

Initial Care Services (ICS) Limited

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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?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service:

Initial Care Services (ICS) Limited is a domiciliary care agency. It is registered to provide personal care to people in their own homes, including people with dementia, learning disabilities, autistic spectrum disorder or physical disability. At the time of the inspection visit the service supported one person.

People's experience of using this service:

This was the first inspection of the service. The provider, who was also the registered manager, was new to their role and had not always acted in line with their responsibilities as the registered individual. They had not always followed best practice, or their own policies to improve the quality and safety of the service. The provider had limited understanding of their responsibilities under the Mental Capacity Act 2005 (MCA) and some checks to monitor the quality of the service were not effective. Important events had not been fully managed to mitigate risks to people.

The provider had not followed their own recruitment policy in a timely way to ensure people who used the service were continually protected from staff who may not be suitable to work alone with vulnerable people. They had not ensured all staff had received training in core areas to provide them with adequate experience to do their job effectively.

People were involved in planning their care with support from staff. People had access to support from staff when needed and they were supported to have enough to eat and drink to maintain their well-being. Staff supported people to obtain advice from healthcare professionals and followed safe infection control practices. People received their medicines as prescribed.

People told us staff understood the importance of supporting people with empathy and compassion and people's independence was promoted wherever possible.

People understood how to complain if they wanted to, however issues were not always investigated in accordance with the provider's policy.

We reported that the registered provider was in breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These were:

Regulation 12 Regulated Activities Regulations 2014 – Safe care and treatment

Regulation 17 Regulated Activities Regulations 2014 – Good governance

You can see what action we have asked the provider to take at the end of this full report.

Rating at last inspection:

This service was registered with us on 26 March 2018 and this is the first inspection.

Why we inspected:

This was a planned comprehensive inspection that was scheduled to take place in line with Care Quality Commission scheduling guidelines for adult social care services.

Follow up:

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will also meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work alongside the provider to monitor their progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

For more details, please see the full report which is on the CQC website at 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Initial Care Services (ICS) 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. 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: There was one inspector in the inspection team.

Service and service type: Initial Care Services (ICS) Limited is a domiciliary care agency. It provides personal care to people living in their own homes, including people with physical disability. CQC regulates the personal care provided.

The service had a manager registered with the Care Quality Commission. The manager was also the provider. This means they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection: The inspection was announced. We gave the service four working days' notice of the inspection because we needed to be sure the registered manager and other staff would be available to speak with us.

Inspection activity started and ended on 11 June 2019 when we visited the office location to meet with the registered manager, speak with staff; and to review care records and policies and procedures.

What we did before the inspection: We looked at the information we held about the service and used this to help us plan our inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection: We spoke with the registered manager, who is also the provider for the service and a member of care staff. We also spoke with another member of care staff and two representatives of the person who received care from the service, by telephone.

We reviewed a range of records. This included, one person's care records, including risk assessments and medicine records. We looked at three staff personnel files, including recruitment, induction and training records, records of complaints and management audits and checks.

After the inspection: We spoke with two health care professionals about their experience of the service. A health care professional is someone who has expertise in areas of health, such as nurses or consultant doctors.

Is the service safe?

Our findings

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

Requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Important events had not been fully managed to mitigate risks to people. For example, the provider had not assessed potential risks of a missed care call in November 2018. They had not fully investigated the risks to the person, including not receiving their medicine or meal. The provider explained what action they had taken following the event to ensure the person's safety. However, these actions had not been recorded so it was difficult to see what learning had taken place following the event and how the person had been protected.
- Not all risks to people's safety had been identified and managed. In addition, some risks assessments were not detailed and did not include sufficient information to protect the person's safety. For example, a person was assessed to be at high risk of skin damage, however there was no guidance for staff about how to reduce the risk of this happening.
- The provider had not ensured all staff had received training in core areas to ensure they had adequate experience to do their job safely, such as supporting people to move safely.

This is a breach of Regulation 12 HSCA RA Regulations 2014. Safe care and treatment.

Systems and processes to safeguard people from the risk of abuse

- On the whole, people felt safe care was provided. However, one person explained how they felt care staff should have acted more quickly following an event which called into question a person's safety.
- Care staff understood they could report their concerns to the provider and felt assured these would be taken seriously. However, only one member of care staff had received training about the different types of abuse. The provider was aware of this and gave us assurances they would arrange training for other staff before the end of July 2019.
- The provider told us they understood their legal obligation to report any safeguarding concerns to the relevant authorities and send us statutory notifications to inform us of any events that placed people at risk. No statutory notifications had been sent since the service was registered. We discussed the importance of the missed care call with the provider and they sent a statutory notification to us following our visit.

