails and nutrition. Care plans detailed how staff could reduce individual risk for people.
- People told us staff provided safe care when they were supported. One person told us, "The carers bring the walking frame to the bed and made sure I am safe before mobilising. I always feel safe."

Using medicines safely

- Medicines were managed and administered safely.
- Staff had received face to face training and annual on-line training on safe administration of medicines. The management team carried out annual competency checks to oversee staff were able to safely administer medicines.
- There was a system of audits to check medicines were administered safely. Where any errors had occurred, these had been investigated and actions taken to mitigate any future risk.

Preventing and controlling infection

- The service had an infection control policy in place and staff had received training in the safe management of infection control and food hygiene.
- The provider had COVID-19 risk assessments and contingency plans to help ensure they continued to deliver a safe service.
- Staff told us they had access to PPE and wore this where required. Although at the time of our inspection, government guidance stated staff no longer had to wear face masks, the management team encouraged staff to continue to wear them as good practice. People confirmed staff wore PPE during visits. One person told us, "The carers always wear masks and gloves...they always wash their hands."

Learning lessons when things go wrong

- The registered manager kept an overview of accidents and incidents and took action to reduce any further risks to people.
- Accidents and incidents were analysed and monitored monthly and we saw examples of actions taken to protect people and try to mitigate against any future incidents.
- Staff understood their responsibilities to report any concerns, accidents or incidents. They told us they would report anything they were worried about to the management team.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care and support needs and preferences were assessed prior to receiving a service and delivered in line with their choices.
- Assessments of people's needs were regularly reviewed, and care plans were developed with the involvement of the person and their families.
- People's protected characteristics such as their age, gender, and religion were recorded so staff could meet people's individual needs.

Staff support: induction, training, skills and experience

- Staff received an induction, ongoing training and regular competency checks.
- The training matrix informed us that staff had up to date mandatory training in place. Staff told us they received face to face training at first and this was followed up by annual online learning. Staff also received regular supervision sessions and an annual appraisal.
- The registered manager told us the training package covered standards of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. We received mixed feedback from staff about the quality of the training delivered.
- People and relatives told us they felt staff were well trained. One person told us, "The support I have helps me with things I would find hard to do myself."

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

- People were supported to eat and drink by staff who had received training in nutrition and hydration.
- One person was supported with a feeding tube and staff who cared for the person had received additional, specialised training.
- People who received support with food and drink told us they were happy. One person told us, "The carer checks if I want something to eat or something to drink and she'll do it for me." One relative told us, "The carer makes a sandwich lunch which she leaves with a note on it saying, 'for your lunch', so [relative] knows what it's for."

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

- Staff and the management team worked in partnership with people, their relatives and any healthcare professionals involved in people's care.
- The management team had made referrals to health and social care professionals. This included referrals to the local district nursing services and the speech and language therapy teams.
- Staff told us they knew people well and would always let families and the management team know if they had any concerns so that appropriate referrals could be made. One relative told us, "If there is anything wrong the carers are fully onto it straight away so I can get in touch with the doctor if necessary."

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 MCA 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

- Consent from people was gained before care and support was provided.
- People had signed consent to care and support forms in their care files. Staff were knowledgeable about mental capacity and told us they always gained consent before providing care.
- The registered manager demonstrated their knowledge around consent, legal safeguards and people's power of attorney. At the time of the inspection no-one was subject to a Court of Protection authorisation.

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 our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- People were mostly treated with dignity and respect by compassionate and caring staff.
- People and their relatives were mostly very positive about how kind staff were and how they promoted their independence. One person told us, "I'm a very independent person, so the carers only do the things I can't do." One relative told us, "The carers are fantastic with [relative]; constantly chatting with her and getting her to sing songs she knows. It's so nice to hear. They're genuinely kind and caring."
- Some people and their relatives raised concerns with us about not always receiving care from female carers only, when this was their stated preference. One person told us they had been unable to have a shower as they had not been provided with support from a female carer as specified. They told us, "When we've expressed concerns about not having male carers for personal care in the morning, we've been told there are no females available."

We recommend the provider ensures people receive gender appropriate care wherever possible and risk assessments to be in place where same sex support is unavailable.

