

i-grow Care and Support Limited

i-grow Care and Support

Inspection report

Cargo Workspace

Unit 4/5

Phoenix Street

Millbay

Plymouth

PL1 3DN

Tel: 01752 268777

Website: www.igrowcareandsupport.co.uk

Date of inspection visit: 4 & 5 August 2015

Date of publication: 17/09/2015

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



Overall summary

i-grow Care and Support is a domiciliary care 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 the inspection three people were receiving support with personal care needs.

There was a registered manager in post who was responsible for the day to day running of the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

We carried out this inspection on the 4 and 5 August 2015; we told the provider 24 hours before the inspection that we would be coming. This was to ensure the registered manager was available when we visited the agency's office and so we could arrange to visit some people in their own homes to hear about their experiences of the service. This was the first inspection since the service was registered.

People told us they felt safe using the service. Comments included "I feel safe, staff know how to support me, if I didn't feel safe I would know what to do and who to tell". Relatives told us "I don't feel I have to worry I can sleep at night". Staff had received training in how to recognise and report abuse and were confident any allegations would be taken seriously and investigated to help ensure people were protected.

There were sufficient numbers of suitably qualified staff to meet the needs of people who used the service. The recruitment process of new staff was robust and people who used the service were involved when possible in the interview process. The requirements of an individual's support team were detailed as part of their support plan and this information was used to match the correct staff to people who used the service.

People received support from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support provided. Comments included, "The best care I have ever had" and "The staff understand how I want and need to be supported. A relative said "The staff understand the guidelines about how to support [...] and they make sure they follow them.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected.

There was a positive culture within the service. The provider/registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared by the whole staff team. The registered manager said part of the recruitment process was to ensure any new staff would fit in and understand the values of the service. The registered manager told us, "We tell new staff about the culture, value of the service at the point of recruitment, we make sure they understand they are here solely for the people they support". Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people. Staff talked about 'personalised care' and 'promoting independence' and had a clear aim about improving people's lives and opportunities.

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service. They were supported by other senior staff who had designated management responsibilities. People told us they knew who to speak to in the office and had confidence in the management and staff team.

Information was used to aid learning and drive improvement across the service. We saw accident and incident forms had been completed in good detail and included a process for staff to consider any learning or practice issues. The manager and staff monitored the quality of the service by regularly by undertaking a range of regular audits and speaking with people to ensure they were happy with the service they received. People and their relatives told us the management team were approachable and included them in discussions about their care and the running of the service.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe. People told us they felt safe using the service.

Staff knew how to recognise and report signs of abuse. They knew the correct procedures to follow if they suspected or witnessed abuse or poor practice.

People were supported with their medicines in a safe way by staff who had been appropriately trained.

Recruitment practices were robust and staff were employed in sufficient numbers to keep people safe.

Good



Is the service effective?

The service was effective. People received support from staff who knew them well and had the knowledge and skills to meet their needs.

Staff were well supported and had the opportunity to reflect on practice and training needs.

Staff had a good understanding of the Mental Capacity Act and promoted choice and independence whenever possible.

Good



Is the service caring?

The service was caring.

People and their relatives were positive about the service and the way staff treated the people they supported.

Staff were kind and compassionate and treated people with respect.

Staff supported people to improve their lives by promoting their independence and wellbeing.

Good



Is the service responsive?

The service was responsive.

Care records were written to reflect people's individual needs and were regularly reviewed and updated.

People received personalised care and support, which was responsive to their changing needs.

People were involved in the planning of their care and their views and wishes were listened to and acted on.

People knew how to make a complaint and raise any concerns. The service took these issues seriously and acted on them in a timely and appropriate manner.

Good



Is the service well-led?

The service was well-led.

Good



Summary of findings

There was a positive culture in the service. The management team provided strong leadership and led by example. The provider/registered manager had clear visions and values about how they wished the service to be provided and these values were understood and shared with the staff team.

People and those important to them were involved in discussions about the service and their views were valued.

Staff were motivated and inspired to develop and provide quality care.

Quality assurance systems drove improvement and raised standards of care.

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.

The inspection of i-grow care and support took place on the 4 and 5 August 2015. We told the provider the day before that we were coming. This was to ensure the registered manager was available when we visited the agency's office and so we could arrange to visit some people in their own homes to hear about their experience of the service. This was the first inspection since the service registered in February 2013. One inspector undertook this inspection.

Prior to the inspection we reviewed information we held about the service, such as notifications we had received. A notification is information about important events, which the service is required by law to send us.

During the inspection we visited the provider's office and spoke with the registered manager, and three members of the staff team, which included care staff. We looked at three records relating to the care of individuals, four staff recruitment files, staff training records and records relating to the running of the service.

We visited two people in their own homes and met three members of the care team and two relatives as part of these visits.

