Leicester City Council

Integrated Crisis Response Service

Inspection report

Neville Centre
Leicester General Hospital
Leicester
Leicestershire
LE5 4PW

Tel: 01164545422

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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?	Outstanding
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place between 20 and 22 December 2017 and was announced.

Integrated Crisis Response Service (ICRS) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, younger disabled adults and supports family members such as children. At the time of our inspection there were 35 people using the service. The service was managed by the registered manager who employed a team of care coordinators, assessors and support staff and they worked with healthcare professionals to meet people's needs. People's packages of care varied dependent upon their needs.

This was our first inspection of the service since they registered with us on 27 April 2016.

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.

People were involved in decisions made about their care and influenced the frequency and level of support needed. People's needs were assessed and risks were managed and monitored to ensure they received person centred care that helped them to achieve their independence and wellbeing.

The registered manager, care manager and staff team were highly motivated and demonstrated an excellent commitment to providing care which put people at the heart of everything. ICRS staff team worked with other health care professionals and ensured a coordinated approach in the delivery of care and support which had a positive impact on people's quality of life.

Staff worked closely with health care professionals to provide joined up care to improve people's quality of life and independence.

Staff were recruited safely. Staff were trained in safeguarding and other relevant safety procedures to ensure people were safe and protected from avoidable harm and abuse. Staff team knew how to keep people safe and report any concerns or incident. There were enough staff to support people.

Risks to people were assessed and effective and comprehensive care plans were put in place to minimise those risks. Staff were trained and knew how best to support people to reduce risk whilst they empowered people to be more confident to be as independent and safe as possible.

People and health care professionals without exception consistently spoke positively about staff's professionalism, skills and knowledge in how they were supported. Staff worked flexibly to ensure people's needs were met. Staff team were valued and well supported and supervised by the management team. Staff

were encouraged to influence the development of the service and people's care. Staff followed best practice guidelines that met people's needs and successfully supported people with their independence to stay in their own homes.

People were supported with their medicines in a safe way and their health and dietary needs were met. Staff worked with health care professionals to ensure people healthcare needs were met. People were supported to access health care services when required.

People were involved and made decisions about all aspects of their care. They were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People told us staff were kind and caring. Staff had developed positive relationships with people, and valued each person as individuals. Staff knew how to maintain people's privacy and dignity and promoted people to be as independent as possible.

People spoke positively about the difference made by ICRS staff team which had an enhanced sense of well-being. Staff provided continuity of care and worked in a flexible way so that they could meet people's needs in a person centred way. People's quality of life had improved because staff worked innovatively and in partnership with other healthcare professionals to enable people to live independently and meaningful lives. ICRS worked other departments such as health, social, housing, education and support services to ensure people received joined up care and support. Assistive technology and equipment such as telephone reminders, pendant alarms and equipment to promote people's safety were easily accessible.

People knew how to make a complaint and were confident that their complaints and concerns would be listened to and action taken. People and staff had confidence in the registered manager and care manager, and both were approachable and supportive.

The registered manager provided leadership and was meeting their regulatory responsibilities.
The provider had effective systems in place to ensure people received safe and well organised service. Robust quality audits and checks were carried out to monitor the service, identify potential areas for improvements and action was taken to improve these.

People's views and the opinions of their relatives and staff were sought in a number of ways and this was acted on. The management team ensured lessons were learnt and improvements were made within the service. They also influenced improvements made within the in-house departments and external services such as the hospital discharge team. This collective approach enabled the quality of service provided by ICRS and relevant healthcare professionals to be responsive and continuously drives improvements so that people who need urgent or crisis health and social care support.

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.

People were protected from abuse as systems and processes were in place which were understood by staff and acted on. Staff were trained in safeguarding and safety procedures.

Risks associated to people's needs were assessed and managed. People's care needs were met safely and where required equipment and assistive technology was used to promote people's independence. People received their medicines in a safe way.

Staff were recruited safely and there were enough staff to provide care and support to people when they needed it. The provider ensured lessons were learnt from events such as accidents and incidents and improvements were made when things went wrong.

Is the service effective?

Good

The service was effective.

People's needs were involved and made decisions about all aspects of their care that ensured their needs were effectively met. Staff sought people's consent and their human and legal rights were respected.

People received support from a highly motivated staff team. Robust systems provided staff with on-going training, support and supervision to ensure they always delivered a high standard personalised care and support.

People's dietary needs were met. People received joined up care from ICRS staff and healthcare professionals that ensured people's ongoing health and social care needs were met. Best practice and innovation in ways of supporting people had successfully promoted people's independence.

Is the service caring?

Good

The service was caring.

