

ICRIT Limited

# ICRIT Healthcare

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

This announced comprehensive inspection took place on 18, 19 and 20 September 2018.

ICRIT is a domiciliary care agency, providing personal care to people living in their own homes in the community. They provide support to; older adults, including people living with dementia, people with physical disabilities, and people with learning disabilities. At the time of our inspection there were 27 people in receipt of a regulated activity.

At the last inspection in September 2017 the service was found to be in breach of the regulations; in relation to staffing and governance, and were rated as requires improvement overall. The service submitted an action plan which described the actions they would take to improve the service. We reviewed how this had progressed at our inspection. We found there had been significant improvements in the training staff received and they were no longer in breach of this regulation. There were some ongoing concerns in relation to governance.

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 registered manager was supported by shift coordinators and senior care staff.

The service had not consistently met peoples' needs safely. One person had been assessed as needing two carers to support them with all transfers but told us, that until recently, transfers had regularly been performed by one carer. A visiting social worker had raised a safeguarding concern. Bolton Council had suspended the commissioning of new packages of care until the safeguarding investigations had been concluded. We were confident the person had been supported safely since then because the procedure had been improved. The person told us they were always supported by two carers now.

Staff were knowledgeable about how to protect people from the risk of harm and abuse. Staff knew how to recognise and raise any safeguarding concerns. Risk assessments had been completed in people's care plans and had been reviewed and updated regularly.

Staff had been recruited safely with all necessary checks completed before they started working with people who used the service.

There were sufficient staff to support people safely. Staff we spoke with confirmed this. People who received a package of care also confirmed staff were not rushed. Medicines were managed safely. Staff had received training in infection control and could describe the steps they took to minimise the risks of infection.

Accidents and incidents had been recorded and actions taken to ensure the risk of reoccurrence was

minimised. Lessons learned from incidents were recorded and discussed in team meetings.

People's needs were assessed prior to their package of care starting. Assessments included all the persons' health and social care needs. People, their relatives and other professionals had been involved in the assessment and care planning processes.

Staff who had started working for the service since the last inspection praised the quality of the induction programme they had undertaken. People who used the service said they felt staff were knowledgeable and knew how to support them.

There was a supervision policy in place. We could see staff had received supervision regularly to discuss their practice and development. Staff we spoke with reported benefitting from regular supervision.

At the time of this inspection no one was subject to restrictive practices amounting to a deprivation of liberty. The service continued to work within the principles of the Mental Capacity Act 2005. People had signed consent to receive care and support. Staff understood the importance of getting people's consent before they provided personal care or support.

Where it had been agreed as part of their package of care, people had been supported with meal preparation and to maintain their nutrition and hydration. Records of food and drink prepared and consumed had been completed.

Some people had equipment in their homes to support them with the activities of daily living, and mobility. Guidance on the use of equipment had been provided for staff. Staff received practical training on the use of hoists and other mobility aids, from Bolton Council, prior to supporting people with this. We found one person's mobility plan had not been followed. We were confident this had been addressed.

We observed staff supported people in their homes in kind and caring ways. People we spoke to told us they found the staff to be caring and patient. Staff we spoke with told us how important they considered their role in caring for people in ways they would value themselves.

People's cultural and religious backgrounds had been discussed with them and recorded in their care plans. Any specific support a person needed to maintain their identity needs had been detailed. Staff were knowledgeable about the principles of equality and who might be considered to have a protected characteristic as described in the Equality Act 2010.

There was a policy about advocacy and the use of advocates but at the time of this inspection no-one had been assessed as needing an advocate.

People were encouraged to share their views and raise their concerns. A service user survey had been completed since the last inspection and showed a high level of satisfaction in relation to the care people received.

People received care that was personalised and responsive to their needs. Care plans had been developed which reflected their needs and preferences. People's needs were reviewed and care plans updated to reflect any changes. Staff we spoke with knew how to recognise changes and how to report them.

There was a complaints policy. Where complaints had been made we could see these had been fully responded to. A log of complaints had been maintained. People we spoke with said they knew how to raise

any concerns they might have and, when they had raised anything, felt it had been responded to.

The service did not routinely provide end of life care. Where they had been involved in providing this support, since the last inspection, the lead had been taken by community health professionals. The registered manager advised they were looking to improve their knowledge and skills in relation to this aspect of care and had arranged for some training. We will review progress at the next inspection.

There was a clear management structure in place. Staff were aware of what was expected of them in relation to the standards of care they provided and their own professional behaviour. Staff we spoke with said they found the management team were easy to contact and were supportive.

