

Initial Care Services South East Limited

# Initial Care Services South East Limited

## 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:

Initial Care Services South East Limited is a domiciliary care agency providing personal care and support for people in their own homes. The agency is a new service, which provides care and support for people in Medway and Kent areas. At the time of our inspection, there were 19 people using the service.

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:

People received safe care and support from Initial Care Services South East Limited. The registered manager and staff we spoke with knew what their responsibilities were in relation to keeping people safe from the risk of abuse.

Care plans contained detailed risk assessments. Risk to people's health and wellbeing were addressed and mitigated. Environmental risk assessments were also in place, which identified and reduced any environmental risks to people and staff.

Staff were skilled in carrying out their role. The registered manager ensured staff were appropriately trained.

People told us staff communicated well with them and they felt at ease with them.

People's needs were assessed prior to receiving a service including their protected characteristics under the Equalities Act 2010.

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 were cared for by staff who treated them with kindness, dignity and respect.

People were encouraged to raise any concerns they had or make suggestions to improve the service they received.

The service had an effective system in place to assess, monitor and improve the quality and safety of the services provided.

Staff told us there was an open culture where they were kept informed about any changes to their role. Staff told us the registered manager was approachable and listened to their ideas and suggestions.

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

Rating at last inspection:

This service was registered with us on 19 January 2018. They started providing services from January 2019 and this is the first inspection.

Why we inspected:

This was a planned comprehensive inspection.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

# Initial Care Services South East 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 Care Act 2014.

### Inspection team:

The inspection was carried out by one inspector.

### Service and service type:

Initial Care Services South East Limited is a domiciliary care agency which provides personal care and support for people in their own homes. The agency provided personal care and support for four people who are living in the community.

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

### Notice of inspection:

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

### What we did:

We reviewed information we had received about the service since registration. This included details about incidents the provider must notify us about, such as abuse or when a person dies. 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. We contacted healthcare professionals for feedback. We received feedback from two social workers. We took this information into account when we inspected the service and made the judgements in this report.

#### During the inspection

During the inspection, we spoke with two people who used the service, three care workers and the provider who was also the registered manager. The registered manager also carried out direct support in people's homes whenever there was need to do so.

We reviewed a range of records. This included three people's care records, risk assessments, daily records and medicine records. We also looked at two staff files including their recruitment, supervision and training records. We reviewed records relating to the management of the service, quality assurance records and a variety of policies and procedures implemented by the provider. We also looked at other records the provider kept, such as staff meetings minutes and surveys they completed to share their views.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We received the training data, reviewed risk assessments and care guidelines sent to us in a timely manner.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with staff and the manager. One person said, "I feel safe with them [Staff]." Another person said, "Absolutely safe with them [Staff]."
- The provider had safeguarding systems in place, including safeguarding and whistleblowing policies and procedures to safeguard people.
- Staff had received training on adult safeguarding and understood their responsibilities to record safety incidents, raise concerns and near misses, and to report them internally and externally, where appropriate. A member of staff said, "Safeguarding is about making sure that people we support are safe from harm in places like environment, community and generally kept safe from abuse."
- Staff told us they felt confident in whistleblowing (telling someone) if they had any worries. A member of staff said, "Whistleblowing is when I need to report something untoward, according to our policies and procedure. I can go to the police, local authority or CQC if needed."
- The registered manager demonstrated their knowledge on how to report abuse to the local authority and CQC if required. There had been no safeguarding concerns since the service was registered.

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

- People's care plans contained risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety, while maintaining their independence and ensuring their needs were met. 'Risk assessments identified hazards, evaluated the risk and provided guidance for staff on the precautions to take. For example, one person who was epileptic, had a detailed epilepsy risk assessment with guidance for staff to follow in their care plan.
- Potential environmental risks and hazards such as uneven surfaces, appliances, inadequate lighting or trailing wires within the person's home had been adequately identified and controlled.
- There had been no near misses, incidents or accidents at the service.
- Policies and systems were in place to ensure that incidents were recorded actioned including late or missed calls. The registered manager told us that these would be analysed if they occurred.