People were cared for by kind and compassionate staff. They knew people they cared for well and communicated with them respectfully and in a way they would understand.

People were encouraged to make decisions about their daily lives and the support they received. People's diversity, backgrounds and values were respected and celebrated.

People's privacy, dignity and independence needs were understood and respected by staff.

Is the service responsive?

Outstanding ☆

The service was exceptionally responsive.

People's needs were comprehensively assessed; they were involved in the development and review of their plan of care. People received person centred care. Care plans reflected people's needs, diversity and considered the impact on other aspects of their lives.

The ethos and approach to care was based on best practice and guidance to promote and enhance people's quality of life and independence. Information was available in accessible formats. Policies, procedures and information was reflective of legislation and guidance to promote and respect equality and diversity.

Staff promoted equality and diversity and respected people's values and backgrounds. Staff were highly motivated, flexible and had strong focus on providing person centred care. People received care and support that was coordinated and timely which enhanced their wellbeing and quality of life.

People knew how to complain and were confident that any concern would be dealt with appropriately. Complaint procedure was followed and outcomes used to drive improvements. Feedback was used to drive improvements internally and across healthcare services involved in delivering joined-up care.

Is the service well-led?

Good ●

The service was well led.

The registered manager, care manager and staff were committed to the visions and values of the service to provide high quality care and support. The culture within the service was open and transparent. The registered manager and care manager led by example and inspired the staff to provide the best possible person centred care and experience for people and their families.

The organisational structure provided staff with strong leadership and support. People were at the heart of the service. Feedback about the service was continuously sought to improve the service. Quality assurance systems and processes were effective and used to drive improvements.

Integrated Crisis Response Service

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 checked 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 site visit activity started on 20 December 2017 and ended 22 December 2017 and was announced. This service provides personal care to people living in their own homes. It provide a service to older people, younger adults and children who may also have physical disabilities and other health conditions. We gave the service 48 hours' notice of the inspection visit because the location provides domiciliary care service and we needed to be sure that someone would be at the office. This inspection was carried out by an inspector.

We reviewed the information we held about the service and notifications we had been sent. Notifications are changes, events or incidents that provider is required to send us by law. We contacted the health and social care professionals, Healthwatch Leicester and commissioners at Leicester City Council that find care for people to obtain their views about the service. We used information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. This information to make our judgement.

The inspection was informed by feedback from questionnaires completed by 10 people who used the service, two relatives, three health care professionals and 21 Integrated Crisis Response Service (ICRS) staff. The responses and comments from all were very positive and reflected the commitment of ICRS staff to enable and empower people to be as independent and safe as possible in their own home.

We visited the service on all three days and also visited a person at home with a member of ICRS staff and

spoke with their relatives. We spoke with seven people and seven relatives on the telephone to gather their views and experience of the quality of service provided. We spoke with the registered manager, care manager, 11 ICRS staff which consisted of assessors, coordinators and support workers. We spoke with six health care professionals who work with ICRS and the lead officer for Leicester Clinical Commission Group.

We looked at the care records for six people. These included care plans, risk assessments and records relating to the care and support provided by the service. We looked at recruitment and training records for four members of ICRS staff and records relating to how the service monitored the quality of service, complaints, meeting minutes and some policies and procedures.

We asked the provider to send statistical information about people's ongoing support after their package of care provided by ICRS ended. We received the requested information. We sought the views of care providers that worked with ICRS when people's package of care was transferred between services. The feedback we received about ICRS was positive.

Good

Is the service safe?

Our findings

Everyone we spoke with consistently said they felt safe and protected by the staff team and that their needs were met in a safe way. We asked one person what feeling safe meant to them, they said, "[ICRS staff] looks confident and professional at helping me The first visit she explained how they would help me and instantly made me felt at ease." Another person said, "I've had different carers and their approach is the same. They recognise my weakness to sit up and help me in the same way" and "I've never been made to feel uncomfortable or afraid."

Relatives all agreed that their relative received a safe and well organised care and support. They all spoke positively about the staff and steps taken to support their family member remain safe at home. A relative had been given an information booklet which included information about the complaint procedure, safeguarding procedure and contact details of the relevant external agencies. A relative said, "Before mum came home [from hospital] a profile bed was delivered, which meant the risk of her falling out of bed is reduced. She is safe and the carers will let me know if she's not well."

The provider had effective adult and children's safeguarding systems, policies and procedures in place to manage safeguarding concerns. Staff had received safeguarding training and other training related to safety such as reporting incidents and accidents. They understood what procedures should be followed if they suspected or witnessed abuse. This included contacting external agencies such as the Police and Care Quality Commission. A staff member told us, "If I had any concerns I would report it to [care manager]. The manager is part of the daily meeting we have with the nurses, so if there is any safeguarding issue then it's raised and dealt with by the management."

