iCare Living Limited

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This announced inspection took place on 23 September 2016. The provider had a short amount of notice that an inspection would take place so we could ensure staff would be available to answer any questions we had and provide the information that we needed. Further phone contact was made with people using the services and their relatives on 28 and 30 September 2016 whose views we were unable to capture on the day of the inspection.

iCare Living Ltd are registered to deliver personal care. They provide Domicillary care and Supported living services to older and young people living in their own homes. People who used the service may have a range of support needs related to old age and/or dementia, misuse of drugs and/or alcohol, an eating disorder, physical disability, sensory impairment, learning disabilities or autistic spectrum disorder or mental health issues. At the time of our inspection five people were using the supported living service, but people using the Domicillary care service were not receiving the regulated activity of personal care.

The service had a registered manager. 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 felt confident that the service provided to them was safe and protected them from harm. Assessments were undertaken to identify any issues that may put people using the service at risk and staff were well aware of these. The provider ensured consistency of the staff supporting people. Recruitment practices were comprehensive and ensured as far as possible that staff employed were safe to work with people. Medicines were managed effectively within the service and people received regular reviews of them by involved health care professionals.

Staff had access to a range of training to provide them with the level of skills and knowledge to deliver care safely and efficiently. The registered manager was responsive in sourcing specific training for staff when it was needed. Staff received an induction and regular supervision allowing them to understand their roles and responsibilities fully. People were supported to access the nutrition they needed and were monitored for any changes in their dietary intake. People were supported to access the health care support they needed to maintain their well-being. Staff established people's consent before providing any care or support.

Care plans contained information about people's abilities and preferences. Staff supported people in a way that maintained their privacy and dignity whilst encouraging them to remain as independent as possible. Management and staff demonstrated that they were dedicated to maintaining people's well-being. People were complimentary about the caring nature of the staff who supported them.

Reviews were regularly organised and attended by people and staff with involved health care professionals

to review their progress. The provider worked in conjunction with external professionals to ensure the best outcomes for people using the service. Care plans contained relevant personalised information, detailing how people's needs should be met and had been reviewed and updated in a timely manner. People were supported to take part in meaningful activities of their choosing and with their personal likes and preferences in mind. Systems were in place for people to raise any concerns they had or to make a complaint.

Stakeholders were positive about their experience of the service and the effectiveness of management. The agency sought people's feedback through questionnaires and meetings about the quality of the service. The provider monitored and undertook regular checks on the quality and safety of the service. Staff were involved in the development of the service and their input was central to the effective management of people's conditions.

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

Medicines were well managed within the service and staff were knowledgeable about how to safely support people with their medicines.

Staff were aware of people's individual needs and the risks they had to consider when supporting them.

People received a level of consistency in the staff supporting them, which had a positive effect on their well-being.

Is the service effective?

Good

The service was effective.

Staff received an induction, on-going supervision and training to maintain their knowledge and skills in order to meet people's needs effectively.

Staff were knowledgeable about people's individual health conditions and how to access the support they needed if they became unwell.

People were supported to access the nutrition they needed and were monitored for any changes in their dietary intake.

Is the service caring?

Good

The service was caring.

People were supported by staff who respected their wishes and supported them to remain as independent as possible.

Staff respected people's right to privacy wherever possible.

Is the service responsive?

Good

The service was responsive.

The provider ensured through effective assessment of people's

needs prior to them joining the service that they were able to fully meet their needs.

People knew how to make a complaint and felt confident that any issues they raised would be dealt with effectively.

Support was provided to people which was in line with their cultural needs and personal preferences.

Is the service well-led?

Good

The service was well-led.

We saw the provider actively promoted an open culture amongst its staff and involved them in the development of the service.

Stakeholders spoke positively about the approachable nature and leadership skills of the staff team and the registered manager.

Quality assurance systems operated by the provider were effective and included routinely seeking people's feedback.

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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 was planned to check 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 took place on 23 September 2016 and was announced to ensure staff would be available to answer any questions we had or provide information that we needed. Further phone contact was made with people using the services and their relatives on 28 and 30 September 2016 whose views we were unable to capture on the day of the inspection. The inspection team consisted of one inspector.