Staffing and recruitment

- People told us staff were regular. One person said, "They are constant as I do not like changes."
- People's needs, and hours of support, were individually assessed. Staffing rotas showed there were enough staff employed to meet people's needs. Staff were given enough travel time between visits which enabled them to meet people's needs safely without rushing.
- People and staff had access to an out of hours on call system manned by the registered manager.
- Staff were recruited safely, and checks were completed. The provider maintained safe recruitment

procedures that enabled them to check the suitability and fitness of staff to support people. This protected people from new staff being employed who may not be suitable to work with them.

#### Using medicines safely

- Staff had received medicine training.
- People that required support to manage their medicines received them safely.
- Each person had specific guidance for staff to follow, detailing the support that was required to take their medicines, such as prompting.
- Medicines administration records (MARs) were completed by staff each time medicines were given. There were no gaps or omissions which indicated people received their medicines as prescribed. These were audited by the registered manager regularly.
- The service had policies and procedures on the administration of medicines, which provided guidelines for staff.

#### Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection.
- Personal protective equipment such as gloves and aprons were used by staff to protect themselves and the person from the risk of infection.
- Staff were trained in infection control.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager carried out an initial assessment with people before they started providing care and support. People were fully involved in the assessment process.
- Records showed initial assessments had considered any additional provision that might need to be made to ensure that people's protected characteristics under the Equality Act 2010 were respected. This included, for example, if they had any cultural or religious beliefs or needs which needed to be considered when planning for their support.

Supporting people to live healthier lives, access healthcare services and support

- People told us staff supported them to maintain good health, including contacting healthcare professionals on their behalf if necessary.
- Care plans showed that healthcare formed part of their initial assessments, which were taken into consideration before support started.
- The registered manager told us any concerns highlighted by staff were referred to relevant professionals, such as GPs. We saw evidence of this in care plans.

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

- Care plans included a nutrition and hydration risk assessment and guidance for staff on people's dietary requirements. For example, one person with diabetes had guidance developed for staff about what they should eat and not eat.
- Staff demonstrated that they understood the importance of following set guidelines in place. They followed people's care plans which detailed the support they required with eating and drinking.
- Staff received training regarding nutrition and diet, so they had the knowledge to support people to eat healthily.

Staff support: induction, training, skills and experience

- Staff told us they received good support from the registered manager. A member of staff said, "Since I started, it has been good compared to where I worked before. I do get support from my manager."
- As a newly registered service, staff had not yet had an annual appraisal. Evidence showed that staff had monthly supervision meetings with the registered manager. A member of staff said, "I do get support from my manager 100%. She is there for me 24/7. I am very happy with her. We do supervisions too."
- New staff received an induction when they started working at the service. Inductions were role specific and covered an introduction to the service as well as an overview of the tasks that each member of staff was required to complete as part of their role. For example, administering medicines. New staff worked

alongside the registered manager.

- Staff had completed the appropriate training needed to enable them to deliver care safely and effectively. This included completing 'The Care Certificate'. This 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. Care staff were offered the opportunity to complete a formal qualification during their employment. For example, the Qualifications and Credit Framework (QCF) in Health and Social Care, which is an accredited qualification for staff working in the care sector.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

- People's capacity to consent to care and support had been assessed and recorded. For example, people had signed and consented to the care that was provided by the service.
- The registered manager and staff had MCA and DoLS training. They understood people had the right to make their own decisions about their care. When people might be unable to give consent, they knew the MCA process to be followed.
- People confirmed to us that staff always asked for their consent before doing anything. One person said, "They do enable me to make choices."

# 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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; equality and diversity