Feedback from commissioners that confirmed that people received a person centred care whereby they made decisions about their care and encouraged positive risk taking to stay safe. One person continued to live independently as their mobility had improved to move around and used the fitted grab rails to stand up.

The provider had a proactive approach to managing risks to people who used the service. People told us they were fully informed about how ICRS could support them. People told us that the staff team were highly motivated and consistent in their approach to support them to stay safe. One person said, "I was able to come home early [from hospital] because I was assured that a package of care to support me to regain my independence was in place." Another person told us the frequency of visits would change as they became more independent and mobile.

A range of risks to people's wellbeing and safety had been assessed. These looked at all aspects of the person's needs such falls, medicines, mobility, capacity and risks within the home environment. Assessments took account of people's diverse culture, communication and the number of staff required had been taken into account. Comprehensive care plans were developed which guided staff on how to support people. These included equipment to be used and the role of other healthcare professionals to meet specific health needs. These were reviewed regularly and care plans were amended promote people's safety

and freedom.

The provider took account of best practice and used technology to empower people to stay safe, for example, grab rails fitted, wrist or pendant alarms used and telephone reminders to prompt people to take their medicines. Some people had a key safe fitted. A key safe is a secure method of externally storing the keys to a person's property, which helps to maintain people's safety within their homes whilst enabling staff enter and leave safely.

We visited a person at home with an ICRS assessor. The person described what help they needed and how risks about their safety would be managed. The ICRS assessor answered all their questions and also described a range of assistive equipment available to promote their independence. The person declined such items of support. When we raised this with the care manager that ensured all staff had access to leaflets and pictures of equipment to help people understand what these items looked like such as size and how it would help them.

Staff we spoke with described how they supported people to stay safe and encouraged positive risk taking to enable people to maximise all aspects of their lives. A staff member told us that they supported a person to complete daily exercises prescribed by the physiotherapist to enable them to build their confidence and strength to move around safely and ultimately achieve their independence. This person's progress had been reviewed regularly, their care plan amended as the frequency of support was reduced as they could do more for themselves.

ICRS shared the office premises with healthcare professionals, which was secure and well maintained and private rooms were available for confidential meetings. Staff had access to a range of information about health conditions, side effects of medicines and policies and procedures. Contact details for external support services such as advocacy services, counselling and other support networks were also available. These included housing, education and health and safety department. Their business continuity plan provided guidance to follow in the event of an emergency.

Safe recruitment procedures were followed that ensured staff were suitable for their role. Background checks carried out on staff included a police check, two references and proof of identity. The probation period in place also ensured the new staff were suitable as they were supported and their work was monitored closely. The registered manager assured us that people's safety was further protected as the provider had robust disciplinary procedures in place.

There were enough staff employed by the service to ensure people were safe and received the care they needed. One person said, "I've had more or less the same carers. Faultless as nothing phased them and they all help me in the same way." A relative said, "I have no concerns about staffing."

Staff team were diverse and understood people's backgrounds, language, faith and cultural diversity which supported the information in the PIR. Staffing was responsive and where possible supported people from similar backgrounds for the duration of package of care. People told us this approach had improved their confidence to being supported. For one person it meant they could speak with staff in their first language which was not English.

People's needs were met by staff who worked flexibly and tailored support for each person. Staff used the electronic care call management system which contained details of the support each person required and specific requirements such as their first language. Each time the system was updated with any changes to people's needs or times of calls an alert was sent to staff's mobile phones. The care manager monitored the

staffing and managed any difficulties to ensure that people received the care they needed.

A person whose package of care included support with their medicines told us they received their prescribed medicines on time. Care plans included details of the medicines, frequency and how they preferred to take their medicines. Medicines records we viewed for this person confirmed that medicines were administered correctly and within the agreed timescales.

Staff were trained to support people with their medicines and their competency assessments were undertaken regularly. The provider had a medicine policy, which referred to the National Institute for Health and Care Excellence (NICE) of good practice. Staff knew what action they should take if they had any concerns or a medicine error happened. There was information about the side effects and symptoms staff should look for should they need to seek medical advice. Our findings confirmed the information documented in the PIR with regards to the robust medicines management system.

People told us that staff wore protective clothing and followed infection control procedures to keep them safe. One person told us that staff wore shoe covers which they felt promoted their family's safety as risks were further reduced. Staff were trained and followed infection control procedures. Staff team told us they had enough protective clothing and hand sanitising products. Staff practices were checked during the unannounced spot checks. These measures supported people's safety.

