

i-grow Care and Support Limited

i-grow Care and Support

Inspection report

Cargo Workspace Unit4/5
25 Phoenix Street Millbay
Plymouth
Devon
PL1 3DN

Tel: 01752268777

Website: www.igrowcareandsupport.co.uk

Date of inspection visit:

15 January 2018

16 January 2018

Date of publication:

22 February 2018

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

I-grow Care and Support Limited is a supported living service that provides care and support to adults of all ages in their own homes. The service provides help with people's personal care needs in Plymouth and surrounding areas. This includes people who may have a learning or physical disability as well as people living with sensory impairment and mental health needs. The service supports some people on a 24 hour basis and others who may require support with personal care needs at specific times of the day and/or night. At the time of this inspection ten people received support with their personal care needs from the agency.

The care service has been developed and designed in line with the values that underpin the Registering the Right Support and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism using the service can live as ordinary a life as any citizen

At the last inspection, the service was rated Good. At this inspection we found the service remained Good.

Why the service is rated Good.

People told us the service they received was safe. A person explained how pleased they had been to write their own support plan. They said, "I was able to tell the staff the things that are important to me, and the things that make me feel safe." A relative told us, "They've listened. They followed everything I have said. They make sure it's the right staff for her."

Safe and thorough recruitment procedures were followed before new staff were confirmed in post. People who used the service were involved and consulted in each stage of the recruitment process. There was a low staff turnover and this meant people received a consistent service from staff they knew and trusted. There were enough staff to meet people's needs safely.

Staff had received safeguarding training and were confident they knew how to recognise and report any safeguarding concerns. Where staff supported people to manage their finances, amounts of money spent on the person's behalf were carefully recorded and balances maintained and checked. Medicines were administered and recorded safely.

People received a reliable service from staff they had chosen. Effective planning systems were in place to plan staff rotas. People were given a timetable letting them know who would be supporting them each week. This meant people knew which care workers would be visiting and the times of each visit. People told us they never experienced a missed visit. Staff were flexible and willing to provide support at times to suit each person. A person told us, "They are so helpful to me."

Staff were well trained, well supported and happy in their work. A member of staff told us their recruitment and induction had been, "Amazing. Fabulous." Staff were flexible and willing to provide support to people at times to suit the person. Staff worked closely with relatives and professionals to make sure people's health and personal care needs were well met. Staff knew what foods people liked and disliked and foods they were unable to eat. People were supported to plan and cook healthy meals of the person's choice. Staff understood each person's ability and rights to make choices and decisions. Families were involved and consulted appropriately.

People continued to receive a service that was caring. People and relatives praised the staff team for their caring manner. Staff were cheerful, friendly and positive. Staff knew each person well and displayed patience, kindness and understanding. Staff understood the importance of treating each person equally, and as an adult and a valued individual. A person told us, "They are really friendly." They went on to say, "They are there for me. They are really good at picking me up. My carers know me very well. They pitch it just right." A relative praised the staff team and told us, "They go the extra mile." Another relative told us, "They have a very gentle approach and are very consistent."

People continued to receive a service that was responsive to their changing needs. Before the provider agreed to provide a service they met with the person and their family and representatives to assess the person's needs. People were involved and consulted in drawing up a plan of their support needs. The support plans were easy to read and contained sufficient information on each person's daily routines and how they wanted to be supported. Relatives told us people's lives had been transformed since they began receiving support from I grow. We heard examples of how people had become much calmer and happier.

People were enabled and supported to lead fulfilling, independent and active lives. People were supported to reach their goals and ambitions. People and their relatives were confident they knew how to raise a complaint and confident any concerns would be listened to and acted upon. We heard examples of people going on holidays, going to concerts and theatre events, and participating in a range of outdoor activities.

Information was provided to people in a format suitable for their individual needs. Throughout the inspection we saw evidence of how the provider and staff understood and promoted people's rights as equals regardless of their disabilities, backgrounds or beliefs.

People continued to receive a service that was well-led. The provider had systems in place to monitor, assess and improve the service. There was an open culture, and people, relatives and staff said they found access to the office and management team welcoming and easy. Staff were positive and happy in their jobs. There was a clear organisational structure in place.

People, families and staff were involved in every aspect of the service. Their views were sought, and their ideas and suggestions welcomed and acted upon where possible. A relative told us, "They do listen to us." The provider worked closely with other organisations to ensure the service met current legislation and good practice recommendations.