- People told us that staff had the required qualities to deliver care. One person said, "They are very good." Another said, "They are doing alright. I do like them. They listen to me."
- Staff knew the people they were supporting well.
- People's care records contained information about their background and preferences, and staff were knowledgeable about these.
- People's care records contained information about equality and diversity and met the requirements of the Equality Act 2010. People's religious, spiritual, cultural and lifestyle choices were considered.
- The registered manager was aware of the new General Data Protection Regulation (GDPR); this is the new law regulating how companies protect people's personal information. People's care records and files containing information about staff were held securely in locked cabinets. We observed in the office that computers were password protected.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- People told us they were involved in the day to day care and support they received. One person said, "They talk to me about everything they do. I am involved at every stage."
- People were supported to express their views regularly and were involved in making decisions about their care and support. Staff understood the importance of respecting people's individual rights and choices.
- The registered manager also provided direct support in people's homes. This meant that they were able to ensure that people were involved in their care and support.
- We were informed by people who received care and support that they were able to express their needs and received the care and support that they wanted in the way they preferred.
- People told us staff maintained their dignity and respected their decisions about their care. One person said, "Staff respect the way I like things done and I like that."
- Care plans included what people could do for themselves and where they needed support.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People confirmed to us they had a care plan folder in their home that contained the plan of care. Staff also confirmed this. A member of staff said, "People's care needs are in their care plan folder. After their initial assessment the care plan is completed. Every morning, I read through the care plan to update myself."
- Care plans were comprehensive, personalised and placed people's views and needs at the centre. People's care plans were detailed and informed staff what the person's abilities were and support they required from staff.
- Detailed daily records of visits were kept by staff. Records included personal care given, well-being, concerns to note and fluids taken. These records ensured good communication between staff, benefitting the care of the person. For example, activities people carried out or were engaged in were recorded. This informed other members of staff about their interests and how to encourage and support them.
- A healthcare professional commented, 'Initial Care is able to support people to access activities in the community through support, which has worked well for my clients. The families and the young people are happy with their support.'
- Care plans were reviewed with people at least every six months but may be more frequent based on people's needs.
- A healthcare professional commented, 'The service is responsive and cooperative.'

Improving care quality in response to complaints or concerns

- People knew who to contact if they were concerned about anything. One person said, "If I have any concerns, I will go to the manager."
- The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services, local government ombudsman and the Care Quality Commission (CQC).

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us that they made documents available to people they supported in different formats such as large print if needed.
- Care plans were developed in user friendly formats with pictures, which made them person centred.

#### End of life care and support

- The service was not supporting anyone at the end of their life.
- The registered manager told us that they had in depth conversations with people and their relatives about end of life plans. Care plans contained these conversations and people's preferences for end of life care.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Staff told us the registered manager encouraged a culture of openness and transparency. A member of staff said, "The manager is always there, you can get hold of them anytime."
- There was a positive focus on supporting staff to communicate and express their views. A member of staff said, "I do ask a lot of questions and the manager always responds."
- People and their relatives were fully involved in people's care and support.
- There was a registered manager at Initial Care Services South East Limited. They were also involved in directly providing care and support for people. This enabled them to be informed when something goes wrong. This ensured continued compliance with the requirements of the duty of candour. (The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment).
- The registered manager was committed to improving the provision of care for people who used the service.

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

- A health care professional commented, 'It has been managed well to support my clients with personal assistant support.'
- There were effective systems in place to monitor the quality of the service.
- A range of quality audits such as care plans, medicines, spot checks and staff files were in place and completed. When shortfalls were identified, an action plan was put in place, this was reviewed and signed off when completed by the registered provider. This meant that the registered manager had a robust system in place for monitoring the quality of the service.
- The registered manager understood the responsibilities of their registration.
- Registered bodies are required to notify CQC of specific incidents relating to the service. These notifications would tell us about any important events that had happened in the service. The registered manager told us they understood this requirement.
- It is a legal requirement that the latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgments. As this was the first inspection of the service, we discussed this requirement with the registered manager, to ensure that the rating would be displayed in the office and on the providers

website.

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

- Staff told us that they were able to share their ideas and felt listened to. A member of staff said, "I once suggested about one person who other staff felt their developing behaviour was difficult to manage. I suggested that staff should not tell the person what to do, rather suggest or ask the person in order for them to make the decision." As a result, the person's care plan was reviewed.
- Feedback was sought from people regularly. The registered manager told us that they asked people about their care every time they visited them. People we spoke with confirmed this.
- Feedback from a healthcare professional reads, 'Feedback from those who receive support is that the carers perform well in their role with no concerns raised to me about their abilities.'

Continuous learning and improving care; Working in partnership with others

- The registered manager told us they kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice such as a series of local workshops held by the local authority for care providers.
- Staff told us that they were kept well informed about the outcome of engagement with health and social care professionals that could result in a change to a person's care.
- The registered manager worked with people, their relatives and healthcare professionals to meet the person's needs.
- A healthcare professional commented, 'When I have asked for information from them they have provided within the time frame and are always positive with the outcomes to support to improve the wellbeing of the young people.' Another commented, 'I have found that the manager communicates well and is available and willing to support.'