Staff understood their responsibilities for raising concerns around safety and reporting any issues to the management. The registered manager and care manager were aware of their responsibilities to report concerns to the relevant agencies. All incidents were recorded and the actions taken to keep the person safe. For example, equipment used to move a person had been identified as faulty and replaced within 24 hours of it being reported. Records showed investigations into safeguarding, incidents and accidents were completed thoroughly.

Internal systems were used to record all incidents were used in a proactive way to identity any trends so that action was taken to prevent it from happening again. Lessons learned were acted on and shared promptly with ICRS staff and where appropriate, with healthcare professionals involved in people's care. For example, staff had requested additional visits from healthcare professionals where people's safety was of concern.

The care manager explained they had influenced improvements with external services such as the hospital discharge team to ensure lessons learnt were acted on. This showed a collaborative approach to improving care people received. For example, the quality of essential information about people referred to the service had been improved. As a result there was a reduction in the number of people re-admitted to hospital and those people supported by ICRS had made significant progress to being independent.

We spoke with people who used the service, health care professionals and commissioners about the impact of ICRS on people that required urgent health and social care support. All were consistently positively about the difference and the benefits ICRS had made. One person told us that the joined up worked meant people's health and wellbeing improved and resources were managed effectively such as finance and involvement of healthcare staff.

Good

Is the service effective?

Our findings

The registered manager and care manager looked at new research, current best practices and used the guidance to drive improvements to the service delivered. They worked closely with healthcare professionals and partner agencies such as the hospital discharge team and contributed the development of best practices through good leadership. For example, the care manager observed the hospital discharge procedure and reviewed the discharge information to identify ways to improve this process and enable people to received effective care.

The registered manager and care manager had developed procedures and systems to ensure people that were referred to ICRS for support were appropriate. People were referred to ICRS from hospitals, healthcare professionals in the community and people in an acute or crisis situation where appropriate. 'Crisis' meant that no other health or social care service was available and could result in the person being left at risk.

Assessments completed by health care professionals were shared with ICRS team. A further assessment carried out by an ICRS assessor ensured the support identified was appropriate and that equipment was in place to manage any potential risks. These visits took place within two hours from receipt of the referral as most people only required support for a short period of time or until they were independent and able to look after themselves.

People and their relatives all told us that they had been involved in the assessment process. Their views about how they wished to be supported had been taken into account to develop the care plan. These were comprehensive, and took account of people's diverse cultural, lifestyle needs, routines and communication. Staff told us that care plans were detailed as they clearly identified the role and the support provided by other healthcare professionals. This helped to ensure the person's needs were met effectively and in a coordinated manner.

People told us they received care from staff team that were knowledgeable, trained and highly motivated to enable people to regain their independence. A person said, "I told them what help I needed and they do exactly that. They [staff] know how to support me so I'm able to do more for myself. It's taken the pressure of my [spouse]" "They are definitely trained and very confident in how they help me" and "Although they are different individuals, their approach is the same in helping me, they've given me confidence in my ability; they do a fantastic job."

Training was tailored to their individual learning needs. Training topics covered were extensive, which included health and safety, person centred care, nutrition and training on different health conditions. Staff described how they had put into practice the training for example two staff supported a person to move using a hoist and followed infection control procedures by wearing gloves and aprons. Health care professionals provided additional training to staff who supported people with specific health conditions such as diabetes, Parkinson's, and to rehabilitate after surgery. A comment made in the staff survey said "I am new to ICRS and the induction has been fantastic. The team I work with and the management are friendly and accessible. I feel I have now become part of the ICRS family." Staff practices were observed

through unannounced spot checks and feedback from health care professionals and people who used the service.

There were robust systems in place to provide staff with on-going support, regular supervision and appraisals. Supervisions were comprehensive and covered areas such as current best practices, feedback on their performance and personal development to work more effectively. A staff member said, "I get a lot of support from [care manager]. Supervisions and spot checks are regular. I can discuss any issue with her; she motivates you and will always help you." Another staff member told us, "I've already done my NVQ 3. I get the training updates when it's due and even in my supervisions I'm asked if there's any other training I need. I think we are lucky with amount of good training we get."

People's dietary needs were met and they were supported to stay healthy. A person told us staff prepared a meal of their choice. A relative said, "[Staff] heat the meal that [my relative] wants for lunch and will leave a hot drink, glass of water and a snack before they leave."

People's nutritional needs had been assessed and care plans reflected their dietary needs and any food tolerances or cultural dietary requirements. People were encouraged by staff to eat healthier diets to promote good health as recommended by healthcare professionals. A record was kept of the amount of food and drink a person had consumed. Records showed that the people had been referred to the dietician or their GP for further advice and assessment.