We reviewed the information we held about the service including notifications of incidents that the provider had sent us. Notifications are reports that the provider is required to send to us to inform us about incidents that have happened at the service, such as accidents or a serious injury.

The provider completed a Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about their service, how it is meeting the five questions, and what improvements they plan to make. We liaised with the local authority and Clinical Commissioning Group (CCG) to identify areas we may wish to focus upon in the planning of this inspection. The CCG is responsible for buying local health services and checking that services are delivering the best possible care to meet the needs of people. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

We spoke with three people who used the service, one relative and a member of staff by phone following our visit to the provider's office base. At the office base we spoke with two members of staff, a visiting healthcare professional, the assistant manager, the human resources manager and the registered manager. We reviewed a range of records about people's care and how the service was managed. This included looking closely at the care provided to two people by reviewing their care and their medication records. We also looked at a variety of records that related to the management and quality assurance of the service, for example complaints and incident/accident records.

Good

Is the service safe?

Our findings

People we spoke with felt that the service provided was safe. A person told us, "Yes they [staff] support me well and keep me safe". A relative told us, "They [staff] manage situations well and make sure [person's name] is safe and not in harm's way". Staff we spoke with discussed how they maintained people's safety in a variety of ways for example, whilst out in the community. A staff member said, "It is important that you set professional boundaries with people, its helps protect them and us too".

Staff were knowledgeable about the types of abuse and harm people may experience and told us how they would deal with and report any concerns they had. One staff member said, "I would raise any issues or concerns with the team leader or would alert the health care workers who come in regularly". The provider told us in their PIR that they provided information to their staff in relation to how to whistle blow. Staff confirmed that the provider actively promoted an open culture amongst them and made information available to them to raise concerns or whistle blow. A staff member said, "We have a whistle blowing policy. If any of my concerns weren't taken seriously then I would take it to CQC [Care Quality Commission], the local authority or the police".

Staff we spoke with knew what emergency procedures to follow and knew who to contact in a variety of potential situations, including how to escalate any concerns out of hours. A staff member said, "Anytime you call, they [management] always answer and give you assistance; even if you call in the middle of the night". We saw that the registered manager investigated and reported the details of any incidents as necessary to the appropriate external agencies. The provider told us in their PIR that when incidents and accidents happened within the service they conducted an internal investigation and reviewed risk management plans to prevent re-occurrence and provided a de-brief staff in meetings. We found evidence that confirmed this.

The records we reviewed included the assessment of risk in relation to people's health and welfare needs; they described the risks for staff to consider when supporting the individual. Staff we spoke with knew people's individual risks and were able to discuss with us how they managed these. For example, we saw that the risks in relation to one person's triggers for inappropriate behaviours had been considered, including their emotional responses; records were specific and focussed on how staff should manage these when in a community setting. A staff member said, "The risk management information is all written down and we have verbal handovers each day to pass on changes that may have occurred; the records are very clear and comprehensive". We saw that each week the core of staff working with each person met to discuss and record any changes, observations or plans in relation to the individual's behaviour, activities undertaken and any incidents that had occurred. Another staff member told us, "Staff come together each week to discuss any issues, how we move forward and support the person". Records we viewed which detailed the potential risks staff should be aware of were updated and reviewed as necessary.

People told us they were supported where possible by the same members of staff who knew their needs well. A person told us, "I have a good relationship with the staff, they [management] never send strangers to me; most of the staff get to know me quickly". A relative said, "The staffing is steady and [person's name] get on well with all of them [staff]". Staff told us that they were introduced to people by another staff member

and shadowed them to get to know their individual needs before working alone with the person. The registered manager told us that due to the needs of the people being supported they did not use any agency staff to cover sickness or holidays but that regular staff picked up any extra hours. A healthcare professional commented that they found the staffing arrangements to be 'solid' and 'provided consistency'.

The provider operated effective recruitment practices. Processes were in place to ensure staff recruited had the right skills, experience and qualities to support the people who used the service. Criminal records checks, employment and character references and a full employment history were all sought before staff commenced in employment.