Further information is in the detailed findings below

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

i-grow Care and Support

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 was a comprehensive or focused inspection: and took place on 15 and 16 January 2018. The inspection was carried out by one adult social care inspector. We gave the service 48 hours' notice of the inspection visit because the location provides a supported living service. We needed to be sure that the provider and manager would be available. We also wanted them to seek agreement with people that we could visit them in their homes.

Before the inspection we looked at the information we had received from, and about the service since the last inspection. This included notifications about important events, which the service is required to send us by law. We reviewed the information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We sent out questionnaires to people using the service, relatives and staff before the inspection and received three responses from staff.

On the first day of the inspection we visited the agency office where we spoke with the registered manager, the provider, one person who received a service and one member of staff. On the second day of the inspection we visited two people in their homes. We also met two relatives and two members of staff. After the inspection we contacted five health and social care professionals and spoke with one relative.

During the inspection we looked at four support plans, records of medicines and daily records. We looked at the way the service planned staff rotas and timetables of staff visits to each person. We looked at records of staff recruitment, supervision and training, and records relating to the management and quality monitoring processes.

Is the service safe?

Our findings

People continued to receive a service that was safe.

People told us the service they received was safe. A person explained how pleased they had been to write their own support plan. They said, "I was able to tell the staff the things that are important to me, and the things that make me feel safe." A relative told us, "They've listened. They followed everything I have said. They make sure it's the right staff for her."

The provider had established a range of systems and processes to ensure people were safeguarded from abuse. Recruitment records we looked at showed that new staff had been carefully recruited to ensure they had the right qualities for the job. People who used the service were involved at each stage of the recruitment process to ensure their views on each applicant were sought and considered. Recruitment procedures were thorough and ensured they had sufficient evidence of the applicant's suitability before staff were confirmed in post. There was a low staff turnover and this meant people had a consistent service from staff they knew and trusted. There were enough staff to meet people's needs safely.

Staff had received safeguarding training and were confident they knew how to recognise and report any safeguarding concerns. Policies and procedures had been established in relation to safeguarding and whistle blowing. Where staff supported people to manage their finances, all money spent on the person's behalf was carefully recorded and running balances had been maintained and were regularly checked. Where people were unable to open their door to staff, the staff knew how to enter the person's home and how to ensure their homes remained safe and secure. Staff knew people well and were able to recognise signs of changes in behaviour and mood. Where staff had concerns that people may have experienced abuse they had raised concerns promptly. The provider and registered manager had reported incidents or concerns to the local authority safeguarding team and worked closely with the teams to ensure people were protected.

People were encouraged and supported to manage their own medicines where possible. Where people required support with their medicines this was well managed. Staff had received training on safe administration of medicines. Care plans contained instructions for staff on how each person wanted to be supported with their medicines, and any risks. For example, one person had told staff, "I am fiercely independent. I will not always ask for help even when it's required. If I look like I am in pain please ask if I would like some pain relief." Medicine administration records (MAR) had been completed for each medicine administered to people and there were no unexplained gaps. One person was prescribed medicines on an 'as required' basis but these had not been listed on the MAR, although we were assured they had not been needed for a number of weeks. We spoke with a member of staff who confirmed they would put a MAR chart in place promptly.

People were protected from the risk of infection. Staff received training on infection control. There were policies and procedures in place to ensure staff understood the measures they must take to ensure safe infection control procedures were followed. The provider told us in their PIR "Where we provide support (24

hours a day, seven days a week) cleaning schedules are in place to ensure premises are kept clean and hygienic to minimise the risk of infection.

People were protected from risks to their health because the provider regularly monitored incidents and accidents and considered any actions they must take to prevent the problems occurring again. They told us in their PIR "New risks identified, by incident, accident, near miss or other means are assessed recorded and monitored by staff. Updated risk assessments are read and followed by staff. Regular service reviews and quality monitoring checks ensure procedures are followed. Concerns regarding people's safety that are raised by staff, service users or others are investigated and where necessary plans are developed and monitored to ensure they are delivered." Where people used equipment such as hoists and wheelchairs to help them move safely, their care plans contained moving and handling plans, risk assessments, and detailed information on how to use the equipment safely. A person told us their care plan explained to staff the sling straps to use when helping them to use the hoist and said "I feel totally safe."

Is the service effective?

Our findings

People continued to receive an effective service. A person told us "They are so helpful to me."