Staff were trained in good food hygiene procedures and their practices was monitored during the unannounced spot checks. Staff were provided with a range of information with regards to nutrition. These included nutritional needs to meet religious and cultural diets, recognising symptoms and signs of dehydration and food tolerances. Where people had specific nutritional needs, care plans included guidance on how to prepare meals such as soft meals for people with swallowing difficulties and supporting people who received their food through a feeding tube.

One person's received support from the service because they had lost significant weight due to ill health. Their nutrition and hydration care plan included guidance provided by the dietician about fortified meals, drinks and snacks that should be encouraged and should be weighed weekly. The records of food and drink consumed and weekly weights had been monitored by the dietician. The support had had a positive impact on the person's health as their weight had increased.

The PIR stated the ICRS staff worked with healthcare professionals and commissioners that ensured people received joined up care. This supported the survey responses received from health care professionals. Health care professionals we spoke with said, "We really do provide joined-up care and so many people living in Leicester have benefited because of ICRS" and "This is an absolutely fantastic service which integrates services around the patient. They interact with community nursing services as well as GP to ensure that the right care is delivered to the patient."

People spoke positively about the coordinated approach of services to provide their package of care. One person said, "I was able to go home [from hospital] early because I would have the support that I needed. When I came home I had a hospital bed delivered and set up. The carer and the nurse both came a short while later to help. It's a fantastic service and more people should use it." A relative said, "[ICRS staff] managed everything for us before [my relative] was discharged from hospital; from sorting out her medicines to having the carers who could speak Gujarati [person's first language] coming in."

The care manager was passionate about person centred care and said, "It's important that together we

provide a seamless service; communication is more effective, clearer and accurate and we focus on the needs of people. We continue to develop our service as does the hospitals and health professionals we work with. Our role is to support people in an emergency or crisis and provide support when no other agency can. I think we do this really well."

Staff survey responses received were all positive about ICRS providing effective coordinated care. A staff member's commented "This service is a very good bridge between the hospitals and the social care assistants to reduce hospital beds being occupied and the ambulance service." That demonstrated that ICRS staff and healthcare professionals always had people at the centre of their care.

People were supported to access to healthcare professionals and staff were vigilant to changes in people's health. Any changes in people's health were recognised quickly by staff and prompt and appropriate referrals were made to healthcare professionals. Care records showed people's social and health care needs were documented, their progress monitored and reviewed regularly for the purpose of improving the person's quality of life and independence.

Staff ensured that people's home environment and layout where care and support would be provided was suitable and documented in their care plans. Staff were able to request specialist equipment so that staff could support be effective in helping people regain independence and daily living skills. These included perching stools so that people could wash or prepare drinks. Assistive technology and equipment such as telephone reminders and alarms were able easily accessible to help promote people's independence.

The registered manager and staff all understood their responsibility under the Mental Capacity Act 2005 (MCA). 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 procedures for this in community settings are called the Deprivation of Liberty Safeguards and are granted by the Court of Protection. At the time of our visit everyone was able to make decisions about their care and support.

People were involved in all decisions made about their care and confirmed that staff sought their consent. A person said, "The carers always ask me nicely before doing anything." Staff had a good understanding of people's rights and confirmed consent was always sought. We observed this to be the case during a home visit with a member of staff.

We found MCA procedures were followed as people received the support they needed and their rights respected. A social worker confirmed that ICRS staff understood what action to take if they had concerns about people's capacity. Care records showed that the decisions people made had been documented and reviewed regularly as people's needs changed. The provider's policies and procedures took account of the legislation, guidance and the Equality Act. This process ensured the people who used the service and staff were not discriminated against their sex, race or sexuality, amongst others.

Good

Is the service caring?

Our findings

People and their relatives, without exception, were very happy with the staff and the care and support provided. People's comments included, "The staff are fantastic; very caring" "The staff are patient and have a genuine love and care for people" and "It's a fantastic service, carers are perfect; rated A1. They are kind, friendly and help you in the nicest possible way." These comments were consistent with the survey responses received, one stated, "I would like to thank all people that have come to my home. They have been very good to me" and "The service received was much appreciated and helped hugely in lifting my spirits and motivation." This comments showed the staff team provided both physical and emotional support when needed.

People told us that they had developed good relationships with staff and consistently positive about their caring attitude. One person described staff as 'kind and highly motivated about caring for people'. Another person said, "The staff are very patient and there is a lovely sense of caring for people which is at the heart of everything they do."

People's choices in relation to their daily routines and activities were respected by staff. For one person it meant their care call times were altered so that they observed their faith. Another person spoke with fondness about the staff team and said, "They have made a difference to my life; with their encouragement I'm more confident and able to things for myself again. Thank you." This was an example of the positive impact ICRS staff had had on the person's ability, confidence and their quality of life.