Governance systems had not always ensured the management had oversight of all aspects of service delivery. A recent safeguarding concern raised by a social worker in relation to moving and handling practice, showed the management had not realised staff had failed to follow the agreed risk assessment.

Other auditing completed, which included spot checks of care practice and records, had been done regularly by the registered manager. We saw where any concerns had been identified these had been addressed and appropriate action taken.

At the previous inspection the service had been found to have not submitted all the required notifications to CQC in a timely way. We found this had occurred again when a notification had not been submitted as soon as the registered manager had been aware of an incident. In addition, the registered manager had not been aware of all of the events they were obliged to notify CQC of.

The service's CQC report and rating was displayed in the office and on the services' website.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Requires Improvement 

The service was not consistently safe.

Staff had not always provided safe care and treatment when supporting people with moving and handling. Risk assessments had not always been followed. This had been addressed prior to this inspection and we were confident this unsafe practice had stopped.

People who used the service told us they felt safe and were content the staff had enough time to meet their needs.

Where the service was responsible, people had been supported to manage their medicines safely.

### Is the service effective?

Good 

The service was effective.

People's needs had been assessed prior to them receiving a package of care. Care plans had been developed to ensure people's needs were met and included any guidance and advice from other professionals.

Staff had received all necessary training and there was a system in place to ensure necessary refresher training was identified in advance. Staff we spoke with praised the quality of the training they had received.

The service continued to work within the principles of the Mental Capacity Act 2005 (MCA) to ensure people had the right support to make specific decisions. People told us staff always asked their permission before providing care and had signed consent to receive care documents.

### Is the service caring?

Good 

The service was caring.

People who used the service and their relatives felt the staff were kind and caring when supporting them.

Staff we spoke with were skilled at supporting people respectfully and upholding their dignity. Staff spoke about providing care they would value themselves.

People's communication needs and preferences had been recorded in the care plans to ensure they were involved in any decisions. Staff were skilled at involving people in decision making by using the most effective methods for the person.

### Is the service responsive?

Good ●

The service was responsive.

People received care that was personalised and responsive to their needs. Care plans included sufficient detail about the person's background, cultural needs and preferences and well as their needs and how they preferred them to be met.

Where the service were responsible, people were supported to access health professionals when required.

There was a complaints policy. We could see where complaints had been raised the service had responded fully and kept clear records of the outcomes of any complaints. People who used the service told us they felt happy to raise any concerns they might have.

### Is the service well-led?

Requires Improvement ●

The service was not consistently well led.

People who used the service and their relatives had told us they found the management to be approachable and responsive. Staff told us they enjoyed working for the service and could trust the management to provide consistent guidance and support.

Though there had been improvements since the previous inspection governance systems had continued to fail to identify some issues that had been found by a visiting social worker and at this inspection.

The service had not always informed CQC of incidents in a timely way. The registered manager had not been fully aware of their obligations to notify. We will review this at the next inspection.

# ICRIT Healthcare

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection site visit activity started on 18 September 2018 and we returned for a second day on 20 September 2018. We gave 24 hours notice of the inspection because the service provides care to people in their own homes and we needed to be sure someone would be in the office when we visited to facilitate the inspection. Telephone interviews of staff, relatives and people who used the service were completed on 19 September 2018.

The inspection was completed by one adult social care inspector from the Care Quality Commission (CQC).

Before the inspection we reviewed information that we held about the service. This included notifications which the provider had told us about. A Provider Information Return (PIR) had been completed to support us with our inspection planning. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also looked at information from other agencies such as the local authority and clinical commissioning group.

During the inspection we spoke with the registered manager and a senior care worker. We conducted telephone interviews with five people who used the service, three of their relatives and five members of staff. We visited two people at home to observe the care they received and ask them about their experiences.

We looked at the recruitment records of four staff, the care records of six people, supervision and training records, staff rotas and other records relating to quality and audit checks completed by the service.

We also checked that the previous Care Quality Commission rating for the service was prominently displayed for people to see. The last inspection report and rating was displayed in the office area. The service had a website and the last inspection report and its rating were on this.

# Is the service safe?

## Our findings

People who received care from this service told us they felt safe. One person told us, "I feel safe, my regular carer is better than excellent." Another told us, "I feel safe, they always turn up and they have enough time to help me." One of the relative's we spoke with said, "They are really good, they always make sure (relative) is safe even if they have to stay longer than they should. They are the best we have had."

At the previous inspection there had been a mixed response from other professionals we spoke with regarding this service. The local safeguarding authority continued to have some concerns in relation to unsafe moving and handling practices. Bolton Council had suspended the commissioning of new packages of care with ICRIT until their concerns had been safely concluded. We looked into this incident and found since the safeguarding concern had been raised the service had reviewed their procedure to ensure safe practices could be maintained. The person concerned had confirmed this was now in place.