Before people began using the service they were involved and consulted in an assessment of their needs. If the person needed support in the assessment process their families, friends and professionals were involved and consulted. The information gathered was used to draw up a care plan setting out their needs. Where possible people were encouraged and supported to write their own care plans. The care plans covered a wide range of health and personal care needs, and social needs, and they were well laid out, detailed and easy to read. This meant people could be confident their care plan provided staff with sufficient information about their health and personal care needs and how they wanted to be supported. Care plans were drawn up in a format suitable for the person. For example, some care plans contained signs, symbols and photographs to enable the person to have as much involvement in the process as possible. People were given information about the service in a format suited to their individual needs. The provider told us they had a service user forum and they had consulted this forum on all of the documents they provided to ensure the information met all communication needs.

People received a reliable service from staff they had chosen. The provider told us in their PIR, "Matching people with the correct staff is initially done by assessing skills, knowledge, qualifications and interests, using a matching profile. When staff are introduced and shadow an experienced colleague their compatibility is monitored by seeking feedback from new staff member, experienced staff member and the person themselves". People told us if they did not like any member of staff for any reason their views were respected and the staff member did not visit them again.

Effective planning systems were in place to plan staff rotas. People were given a timetable several weeks in advance letting them know the names of the staff, dates and times of each visit. People told us the service was reliable, and they never experienced a missed visit. One person gave an example of a member of staff who went off sick that day and another member of staff on their regular team of carers had stepping in to cover the visit. Staff were flexible and willing to provide support to people at times to suit the person.

Staff were well trained, well supported and happy in their work. People who used the service were also involved in the training and this helped to ensure the training staff received was tailored to people's specific needs. For example, one person attended a training session on diabetes to ensure staff understood how diabetes affected them.

Staff received induction training at the start of their employment. After this they received more in-depth training and regular updates on a range of health and safety topics and topics relevant to the needs of people who used the service. This included manual handling, safeguarding, and autism. Staff who supported people whose behaviours challenge others were trained in Positive Behaviour Support (PBS). Training included the difference between lawful and unlawful restraint practices. Staff were supported and encouraged to gain relevant qualifications such as diplomas. A member of staff told us their recruitment and induction had been, "Amazing. Fabulous." We asked another member of staff about their training and

they told us, "I've done loads." Their induction had been "thorough" and had included a period of shadowing experienced members of staff. Staff told us they received regular supervision and annual appraisals, and this was confirmed by the records we saw. .

Staff worked closely with relatives and professionals to make sure people's health and personal care needs were well met. Care plans explained each person's health needs. People were supported by staff to seek advice and treatment when any changes in their health was noted. For example, during our inspection a GP had been asked to visit a person who had become anxious. Where people needed supported to attend regular appointments these were recorded in the person's communication diary and staff rotas were planned around the appointments to ensure the appointments were not missed. A professional told us they had received two requests from staff for support and advice. They said, "Staff appeared responsive to recommendations on both occasions and always consider the needs of the individuals they support (rather than being service led)."

Staff knew what foods people liked and disliked and foods they were unable to eat. People were supported to plan and cook healthy meals of the person's choice. Staff understood each person's ability and rights to make choices and decisions. Families were involved and consulted appropriately.

The provider, registered manager and staff understood and followed the principles of the Mental Capacity Act 2005 (MCA). People's right to make decisions about their lives was respected and supported. Where people had been assessed as lacking capacity a best interest decision was made in line with legislation. Verbal consent was sought from people who required support with their personal care and their wishes are respected. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS)

Is the service caring?

Our findings

People continued to receive a service that was caring.

People and relatives praised the staff team for their caring manner. Staff were cheerful, friendly and positive. Staff knew each person well and displayed patience, kindness and understanding. Staff understood the importance of treating each person equally, and as an adult and a valued individual. A person told us, "They are really friendly." They went on to say, "They are there for me. They are really good at picking me up. My carers know me very well. They pitch it just right." A relative praised the staff team and told us, "They go the extra mile." Another relative told us, "They have a very gentle approach and are very consistent." A professional told us, "Staff supporting [person] knew him well and appeared very caring towards him whilst also respecting his independence."

People were supported by staff who treated them as a friend. A person told us it was important to them to be supported by staff who they could look upon as friends. They said, "I need friends who are willing to do stuff for me." They went on to say their staff team were "Perfect." They also told us, "What I love about them is that every time they get a new carer they think would be good for me they put them in for a shadow shift. They ask my opinion. They also ask the new staff member's opinion." This made the person feel involved and consulted in the organisation, and fully involved in planning and organising their own care needs.