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

- People and their relatives were supported to be involved in the care and support they received.
- Some staff told us they had time to sit and chat with people and get to know them and their preferences so they could provide personalised care. Most people told us they did not feel rushed and the carers took time to engage with them whilst providing support. One person told us, "My carer gives me an extra five minutes for a chat, which really helps; it's a boost. There's no rushing in or rushing out."
- Some people, relatives and staff raised concerns with us about language barriers with some care staff and felt that this was a risk to providing safe care.

We recommend the provider ensures people receive care from staff who are able to communicate effectively and understand people's needs.

Ensuring people are well treated and supported; respecting equality and diversity

- People were supported by respectful and caring staff in their homes.
- Information about people's histories and likes/dislikes were recorded in care plans so staff could respect their preferences and choices.
- An equality and diversity policy was in place and staff had received regular training. Staff spoke of the

people they supported in a kind and compassionate manner and were passionate about providing good care.

- People told us they received support from staff who respected them. One person told us, "They [carers] are all very pleasant, which is what you want. I've got one or two really lovely ladies who know what I want without asking as they get used to you."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- People's plans of care were person-centred and written considering people's choices and preferences.
- People and their relatives told us they had been involved in the writing and reviewing of care plans and they reflected people's choices. One relative told us, "We were all there at the care plan meeting and my relative was directly addressed. The care plan reflects what we asked for."
- People had a paper copy of their care plan at their home and staff also had an electronic care application on their mobile phone that held care plan information. However, some staff told us they did not have enough time during calls to always read care plans. Staff told us there was no continuity of information as they could not access the previous staff member's visit notes. We spoke with the registered manager about staff concerns and they gave reassurances the application was fit for purpose and would be looking into the concerns and offering additional training on the system.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager was aware of their responsibilities under the AIS. People's care records contained information about their ways of communicating and their preferred methods.
- The registered manager told us that any information could be provided in other languages and alternative formats such as large print should these be required.
- We saw one person's care plan had been translated into two other languages for them and their relatives.

End of life care and support

- There was an end of life policy in place.
- People's wishes for their end of life care were recorded in care plans.

Improving care quality in response to complaints or concerns

- A complaints policy and procedure were in place and complaints had been responded to in a timely manner.
- We reviewed the complaints file and saw the registered manager had investigated concerns and taken action to prevent reoccurrence.

- Information about complaints was shared with staff as a learning exercise.

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed 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

At our last inspection the provider had failed to ensure systems and processes were operated effectively to ensure compliance with regulations. This was a breach of regulation 17(1) 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.

- Since the last inspection, improvements had been made to the safe and effective governance of the service.
- The registered manager was knowledgeable and understood their responsibilities and requirements of their registration. Managerial oversight of the safety and quality of the service was kept through a series of audits and checks of records and staff practice. For example, regular observations of staff practice and calls to people to check the quality of the service they received. Any issues identified during audits and checks were addressed and managed through action plans.
- Breaches found at the last inspection had been addressed and statutory notifications were submitted as necessary. A notification is a report required by law when certain events occur.

Continuous learning and improving care; 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

- Since the last inspection the registered manager had ensured robust procedures had been implemented investigate and respond to incidents or any concerns received.
- Accidents, incidents and safeguarding concerns recorded, investigated and control measures implemented to reduce the risk of future occurrences.
- The registered manager demonstrated their awareness of their duty of candour and their requirement to be open and transparent if something goes wrong.

Working in partnership with others

- The registered manager and team worked closely with external social care and health professionals to achieve the best outcomes for people.
- The registered manager worked with the local authority and health care teams to share information when

incidents occurred. Where safeguarding and other investigations took place, the management team were transparent and worked alongside the local authority.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was a person-centred culture at the service, and this was reflected in care plans and staff comments.
- The registered manager told us they had an open-door policy and held regular team meetings and staff supervisions to gain feedback. Staff told us the management team were approachable. They mostly felt supported in their role and most staff felt they could report concerns to the office. However, staff told us it was often difficult to contact someone out of hours.
- People and their relatives also told us they felt the management team were approachable. One person told us, "The manager and supervisor have been to the house to check everything's okay. They were both approachable and friendly." One relative told us, "We have occasionally called to cancel visits because my relative is going out. They are always responsive and sort it out; it's all fabulous."
- The service actively sought feedback on people's experiences through regular surveys and phone calls to check the quality of the service. The registered manager told us they aspired to further improve the service and ensure people are provided with the care they deserve.