Another safeguarding concern had been raised in relation to missed visits which had resulted in harm. We discussed this with the registered manager and we were satisfied the service had addressed the potential for future clerical errors to avoid reoccurrence. The new call monitoring system in place identified to the shift co-ordinator when a visit was late or the carer had not logged in which allowed them to address it straight away. We saw how the shift coordinator rang staff to check up when an alert had been raised on the system. There had been a long delay in notifying CQC of this incident which is addressed later in this report under the well led domain.

There was a safeguarding policy and procedure in place. Staff we spoke with knew how to access this and were able to identify what might be a safeguarding concern. Staff knew how to raise a concern and how to escalate their concerns, if required, by whistleblowing to the local authority or CQC. We could see where a safeguarding concern had been raised it had been investigated and responded to properly to ensure the person was protected from harm.

Risk assessments had been completed in each person's initial assessment to identify the specific environmental risks and considerations to ensure staff were safe and any hazards in the home were identified.

Risk assessments in relation to care and support provided had also been completed, in the six care plans we reviewed we could see risk assessments had addressed all elements of the persons health and social care needs, including; mobility, personal care, medicines, eating and drinking and managing finances. Risk management plans were in place to minimise the potential for harm. The risk assessments had been reviewed and updated regularly and also when anything had changed which might affect a person's support needs.

There were enough staff employed to ensure visits could be completed safely. People who received care from the service told us, "They visit me four times a day and they are very good, they will always ring me if they are running late and have enough time to help me without rushing." However, one person told us,



"Sometimes they do not stick to the times and this can be difficult when they are very late. I need to keep to my routine." Staff we spoke with told us they always felt they had enough time to complete their visits.

At the time of inspection there were 22 care staff employed. We reviewed the recruitment records of four care staff, including people who had been employed since the last inspection. We found staff continued to be recruited safely. Recruitment files included; applications, interview notes, references, employment histories and proof of identity. In addition Disclosure and Barring Service (DBS) checks had been undertaken to ensure that new applicants did not have any criminal convictions that could prevent them from working in a care setting with vulnerable people. We noted that all of these checks had been carried out prior staff commencing employment.

We looked at how the service managed medicines and found they continued to manage them safely. We visited a person at home for whom the service was responsible for managing medicines. We could see these had been stored securely. Medication administration records (MAR) charts had been completed and had been signed without any gaps. We also reviewed MAR charts for four other people, stored in the office, and found these had been filled in correctly. This showed people had been receiving their prescribed medicines correctly. Audits of medicines records completed by the registered manager and senior care staff had been able to identify and address errors in a timely way.

Staff had received training in infection control to ensure they were able to provide personal care and support avoiding the potential for cross contamination and infection. We saw staff were using the appropriate personal protection equipment (PPE) such as gloves and aprons when supporting a person. The service ensured PPE was available at all times.

Where accidents and incidents had been recorded we could see the service had investigated using a root cause analysis tool to establish the causes. They had developed action plans to minimise the potential for reoccurrence. Lessons learned had been shared with the team and included in team meeting minutes. This showed the service was committed to learning from experience to make improvements.

## Is the service effective?

### Our findings

People who received a package of care from the service told us they felt the staff were knowledgeable about their needs and knew how to support them. One person told us, "The carer is very skilled, they are fast and do everything right." Another told us, "On the whole they are very good, they appear to know what they are doing."

People's needs and preferences had been thoroughly assessed prior to them receiving a package of care. The service used the assessment provided by the local authority and completed their own assessment with the person and their relatives. Care plans had been developed to ensure people's needs were being met effectively. At the previous inspection we had found that assessments by other professionals had not always been included in the care plans with sufficient detail. At this inspection we found they had been. We could see profiles in the care plans had detailed a person's complex needs and had included the advice provided by a speech and language therapist in relation to food consistency to avoid the risks of choking. Staff told us they found the care plans contained enough information and detail and were useful to refer to.

At the last inspection we found the service had not ensured all care staff had completed training in essential areas, including; first aid, dementia awareness, mental capacity training, equality and safeguarding adults awareness. They had been found to be in breach of the regulations in relation to staffing. At this inspection we found significant improvements had been made and the service was no longer in breach of the regulations. Staff had received mandatory training and there was a system in place to identify when anyone needed a refresher. Staff we spoke with, who had started employment since the last inspection, told us they had received a good induction programme including shadowing which had helped them to do their jobs. Staff also told us they received ongoing training, including some provided by Bolton Council for moving and handling and the safe management of medicines.