The registered manager and care manager recognised the importance and value of good advocacy and people's opinions and feedback. There was a person centred approach to everything ICRS offered. People were supported in a number of ways to be involved and express their views individually or using a relative or advocacy support. People were sign-posted to external support services and local self-help groups to enhance their quality of lives. These included charities, Alzheimer's society and support networks such as LGBT community.

People were supported by staff that understood their care needs, their diverse culture and lifestyle and people who were important to them. Care records included the person's life history, communication needs, why they were referred to ICRS and their expectations of the service. Care plans were personalised and reflected the decisions people had made and how they wished to be supported. Staff team felt the care plans provided a good insight about people they supported along with their interests likes and dislikes. This approach showed there was a focus of providing person centred care that would enhance people's quality of life.

Staff had the skills and training needed to ensure they got to know people well and provided compassionate support. Staff were able to describe in detail how people liked to be supported, which showed they knew people well within a short time. One member of staff said "We really work together well to make a difference and help them to get back to being independent and living a good quality of life." From our discussion with staff team it was evident how committed and compassionate they were about the people they supported.

Staff were trained in equality and diversity and respected people's wishes in accordance with the protected characteristics of the Equality Act. People told us that staff respected their choice of lifestyle and daily routines without the fear of discrimination due to their age, faith, race or sexuality.

Staff supported people to make decisions and used different means to communicate them whenever needed. A staff member said "I can speak a number of languages so where needed, I will support those people. Some of my colleagues have learnt a few words in different languages from when we do double up calls." ICRS staff team also had access to and used technology to communicate with people, used interpreters who could speak in the person's first language which was not English, sign language and had access to pictorial images.

People told us they were treated with utmost dignity and respect. One person said, "They never made me feel uncomfortable. They made sure the curtains were drawn and a large towel close to hand to cover me." Another person said, "[Staff] speak respectfully, they listen to what you have to say and will not interrupt or make any assumptions. If [staff] is not sure she will ask me what it is I want her to do."

Staff team gave us examples of how they maintained people's dignity and respected their wishes. A staff member said, "I would make sure [person's name] privacy is respected. I would make sure the door is shut before helping them."

There was a policy on confidentiality to provide staff with guidance. Handovers of information took place in private and staff spoke about people in a sensitive and respectful manner. Staff treated people's information confidentially. The language and descriptions used in care plans and care records showed people and their needs were referred to in a dignified and respectful manner. We saw that people's files were kept secure and information held on computers were password protected, to comply with the Data Protection Act.

Outstanding ☆

Is the service responsive?

Our findings

ICRS is a service that is accessible to people in the city of Leicester who experience a 'crisis' situation that requires urgent social care intervention and operates 24 hours a day, seven days a week. The care manager explained that people were referred for ICRS support from hospital discharge team, paramedics and community health care professionals such as community nurse or the GP.

The provider understood the different needs of people and ways to support people that promoted independence, equality and diversity. Information about ICRS team and the service provided was available in a format people could understand such as easy read, different languages or to comply with the Accessible Information Standard (AIS). This is a framework and a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. It requires services to identify, record, and meet the information and communication support needs of people with a disability or sensory loss.

People had high praise for ICRS staff team. One person said, "Excellent ability, bedside manner and clearly understood how they [staff] need to support me." We found staff were responsive and provided person centred care. They took account of people's diverse cultural needs, lifestyle and communication requirements when ICRS staff were identified to support individuals. The staff team was reflective of the people that lived in city of Leicester and understood people's values, beliefs and backgrounds. Some were able to speak in people's first language which was not English. A staff member told us people were not discriminated on the grounds of their race, sexuality and beliefs. Information gathered about the person's needs, background, language and communication needs was used to identify suitable staff with those specific skills.

People's needs were comprehensively assessed in order to provide the care and support people needed. One person described the service as 'responsive and flexible' and that they were listened to and empowered to be in control of their care. Another person said, "By the time I was home [from hospital] a hospital bed and standing up frame had been delivered. Grab rails were being fitted too and [ICRS staff member] told me how they would help me. The same evening I had two carers come [to provide care]. Fabulous service and I'm really grateful for it."

Other people said, "I didn't know such a service existed. It should be offered to everyone who are ready to go home but can't because they need carers or a nurse to look after them, otherwise have to rely on family to help" and "My carer called the nurse because I was concerned about [skin condition]. The nurse was here within 10 minutes and she cleaned it and put some dressing on the [wound]. Fantastic service, you just can't fault it." A comment in the surveys stated, "[ICRS] staff responded very promptly after my accident - wonderful service given at a very difficult time."