Staff knew people well and understood the people and things that were important to them. A member of staff described how they supported a person to plan and organise their own birthday party. They also explained how they researched upcoming concerts and events and helped the person plan and organise special outings.

A relative described how a person had become much happier and more fulfilled since they began receiving a service from I grow. The person's family experienced illness which meant they could no longer live with their family. The relative told us, "Things were bad." They went on to describe how the provider, "Got it all sorted. [Provider's name] was able to see the whole picture. [Person's name] was the happiest I have ever seen him". The provider had helped the person find their own house to rent, decorate and furnish the house and make sure it was safe. The relative pointed to photographs on the person's mantelpiece of things the person had done and places they had been since they began receiving support from I grow. The person was smiling and happy. The relative went on to say, "He is empowered now. If he doesn't like a person he will say so. He has the team he wants now. It's a lovely team of ladies." They described how the provider and staff did many things to make the person feel 'special', including arranging birthday parties. The provider and some of the office staff, as well as the care staff had attended the parties. The provider and staff also cared about the family. The relative told us, "What they do makes such a big difference to families."

People were supported to maintain relationships with families and friends. A professional told us "They were able to move my recommendations on very well . . . and this has actually led to what we had hoped and sibling relationship is flourishing for the first time (probably ever, from descriptions given by sibling). They supported the person and family well through a bereavement (mother) and I am told by them and the social

care professional that things are really going well."

A member of staff described how one person had become much happier and calmer since they began receiving care from I grow. They had worked with health and social care professionals to monitor the person's moods and followed advice to provide positive support to the person. They had initially completed 'mood charts' but the person had improved so much the charts were no longer needed. They told us, "it's very rewarding."

Staff knew how to gently support and encourage people to overcome fears and anxieties and to help them gain confidence and happiness. For example, a member of staff described how they had helped one person to learn to swim. They also told us about a person who had been afraid of dogs which had meant they were frightened to go out in case they met a dog. The member of staff had helped the person overcome this fear. The person was now able to go out for walks confidently, and they were longer upset when they met a dog.

Staff understood the importance of respecting people's privacy and dignity. Care plans explained how to support people with personal care tasks and how to protect their dignity. Staff explained how they made sure people were offered towels or dressing gowns to cover up during personal care. Doors and curtains were closed to ensure privacy. Staff also recognised the importance of allowing people personal time alone, for example in their bedroom, or the toilet or bathroom.

People, their families and friends were encouraged to express their views and be actively involved in making decisions about their care, and about the service. There was a service user forum. The provider sought people's views on a range of issues through the forum, including staff recruitment.

Is the service responsive?

Our findings

People continued to receive a service that was responsive to their changing needs. Before the provider agreed to provide a service they met with the person and their family and representatives to assess the person's needs. People were involved and consulted in drawing up a plan of their support needs. The support plans were easy to read and contained sufficient information on each person's daily routines and how they wanted to be supported. A member of staff told us they felt the care plans were detailed saying, "Yes, definitely. [Person's name] is particularly good. It gives a good amount of information." A member of staff told us, "I love I-grow care and support person centred approach to both staff and service users alike"

Relatives told us people's lives had been transformed since they began receiving support from I grow. We heard examples of how people had become much calmer and happier. People were enabled and supported to lead fulfilling, independent and active lives. People were supported to reach their goals and ambitions. People were supported to lead active and fulfilling lives. Each person's interests, goals and ambitions had been assessed and their care plan explained how they wanted to be supported to achieve their aims. For example, one person had written their own list of things they wished to achieve in the following year and we heard how many of these had already been achieved, including meeting a celebrity they very much admired, and going to a famous night club. A member of staff told us about some of the things they regularly supported people to do, including going to pubs and concerts, sporting activities such as Special Olympics, and going on holiday with people to places of the person's choice.

People were encouraged and supported to keep in touch with their families and friends. People were supported to visit friends and families or to keep in touch by telephone, text messages, emails or video computer technology. For example, a member of staff told us they sent a text message to a relative to make sure they would be in when a person rang them. This reduced the risk of the person becoming upset if they tried to ring the relative but could not get a response.