There was a supervision policy in place. We could see staff had received supervision regularly to discuss practice and development. Staff we spoke with reported benefitting from regular supervision. Staff also said they could raise any queries they had at any time and did not need to wait until they had supervision. The service continued to provide additional supervision in relation to any specific issues to support staff to develop their practice.

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.

The service continued to work within the principles of the MCA. People's capacity to make specific decisions had been assessed. In addition, people had signed a consent to receive care document. Staff understood the importance of ensuring people consented to care and support provided and were able to describe how they discussed this with people first. People who received a package of care told us staff always asked their

permission first.

Where the service were responsible, people had been supported to maintain their nutrition and hydration. There were risk assessments which identified nutritional risks in peoples' care plans which we could see had been followed by the staff. Where required, records of food and drink prepared and consumed had been kept.

Where the service were responsible, people had been supported to maintain their health and wellbeing, they had support to make medical appointments and to follow any advice received from health professionals which had been recorded in the communication section of the daily notes.

Some people had equipment in their homes to support them with the activities of daily living and mobilising. Guidance on the use of equipment had been provided for staff. Staff had received practical training on the use of hoists and mobility aids from Bolton Council. We found one person's plan had not been followed but were confident this had been addressed and was now being followed.

## Is the service caring?

### Our findings

People who received a package of care told us they felt the staff were caring and kind. One person told us, "My carer is very good and is better than any other I have had, I cannot fault them." Another said, "The staff are caring and they treat me politely and with respect." A third person said, "Staff are really kind to me and I never have any problems with this lot [agency]." One of the relatives we spoke with praised the kindness of the staff and their dedication to their jobs.

Staff we saw during home visits behaved politely and kindly towards the people they were supporting and their relatives. Staff we interviewed told us about their motivation to provide high quality care in the manner they would hope they or their own family would receive. One staff member said, "I try to look after people in the way I look after my mum. Everyone is important to me."

Staff were skilled at supporting people in ways that maintained their dignity and respect. One person told us, "I feel comfortable when they help me shower, I know what they are doing, they always talk to me." Staff we spoke with described how they protected people's dignity. One member of staff said, "I always try to reassure people, I describe what I am planning to do and check they are ok with this." Another told us, "Sometimes I might need to persuade someone. It is important that I know that person well enough to understand what might be a good incentive to encourage them."

People were supported to make choices about their care and have some control over the care they received. One member of staff told us, "It is important that people are able to exercise their choices. I always ask them, even if I know the answer I give them the chance to choose."

The Accessible Information Standard (AIS) was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. We found the service had met this standard. There was an AIS policy and procedure in place. We saw people had communication plans in their care plans which detailed the most effective ways to support the person to communicate. The service had also translated a care plan into the first language of one person to ensure all the family could follow it.

People's cultural and religious backgrounds had been discussed with them and any preferences in relation to this had been recorded in their care plans. Staff were knowledgeable about the principles of equality and who might be considered to have a protected characteristic as described in the Equality Act 2010.

There was a policy on advocates and advocacy services. At the time of this inspection there was no one who was assessed as needing to access advocacy services. The majority of people were either able to advocate for themselves or had the support of relatives.

People who received a package of care were encouraged to express their views. A recent survey of all service users had been completed by half of people who were sent them. The results showed a high level of satisfaction in relation to the care people received and the quality of the staff supporting them. In addition,

people had opportunities to raise their concerns at any time. There was a section on satisfaction in the care plan reviews. We could see where people had raised any concerns these had been responded to.

## Is the service responsive?

### Our findings

People continued to receive care and support that was personalised and responsive to their needs. Care plans had been completed holistically and included; information about the person's needs, their preferences for how care was provided and how they preferred staff to act in their homes. People who received a package of care, and their relatives, told us they had been involved in developing their care plans.

We viewed four people's care plan records. We found a copy of the person's assessment of needs and the plan for how each of their identified needs was to be met. We could see evidence people had been involved in the development of their plans. We looked at the entries in the daily logs and found care had been provided as described in the care plans. We looked at some call log records and found staff had been staying for the majority of the time allocated to each visit. We could see visits had been planned to minimise the disruption travel between them might have had.