Relatives also had utmost praise for the service and referred to the service as 'excellent' and 'outstanding'. The comments we received were consistent with the feedback received in the survey responses prior to this inspection visit.

Staff found the care plans were very comprehensive. A sample of the care plans we looked at were comprehensive and provided staff clear guidance about the support people needed and the role of health care professionals. People's views about how they wished to be supported was documented. Staff understood and respected people's backgrounds, capabilities and worked with them to achieve the level of independence that could improve their quality of lives. Staff worked at a pace that suited people and monitored their progress. For example, care records reflected the improvements made with regards to people's independence and mobility, this was shared with the physio and the care plans amended as the person's required less support from ICRS.

Staff had access to a range of information and guidance on symptoms and potential risks due to health conditions and the action needed. For example, the increased risks to people who fall who take blood thinning medicines and recognising the urgency needed in gaining medical help for urinary tract infections. This enabled ICRS team to support people quickly, in line with best practice and to prevent potential health risks. Staff were able to provide information to people and their relatives on health conditions and changes they could make that could lead to good outcomes for them.

Health care professionals told us that ICRS focused person centred care and co-ordinated the care to ensure people received the care they needed at the time that was right for them. Positive and consistent feedback was received without exception in the survey responses from healthcare professionals. One comment stated that ICRS responsive time was quick and support provided meant that the person was able to stay at home, so avoided a potential hospital admission.

Staff spoke passionately about the people they supported and gave examples of the difference they had made to people's quality of life. A staff member said, "We looked after [person's name] when they got home [from hospital]. We provided the personal care and also worked with the physio to help [person's name] with the exercises they needed to do. Within a few weeks, they were walking and doing things for themselves."

The registered manager and care manager held daily meetings which provided them with an overview of the people being supported. This enabled the ICRS management team to prioritise any areas of risk and work with the external agencies to manage them. For example, where the person being supported had young children, ICRS team had contacted the relevant schools and facilitated the necessary support for the children and domestic help to provide a stable home life.

The provider worked with other services such as health, social, housing, education, charities and support services to provide responsive and effective support to people. Staff referred people to local community services and groups. These included lunch and community groups to protect people from social isolation and supports service for addiction (drug and alcohol misuse), LGBT and domestic violence and the Alzheimer's society. This supported the information received in the PIR.

People and relatives we spoke with described the incredible outcomes that had been achieved as a result of the support provided by the ICRS staff team. For example, one person returned home following surgery and with support from ICRS staff team was now living independently and required no ongoing support. Another person said, "Many thanks to the [ICRS] team. Your kindness and help has been very much appreciated. I couldn't have been independent without you being committed to my cause. Keep up the good work."

People and their relatives knew how to make a complaint if they needed and were confident that their concerns would be addressed. Everyone without exception said they had no complaints about ICRS. One person said, "I've got no complaints. In fact it's an excellent service."

Records showed two complaints received had been handled appropriately and investigated. The registered manager had implemented actions to improve people's care as a direct result of the complaints. For example, They had increased continuity of staff to support people until their package of care has ended.

The registered manager described feedback as a way of improving the service and welcomed complaints, and both positive and negative feedback about ICRS team and the quality of support provided. They and the care manager participated in the daily handover meetings with ICRS staff and healthcare professionals involved in the delivery of joined up care. This helped them to identify areas that could be improved both within ICRS and also influenced improvements made by other external health care professionals such as the hospital discharge teams. For example, the improved communication between departments and quality of information in people's assessment meant ICRS staff could respond quickly.

The care manager showed us evidence of the positive impact made to people's lives as a result of ICRS. The provider sought the views of people when their package of care had ended. One person told us they had time to reflect on the support provided, the difference made to them and what if anything, could be improved. They had concluded the service was "excellent."

ICRS made sure when people's care was transferred to another care agency, it was well managed. As part of the transfer of care the new agency could contact ICRS for advice for a period of seven days after the package of care had been transferred. This assured people that their ongoing support remained appropriate. ICRS staff worked with the staff from new care agency, health care professionals and commissioners to ensure relevant and appropriate information was shared. For example, how the person was supported including a list of food and drink consumed that met their ongoing nutritional needs were met. For another person the occupational therapist and ICRS staff showed the staff from the new agency the moving and handling techniques used and how to support with regular exercise. These examples demonstrated that people remained at the centre of their care and made decisions about their ongoing support.

We received positive feedback from care agencies about ICRS when people were transferred to them for their ongoing care and support. They told us they were confident with the information provided by ICRS. They felt information provided was comprehensive and accurate about the person, progress made with regards to their progress made and details of the ongoing support needed. They were confident to meet people's needs who had been transferred to them by ICRS.