People and their relatives were confident they knew how to raise a complaint and confident any concerns would be listened to and acted upon. People were given a copy of the complaints policy in a format they could understand, for example in an easy to read format if they required this. The provider told us they would read the policy to a person if the person was unable to read or follow an easy to read format. A person told us one minor issue had arisen with a member of staff in the first few months after they began receiving a service. They visited the office and spoke with the registered manager and said, "He dealt with it immediately. No sooner had the words left my mouth. They sorted it out – understood immediately." In the last year the provider had received no formal complaints, although they had received many compliments.

Information was provided to people in a format suitable for their individual needs. A service user had been employed by the provider to help them review all of their documents, policies and procedures to ensure they were written from a service user's point of view, easy to read and understand.

At the time of this inspection there were no people close to the end of their death. The provider had participated in a project working in partnership with a local hospice. The project helped them to consider

ways of ensuring people receive care at the end of their lives with dignity and as much independence as possible. This meant that any people who need end of life care in the future can be confident their care needs will be met.

Throughout the inspection we saw evidence of how the provider and staff understood and promoted people's rights as equals regardless of their disabilities, backgrounds or beliefs. For example, some people were supported to attend religious services. The provider also recognised the rights and needs of their staff, for example by planning staff rotas around church or religious services to enable staff to continue to practice their faith. Staff had also been supported to do voluntary work in other countries to help them gain an insight into other cultures.

Is the service well-led?

Our findings

People continued to receive a service that was well-led.

There was a registered manager in post. 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. The provider was also fully involved in the day-to-day running of the service.

The registered manager and provider promoted an open and positive culture. People, relatives and staff were able to visit the agency office easily and were always made to feel welcomed. A member of staff told us, "I've been given a great deal of support and understanding from my management which I've never experienced before with the option to be able to talk about my personal information as well as work related information which has been a great relief and help strengthen confidence in myself and being a care worker. They are a company I believe in whole heartedly. Another member of staff told us, "I am listened to and appreciated." A professional told us, "I have always been able to get hold a manager." The provider told us in their PIR "The vision, aims, objectives, company ethos and values are contained within the Staff Handbook which is issued to staff at induction. Staff are informed of what is expected of them and this is monitored throughout their employment."

Policies and procedures were in place on a wide range of topics and these were regularly reviewed and updated in line with national legislation and good practice. Staff had access to their rotas, and to policies and procedures through secure access to the provider's computer records. Staff also received regular bulletins and updates by e-mail. A person told us that the company was flexible when enforcing their policies and procedures. They told us the provider had worked with them to adapt a policy to meet their individual need. The provider had helped them find a safe solution to enable them to communicate with their staff team through social media. They told us, "I checked and checked with [the provider and registered manager] to make sure it was Ok. This showed how flexible the organisation is."

The provider had systems in place to monitor, assess and improve the service. Checks were carried out regularly on all areas of the service, including quarterly visits to people's homes where they completed detailed checks on all aspects of the service people received. The provider had worked with the local authority commissioning team to ensure they met the local authority's required standards. They also had a range of checks and audits in place to ensure they met all relevant legal requirements and good practice. There was an open culture, and people, relatives and staff said they found access to the office and management team welcoming and easy. Staff were positive and happy in their jobs. There was a clear organisational structure in place. A member of staff told us, "They are very approachable here." Another member of staff told us, "The service this company gives is with care and consideration to the client." A professional told us "I found communication easy with them and they appeared to have a good value base that reflected a valuing and human rights based perspective on supporting [the person]". They went on to say "The support people and the manager I came across were good people, they were approachable, easy

to discuss issues with and receptive to working with outside agencies."

People's views were sought through questionnaires, service user forum meetings, and through visits to people's homes. The provider also sought feedback from professionals and from staff. A professional had given them feedback in the last year saying "I wanted to commend your fantastic team. I work with a lot of organisations and teams across the UK and the group I worked with in Plymouth were exceptional. The answers given and the positivity seen in the training environment was a breath of fresh air, and I am sure this is partly down to your guidance and support."

There was a culture of learning from mistakes. The provider told us, "When mistakes are made or standards fall below those expected we are open and honest with people and take immediate action to rectify the situation." They also told us "Good practice and innovation is also recognised and celebrated."

People, families and staff were involved in every aspect of the service. Their views were sought, and their ideas and suggestions welcomed and acted upon where possible. A relative told us, "They do listen to us." The provider worked closely with other organisations to ensure the service met current legislation and good practice recommendations.