Staff we spoke with told us they always made a note of any changes to the persons needs in the daily records and ensured they passed on any significant changes to the shift coordinator and manager. These records were also used when reviewing care plans to ensure they were up to date. We asked staff what happened when someone who did not have a relative to support them needed to be referred to a health professional or other service. We did not see any records in the daily records of any referrals. Staff told us they informed the manager who would make the necessary referral. We discussed this with the registered manager who said they had not always recorded these phone calls in the person's daily records but had begun a log of calls in the office. The registered manager will ensure these entries are in people's records to evidence the action they had taken in response to changes. We looked at the log in the office and could see referrals had been made on a regular basis. We will review the records in people's daily notes at our next inspection.

We looked at the reviews in people's care plans. We saw people's care plans had been reviewed at regular intervals. Where there had been any changes to the person's needs or wishes the service had followed this up, and had referred people for a reassessment to ensure their care package was at the optimum level. One person who received a package of care told us, "I think my care plan is very thorough and I have been involved in reviews."

There was a complaints policy and procedure in place. We looked at the complaints records and found all complaints and concerns had been logged and investigated in line with the policy. Complaints received had been investigated, there had been meetings arranged with people to discuss their concerns, where required, and outcome letters explaining the findings and proposed actions to resolve the matter had been sent. People we spoke with said they felt they could raise a concern at any time. Not everyone we spoke with felt confident their complaint or concern had been listened to, one person told us they had to raise a matter a few times before it was addressed. We raised this with the registered manager who advised this had been resolved and they would monitor any further concerns in relation to that issue.

Compliments had been recorded in the review forms, comments included, "We are happy with the service",

"Staff are always caring and friendly, they have a positive attitude." "The staff's caring and thorough care has enabled me to stay in my home for longer." Compliments were fed back to staff by the registered manager when they came in.

The service did not routinely provide end of life care. Where they had been involved in providing this type of care since the last inspection the lead had been taken by community health professionals. The registered manager advised they were looking to improve their knowledge and skills in relation to this aspect of care and had arranged for some training. We will review progress at the next inspection.

## Is the service well-led?

### Our findings

People we spoke with who used the service praised the approachability and responsiveness of the management team. One person told us, "the service is well managed I know who the managers are and can talk to them." Another person told us, "The managers are well organised, they sort the hours out well." A relative told us, "They are the best we have had, they really go the extra mile." Staff we spoke with said, "Managers are clear about what they expect." Another said, "The service is well managed, they listen to us which is important to me, they lead by example."

There was 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.

At the previous inspection we found governance systems were not robust enough in relation to the auditing of care plans, staff training records and consents to receive care and support. At this inspection we found there had been some improvement in relation to staff training and written consents. However the increased frequency and scope of audits of the care plans had not identified the concerns we found in relation to safe care and treatment. The governance systems had not ensured management had oversight of all aspects of service delivery.

This meant, the provider had failed to maintain good governance. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff were aware of what was expected of them in relation to the standards of care they provided and their own professional behaviour. We could see the registered manager had completed regular spot checks to ensure care was being provided in line with the care plans. Action had been taken to address any areas identified with the staff member concerned.

We looked at how well the management and staff team maintained effective communication to ensure they had accurate knowledge of people's needs and were aware of any changes to procedures. There was a handover system which ensured people's needs were communicated at each shift change, these included any changes since the last time the staff worked. Regular team meetings were held and the minutes were available for staff to read. One member of staff told us, "Team meetings have improved and information comes through to us on our phones which keeps us up to date."

The service had comprehensive policies and procedures in place in relation to all regulated activities. We looked at some of the records maintained which showed the service were following their own policies and procedures. Staff knew how to access the policies and procedures both on line and the office.

There was a business continuity plan in place which described how to respond to specific events that might interrupt the delivery of the service.



We checked to see whether the service was telling CQC of incidents and events listed as required notifications in the regulations. At the previous inspection we found that though the service had submitted all the necessary notifications they had not always done this in a timely way. At this inspection we found a similar lack of timeliness on one occasion. We discussed this with the registered manager who is aware of the need to address this. In addition the registered manager had not fully understood all of their obligations to notify CQC of events. We discussed this with the registered manager who advised they would address this. There had also been some concern expressed by other professionals about the how effectively the service had cooperated with them when required. We discussed this with the registered manager who explained there had been some misunderstanding which they have since addressed. We will review this at our next inspection.

The service had developed some partnership working to develop and improve the quality of the service. This had mainly included working with universities. We discussed the different organisations other similar services worked in partnership with. This included care at home forum and the quality improvement network. The registered manager will consider whether this might benefit their service.

The most recent CQC report and ratings was displayed in the office and on their website. In addition they had given a copy of the previous inspection report ratings and summary to each of their service users and discussed the contents with them. This showed they were compliant with duty to display their ratings but had gone beyond this to ensure people using the service had been fully informed.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Governance and audits had not identified unsafe care and treatment.