People told us they were happy with how their medicines were provided. People told us, "They give me them on time; I know the pills are for my anxiety" and "I am happy with how they look after me and give me my medication". Staff we spoke with told us they had received training about medicines and demonstrated to us that they had a good knowledge of how to do this safely. People had regular reviews of their medicines which were undertaken by visiting professionals and/or through attendance at outpatient appointments with staff support. We looked at the medicine administration records (MAR) for two people and found the provider had good systems in place to record the quantities and times that medicines were received by people. Weekly checks were undertaken on the MARs to identify any omissions or errors quickly.

Good

Is the service effective?

Our findings

People were asked whether they thought staff had the skills to support them effectively. They told us staff were competent and able to care for all their needs. A person told, "Yes they [staff] are good at what they do". A relative said, "They [staff] do a cracking job, [person] has been more settled with their help". Staff told us they undertook a variety of training that allowed them to maintain and develop their knowledge and skills. The registered manager had sourced training that was specific to the people they supported from the health care professionals who knew them best; we saw for example that training had been delivered to staff by a Community Forensic Nurse.

We saw that staff were provided with and completed an induction before working for the service. This included training in areas appropriate to the needs of people using the service, reviewing policies and procedures and getting to know the people they would be supporting through shadowing more senior staff and reading their records. A staff member told us, "I shadowed other staff, during my induction and it helped me get to know exactly how to support [person's name], including exactly how they like things doing". The registered manager told us that staff were supervised closely within their induction period. We saw that the new employee's performance was monitored through meetings and from feedback management sought from staff supporting them on induction.

Staff received regular supervision to discuss their performance, training and development needs. One staff member said, "In supervision I can discuss anything really, I am listened to and well supported". Staff said they were satisfied with the level of supervision available to them; they told us that alongside the formal supervision they received they could access the support they needed at any time.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA. Staff told us they understood the need to gain people's consent and support them to make informed choices by providing the information they needed and ensuring that they were able to clearly understand it. People told us, "The staff listen to me and everything I do is my choice" and "Yes I make my own choices". A staff member said, "I always ask [person's name] if what we are doing is ok and give them choices". We saw in records that people's consent had been sought and their level of capacity to make decisions had been considered throughout the assessment process and in the planning of their care. Staff had been provided with training in relation to MCA and DoLS [Deprivation of Liberty Safeguards]. At the time of our inspection no one using the supported living service was subject to a DoLS.

People told us that staff ensured they were eating and drinking enough when they visited. A person told us,

"Staff help me with shopping and cooking" and "[Staff member's name] helps me to cook a nice spicy curry which I like". Staff told us they reported any concerns they had about people's nutritional intake that they identified. Assessment of risks in relation to people's nutritional intake and their use of the kitchen when being supported to cook had been undertaken. For example we saw that one person's ability to focus on tasks and their attention span had been considered in relation to them using the kitchen and preparing food. Records we reviewed showed that people were weighed each month where appropriate and their daily food and fluid intake was monitored and documented.

People told us that staff knew what to do for them or who to contact if they became ill. We saw that people's well-being was reviewed regularly by external professionals, for example in relation to their mental health. Records showed people had been supported to access a range of health care professionals including psychiatrists and specialist nurses. Where people had specific health care needs there were detailed plans about how staff should support them and who to contact if the person became unwell, in and out of hours. This meant that the service effectively supported people to maintain good health.

Good

Is the service caring?

Our findings

People told us they felt cared for by the staff who visited to provide the support they needed. They said, "They [staff] do care, they are excellent" and "[Registered manager's name] pops in and they are very kind". A relative we spoke with said, "They [staff] are caring, I have seen how they are with [relative]".

Staff were asked how they showed care in their role towards the people they supported. They described to us how they gave people the time they needed to talk, listened to them, reassured them and got to know them. A relative told us, "[Relative] can do whatever they want and they [staff] support them; they are always courteous to [relative] and me". We saw that where people had specific issues that could make them vulnerable when in a community setting, these were well planned for and dealt with discreetly in order to minimise any distress or embarrassment to the person. One staff member told us, "The managers here are very caring towards the people we care for, which is good to see". The registered manager and assistant manager both spoke with positivity about the people they supported and they clearly demonstrated through their use of language and knowledge of people they cared and were dedicated to their well-being.