The management team kept statistical information about why people referred to ICRS and the result of ICRS staff's involvement with regards to people's independence. A report from six months analysis during 2017 showed that the majority of referrals were from the pendant alarms or lifeline support, hospitals and community healthcare professionals. The report showed that 75% of people who used ICRS required no further support.

ICRS sent us a report following the inspection visit that showed 6822 people were supported in 2017, of which 84% (5758) continued to live at home independently. Some people required minimal packages of care to remain at home and a small percentage needed further re-ablement support or residential care. This demonstrated positive outcomes for people as a result of ICRS, joined up working and shared resources.

Staff had received training on end of life and palliative care and a policy was in place. Care records showed that people had the opportunity to discuss their last wishes and when required an advance care plan was put in place. Where people had made advanced decisions regarding future emergency treatment and resuscitation these were reviewed at the initial assessment. That assured people that their wishes would be

acted upon when needed and that their religious beliefs would be respected.

Good

Is the service well-led?

Our findings

The service had a registered manager. They were 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.

The registered manager and care manager were passionate and had a well-developed understanding and ethos that put people at the heart of the service. They provided strong leadership with a clear commitment to providing a high quality service. The values and aims of the service were clear. All staff, without exception, understood what good quality person centred care looked like and their roles to provide the best care and support people needed to live a full, active and independent lives as they could.

There were a range of opportunities available for people to provide feedback about the service and care they received. These included direct feedback from people during their package of care, reviews, and surveys and after the package of care has ended.

Staff were committed to their role, motivated and proud to work for ICRS. Staff told us the quality of training was exceptional and they felt well supported and respected by the management team. They said there was openness and positive culture within the service and that they were treated equally. A staff member said, "I feel we are respected and that our opinions matter." We received similar positive comments and praise about the staff from people who used the service, relatives and healthcare professionals.

There were systems in place to ensure staff were supported and had access to a range of training. Staff knew about the provider' 'whistle blowing policy', a policy that supported staff to raise concerns should they need to. Staff found the internal communication was good and they were kept up to date with changes in staffing and any changes to people's care plans were communicated via mobile phones. Meetings were informative with regards to the people who used the service and were encouraged to make suggestions to help drive improvements. This helped to assure the service people received was well managed.

There was a culture of respecting and celebrating equality and diversity. This was evident in how staff promoted people's individual rights, choices and involvement. People's care in some instances was reviewed on a daily basis and their views taken into account when changes were made to their plan of care.

The registered manager and care manager understood their role and responsibilities to provide a safe service. Records showed systems were in place serious incidents had been reported to CQC and relevant authorities, investigated and where required action was taken to prevent further risks.
The registered manager and care manager actively involved in listened to feedback from people who used the service, staff and health care professionals. Information such as incidents and outcomes for people who used the service was analysed monthly to help identify any trends, so that action could be taken to drive improvements.

The registered manager showed the systems in place used to monitor outcomes for people as a result of support provided by ICRS. Data collected showed that referrals from emergency services meant that people were supported at home and avoided inappropriate hospital admissions or re-admissions. The registered manager attended senior management meetings with stakeholders and funding authorities where they presented statistical information about people who used the service, outcomes as a result of ICRS support and any developments within the service as a result of the feedback. There had been a significant reduction in the number of people at risk of falling because ICRS had provided necessary support, equipment and emergency pendant alarms so that emergency service could respond promptly. That meant they were able to remain at home.

There were quality assurance systems in place and programme of audits which were undertaken by both the registered manager and care manager. These included unannounced spot visits on staff to check their practices, and review of people's care, medicines, care records and safety checks on the premises and equipment. A sample of the audits we looked at were comprehensive and showed that action was taken where shortfalls were identified. This demonstrated the effectiveness of the provider's governance system.

The management team ensured that they kept up to date with the current best practices and innovative ways to support people. Provider's policies and procedures were reviewed regularly and linked to relevant best practice guidance. They worked with their internal health and safety department, commissioners and healthcare professionals to ensure joined up procedures and protocols were kept up to date. ICRS staff team were kept up to date with changes in best practices and legislations to ensure those were fully implemented. Corporate information and regional newsletters regularly included updates on changes to legislation and best practice which ensured that staff were able to stay up to date.

We asked health and social care professionals and commissioners who fund the care for some people who use the service for their views about the service and how well it was managed. They all without exception complimented ICRS staff and management. They told us that the staff understood their role, needs of people and how to support them. They said they found ICRS staff team, care manager and registered manager worked effectively and in a coordinated manner that ensured people received a consistent, safe and a well-led service.