Staffing and recruitment

- We reviewed care staff's recruitment files and found the provider had not followed their own recruitment policy in a timely way to ensure people who used the service were protected from staff who may not be suitable. We found one member of care staff did not have a criminal record check and references to confirm their suitability to work alone with people, for over two months from the start of their employment. The provider explained they were aware it was their legal responsibility to make these checks and agreed they should have been done prior to the staff member starting work. However, checks and references were in

place for all staff at the time of our visit.

- People told us there were enough staff to provide support when it was needed.
- The provider explained staffing levels were worked out in advance and were dependant on the needs and wishes of the person who used the service.

Using medicines safely

- People we spoke with told us medicines were administered as prescribed. However, an additional medicine was also being administered and there was no homely remedy policy in place to assess the risks of administration. We discussed this with the provider who assured us they would obtain guidance and ensure the person's records were updated to protect them.

Preventing and controlling infection

- Care staff understood and followed safe infection control practices. Staff had access to and used personal protective equipment, such as gloves and knew how to minimise risk of infection.

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.

Requires Improvement: This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The provider had not ensured care staff had received training in core areas to ensure they had adequate experience to do their job effectively. One member of staff explained they received their training from another service they were previously employed by and this provider carried out regular observations of their practice to ensure their skills were satisfactory. Another member of staff had undertaken some electronic training, however had not covered core areas such as the Mental Capacity Act 2005, safeguarding vulnerable adults or how to move people safely. We discussed this with the provider who confirmed they were aware it was their responsibility to ensure staff had access to training from the start of their employment, to enable them to deliver safe and effective care to people. They gave us their assurances they would arrange training for care staff before the end of July 2019.
- The provider had only recently supported care staff to start working towards the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. The Certificate usually forms part of an induction process and is completed by staff at the start of their employment. Staff had not completed the Certificate, despite being employed by the service for several months.
- The provider checked care staff's performance, however care staff told us they did not have regular meetings on an individual basis with their manager. However, they told us because they were a small service, they spent a lot of time talking to each other and were able to obtain support in this way. This meant the provider had not always followed national guidance or best practice when supporting staff.

Ensuring consent to care and treatment in line with law and guidance

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.
- The provider had identified one person had a legal representative to support them to make some decisions. However, they had not fully assessed if the person required additional support to make other important decisions in their best interests. The provider agreed to obtain further guidance in this area and to review the person's care plan during June 2019.
- Not all care staff had received relevant training in this area. However, they could tell us how they obtained the person's consent and supported them to make their own decisions on a day to day basis, by talking with them and explaining how they would support them.

Supporting people to eat and drink enough with choice in a balanced diet

- Care staff prepared meals in line with the person's choices and made sure they had fluids available in between care calls.

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

- People felt confident staff understood their relative's care and support needs. Care staff were aware of the person's likes and dislikes and knew them well.
- Needs were assessed in the person's care plan. They had been asked about their protected characteristics in accordance with the Equality Act 2010. For example, age, disability, religion or beliefs etc. The assessment included care and support needs, personal preferences and how and when the person wanted their care delivered.

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

- Where a need was identified, referrals had been made to healthcare professionals such as the GP or community nurse, for further advice about how risks to health could be reduced to promote wellbeing.
- People told us care staff kept them informed of any changes to the wellbeing of the person who used the service.

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.

Requires improvement: This meant people did not always feel well-supported, cared for or treated with dignity and respect.

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

- People told us individual staff were kind and caring, however, the providers systems did not always ensure people were safe.
- People said staff respected the person's preferred ways of doing things and staff worked to accommodate their wishes.

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

- Staff spoke confidently about how they supported the person to make every day decisions about their care. Staff understood how the person preferred to communicate.

Respecting and promoting people's privacy, dignity and independence

- People told us care staff acted in a way that maintained people's privacy and dignity.
- Staff explained how they supported one person to be independent and remain in their home, because they knew this was important to them and improved their wellbeing.
- The provider ensured people's personal information was treated confidentially. Records were locked away and could only be accessed by authorised staff. People had a copy of their own care plan which meant they had access to information about them at any time they needed it.

Is the service responsive?

Our findings

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

Requires improvement: This meant people's needs were not always met.