The provider stated in their PIR that they ensured that the people who use their services were involved in the planning of The care that they received and their right to make or influence decisions was respected. People we spoke with confirmed that everything that they did was discussed and decided by them as far as possible.

People told us staff behaved respectfully towards them and allowed them the privacy they wanted. One person told us, "They [staff] allow me to have my space, respect my family and visitors and speak to me respectfully". A relative said, "The staff are respectful towards [relative] and are understanding about [relatives] condition, even when [relative] is not always respectful towards them [staff]". Staff spoken with knew how to deliver the care and support people needed in a sensitive and respectful manner. A staff member said, "It's about respecting their [peoples] wishes, allowing them some private, alone time". Information was made available to people about how the provider could support them to access advocacy support. Staff knew how to access advocacy services for people if they needed independent advice and support.

We saw that the support people were provided with was focussed upon enabling them to live well and as independently as possible. People and their relatives told us they were fully involved in deciding what level of support they required in all aspects of daily living activities including washing, shopping and budgeting. Care plans we reviewed were ability focussed which guided staff in relation to how they could support people's independence appropriately. .

Good

Is the service responsive?

Our findings

People were able to confirm to us that they had been involved in making decisions about their care and support needs. One person said, "I am involved in all decisions and the review meetings that take place". A relative told us that they were aware of what the care plans contained and that frequent discussions were had with them about their relative's care. They went on to say, "I am involved and in constant contact with the staff". Records showed that people had contributed to and agreed assessments which identified their support needs.

The provider told us in their PIR that they worked alongside stakeholders to enable them to provide continuity of care, to manage any changes to people's health or circumstances, access medication to reduce the risk of deterioration and encourage early detection of relapse. Records evidenced that reviews were regularly organised and attended by people and staff and involved health care professionals in order to review people's progress and well-being. Pre assessment information was also available to inform the planning of care. Following on from the pre assessment of a person's needs, the registered manager submitted a risk management plan to the commissioning panel; this included a suggested structured activities plan and evidence of how the provider would meet the person's individual needs. This meant that the provider was keen to set out to the professionals responsible for sourcing the support that people needed when moving into the community, how they would meet the these needs in a personalised manner but with the persons safety in mind.

Care plans contained relevant personalised information, detailing how people's needs should be met and these had been reviewed and updated in a timely manner. They also outlined strategies to engage and distract the person when they displayed behaviour that challenged. People we spoke with felt the staff knew and supported their needs well. Care records we reviewed contained detailed information about the person in 'what I like' and 'people important to me in my life' documents. Staff we spoke with demonstrated they had a good understanding of personalised care and were clearly knowledgeable about people's needs. For example, staff had made a specific 'quiet space' available for one person in their property, which staff told us was where they talked to them. Staff told us this helped the person to feel calmer away from their usual environment. We saw that people's cultural and spiritual needs were discussed and considered as part of their initial assessment and they were supported to respect these if this was their wish. The agency also accommodated people's preferences for either a male or female worker to provide their care; rotas were organised to ensure these preferences were met.

The provider was keen that people received consistent coordinated, person-centred care whilst using the service. We saw that the provider worked in partnership with other external agencies including probation and mental health services to ensure positive outcomes for people. For example, in the first few weeks of one person taking up their tenancy in supported living, staff were supported in the persons property each day by health care professionals who were previously involved with their care. This was to ensure that staff approach, understanding the person's behaviour and how best to support them was adopted by all staff. As part of this the provider received feedback about staff performance and their suitability to work with the person. A health care professional told us that the registered manager had acted upon the feedback they

had provided during these initial observed sessions and that they were keen to ensure the person settled well. They went on to say that, "[Registered managers name] has worked really hard, took our advice and this has turned it around for [person's name]".

People were supported to take part in meaningful activities of their choosing and with their personal likes and preferences in mind. One person said, "I go shopping and to the cinema". We saw that people were supported to take holidays each year with staff accompanying them. A relative told us, "They [staff] have been keen to support [relative] by sourcing activities that they will like or have a go at to try to stimulate and occupy them". They went to confirm that their relative had been fully involved in these discussions and their cooperation had been sought first.

People were supported by a core of staff which was vital in ensuring a consistency of approach and the development of trusting relationships with the person. A relative told us how their family member had been getting into less 'trouble' and had been 'more settled than in a long time' since using the service. The benefits of this consistency were evident when we spoke with members of staff as they were able to describe people's needs, abilities, conditions and how to manage their behaviours positively.

People and relatives we spoke with told us if they wanted to raise complaints they knew who to speak with. There were arrangements in place for recording complaints and any actions taken. One person told us, "I haven't had to raise a complaint but I know if I did it would be sorted". The registered manager was clear about the process and timescales for their investigation and records showed these had been adhered to in their dealings with complaints received. Staff told us how they would support those people who used the service who may need their assistance to be able to make a complaint or raise any concerns. A staff member said, "I would ask the person to tell me the issue and pass this on to the manager, or help them to write down their complaint and pass it on". Learning outlined by the provider in relation to concerns raised included the development of a review form which detailed what each person had been doing each week and was easily accessible information for all staff and visiting professionals. Information about how to make a complaint was made available to people when they started receiving support from the service in their 'customer guide'. The procedure could be made available to people in a variety of formats.

Good

Is the service well-led?

Our findings

People spoke positively about their experience of the service and the care they received, saying, "It's excellent, they are very good to me", "I like it here" and "It's a good service". Staff we spoke with told us there were clear lines of management and accountability and they were very clear on their role and responsibilities. They spoke positively about the management and told us, "They [management] are very approachable and listen to the staff, I can phone them anytime and they often pop in" and "The managers are good". A health care professional said, "It's a good set up, I would recommend the provider to others". Staff told us the registered manager and other senior staff had an 'open door' policy and that they had access to support at all times.

The provider told us in their PIR that they conducted unannounced spot checks to monitor staff practice and address any short falls in service provision with staff directly. We saw records that demonstrated that staff competency in relation to care provision was periodically checked. A staff member told us, "They [management] do spot checks to make sure we are doing everything properly". The registered manager told us that they did not include medicines competency as part of these checks, but assured us that this would be included in future.

Staff we spoke with told us that they felt valued and empowered to do their work. Meetings were held for staff to discuss people they were caring for and to share good practice in respect of meeting their needs. Records showed that staff input was essential to the development of the service and the effective management of people's conditions, for example in tailoring risk management plans to ensure community activities were safely undertaken. This meant that the provider supported and involved staff to ensure the delivery of effective care.

People's opinions about the quality of care they received were sought, through questionnaires and regularly meeting with staff to assess their level of satisfaction with the support and level of activities they receive. We saw their views were recorded and when less positive comments were received, action was taken where possible to modify their care plan and /or improve the level of service they received.

The provider had internal quality assurance processes in place. We saw that actions or areas needing attention that had been identified through the quality assurance process had been remedied by the registered manager or their staff team. As part of the service's quality assurance processes we saw that incidents were reviewed comprehensively so the provider had a true understanding of the risks, impact and any action they needed to take. The provider was keen to learn from incidents, for example they revisited the importance of professional boundaries with staff following one particular incident, in order to protect both them and the people they supported. Staff told us that information and feedback about incidents was communicated to them by management. This meant that incidents that had occurred were continually reviewed and monitored for any themes, with any learning adopted into practice.

The registered manager was aware of what notifications had to be sent to CQC; these notifications would tell us about any significant events that had happened in the service. We use this information to monitor the

service and to check how any events or incidents are handled. We reviewed the service's records of incidents and this demonstrated that the provider had informed us in a timely manner of all reportable incidents, which form part of the requirements of their registration with us. We asked the provider to complete a provider Information Return (PIR). The provider completed and returned this to us within the given timescales.