Improving care quality in response to complaints or concerns

- There was a complaints procedure which was accessible to people.
- People told us they could raise concerns without feeling they would be discriminated against.
- We viewed records of complaints made about the service since it was registered in March 2018. There was evidence of one verbal complaint, however the record was not detailed and it had not been investigated in accordance with the provider's policy. The provider explained what steps they had taken following the event to ensure the matter was resolved to the complainant's satisfaction. However, there were no records of actions taken so it was difficult to see what learning had taken place following the event and how the service had been improved. The provider assured us in future they would fully record any issues and investigate them in accordance with their policy.

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

- People were positive about how responsive care staff were. One person's representative explained how a member of care staff had developed a good relationship with the person and knew their preferences well and this had improved the person's wellbeing.
- Staff knew people well and told us how they identified if people's needs had changed or if they needed additional support.
- The provider carried out an assessment of people's needs prior to them starting to use the service. The provider met with the person, their relative and other parties involved in the person's care to discuss their daily routines and their expectations of the service. This information was then used to develop the care plan.
- Care plans contained personalised information specific to the individual.
- The Accessible Information Standard (AIS) is a legal requirement for providers to ensure people with a disability or sensory loss can access and understand information they are given. We looked to see how this standard was being met. There was information in the person's care plan about how they communicated and how staff could support them to understand information. The provider told us if information was needed in particular formats, they would ensure these were made available for people.

End of life care and support

- At the time of our inspection, nobody was receiving end of life care. However, the provider explained that if this was required the service would liaise with other healthcare professionals to ensure people received the right care and support.

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.

Requires improvement: This meant the service management and leadership was inconsistent. The leader and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Systems in place to monitor and improve the quality of the service had failed to identify the provider had not followed safe recruitment and staff management practices. They had not ensured people who used the service were continually protected from staff who may not be suitable to work alone with vulnerable people. They had not followed their own disciplinary procedures relating to staff conduct.
- Systems to monitor the service had failed to identify that a member of staff had not received the core training they needed to meet individuals needs safely at the start of their role. The provider had not acted in line with their responsibilities as the registered individual, as they assured us they would do when they were initially registered with us and as stated in their provider information return. For example, they had not ensured staff had access to an induction including important training which they had said would be arranged with an external trainer at the start of staff's employment.
- The provider had limited understanding of their responsibilities under the Mental Capacity Act 2005 (MCA). They agreed to obtain further guidance in this area and assured us they would act straight away to update the individual's care plan and ensure their legal rights were upheld in accordance with the MCA.
- There were systems in place to monitor the quality of the service, however some checks were not effective because they had not identified issues we found during our inspection visit. For example, the medicine audit had not identified a medicines error on the day a care call was missed.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, Good Governance.

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

- The provider was also the registered manager for the service and therefore worked in isolation so there were no independent reviews of the service's systems or important events which may occur. The provider had limited support to manage the service. They explained they sometimes took human resource advice from an external company and another external company had provided policies by which they operated the service.
- People told us they felt the provider lacked management experience. One person told us, "I am not overly impressed with the manager I feel they are new at running a service." However, care staff told us the provider worked in a flexible way and they felt happy to approach them with any concerns.

- Staff told us they shared information about the person's needs by talking to each other and recording information in the person's daily records and a communication book. Care staff told us they contacted the provider if they had any concerns.
- The provider had not sent any statutory notifications to us reporting important events or incidents which had occurred within the service. We discussed their legal obligations and they explained they had not sent us a notification following the missed care call because they did not feel the person had been at risk of neglect. The provider has sent a statutory notification of another event, following our inspection visit.
- The provider was aware of their duties under the new general data protection regulations and information was kept securely.

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

- The service was small so there were limited ways people could share their experiences and opinions. The provider explained how they obtained regular feedback from people by talking with them about their views of the service and recording these on their care plan. They told us they made improvements following receipt of feedback. We saw changes had been made to one person's care following feedback from them at a review of their care.

Working in partnership with others

- The provider had worked with the local authority and other professionals to meet individual's care needs.
- The provider information return did not reflect our findings of the service during our inspection visit. For example, the provider had stated, 'Employees must have appropriate training required to carry out their duties safely...Active employees will continue to embark on attendance of regular update courses for their professional development.' We found staff had not attended any training events organised by the provider.

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 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not assessed and taken action to mitigate all risks to people's health and safety. They had not ensured all staff had the qualifications, competence, skills and experience to provide care safely.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that systems or processes were established and operated effectively to assess, monitor, improve and mitigate the risks relating to people's health, safety and welfare.</p>