Is the service safe?

Our findings

People told us they felt safe using the service. Comments included “I feel safe, staff know how to support me, if I didn’t feel safe I would know what to do and who to tell”. Relatives told us “I don’t feel I have to worry I can sleep at night”.

Staff had received training in safeguarding adults. Safeguarding and whistleblowing procedures were available and staff were required to read them as part of their induction and on-going training. Staff understood about different types of abuse and knew how to report any concerns or incidents of abuse or poor practice. Staff told us there were opportunities to discuss practice and safeguarding issues and said they would not hesitate to report any concerns.

A key holder policy detailed the responsibility of staff and the service when entering and leaving people’s home. Support plans provided details for staff about what had been agreed with the individual about staff entering their home and any specific arrangements for ensuring the safety of the individual, their property and belongings.

Assessments were carried out to identify any risks to the person using the service and to the staff supporting them. This included environmental risks and any risks in relation to the health and support needs of the person. The risk assessment included the level of risk as well as action needed to minimise the risks where possible. For example one risk assessment detailed the risk for one person in relation to their mobility and independence in the community. The plan to reduce identified risks included advice and guidance for the person about keeping safe, such as the use of high visibility clothing. This assessment and support helped ensure the person concerned remained safe, whilst recognising their wish and need to maintain independence. Another plan detailed the risks in relation to a person’s personal care needs. The plan stated that the individual could not attend to all their personal care tasks independently or safely and described for staff the support needed to meet this person’s needs and keep them safe.

Staff were aware of the reporting procedures for any accidents or incidents that occurred. Reporting forms were available for staff within a file in the person’s home so that they could be completed and acted on promptly. Records

showed appropriate action had been taken when accidents or incidents had occurred and where necessary changes had been made to reduce the risk of a similar incident occurring in the future.

There were sufficient numbers of staff available to keep people safe. Some people had a designated team of staff supporting them seven days a week on a 24 hour basis. Others had care and support provided at set times dependent on their needs and requirements. Staffing levels were determined by an assessment of need and the tasks and wishes of the individual. People told us “There are always enough staff to make me feel safe and meet my needs, when I needed more help they arranged for an extra member of staff to assist”. Staff told us they felt staffing levels were safe and that they could raise any concerns about staffing with management if needed. The service used a computer package to rota the times people required their visits and to record, which staff were allocated to go to the visit. People who used the service were able to access this system, which meant they knew who would be visiting them and if necessary could raise any issues about the rota with staff or management. One person told us “I am able to look at the rota and I know who will be supporting me and visiting at all times”. People who were unable to use this system were kept informed of who would be visiting and about any changes to the rota. For example, one person had their own diary and pictures of the staff supporting them each day. One person told us “I am always kept fully informed about the staff rota, the staff have never been late and I would never have anyone arrive who I didn’t know”.

The computerised rota system also meant staff could access the system during the day as well as out of hours. The registered manager said this meant staff were working from the same information when speaking with people and relatives and other staff who may contact about their visits.

People had telephone numbers for the service so they could ring during office hours and in the evening and weekends if needed. The head office was situated centrally within the Plymouth area with good access if people wanted to visit.

Staff had completed a thorough recruitment process to ensure they had appropriate skills and knowledge required to provide care and meet people’s needs. People who used the service and their relatives were also involved in the recruitment process of staff that would be supporting them. One person said “When people are helping me in my

Is the service safe?

home it is really important they have the right type of personality". On the day of the inspection a relative was meeting a candidate as part of the interview process for a post within the service. Following the meeting the registered manager considered the views of the relative concerned as part of the recruitment process. Staff recruitment files contained all the relevant checks to show staff were suitable and safe to work with vulnerable people within the care environment.

Some people required assistance from staff to take their medicines. The service had a clear medicines policy, which stated what staff could and could not do in relation to administering medicines. People's individual support plans

described in detail the medicines they had prescribed and the level of assistance required from staff. These guidelines also included information about people's medical history and how they chose and preferred to be supported with medicines. Any risks in relation to medicines had been assessed and any specific arrangements, such as safe storage in the person's home had been considered with the person and their relatives. Where necessary records were kept in the person's home of any medicines administered and these were checked regularly by staff and management to ensure they were correct and well maintained. All staff had received training in the administration of medicines.

Is the service effective?

Our findings

People received support from staff who knew them well, and had the knowledge and skills to meet their needs. People and their relatives spoke highly of the staff and the support provided. Comments included, “The best care I have ever had” and “The staff understand how I want and need to be supported. A relative said “The staff understand the guidelines about how to support [...] and they make sure they follow them.

Staff told us they had good opportunities for on-going training. Before staff worked on their own they spent time shadowing experienced staff and getting to know the person they would be supporting. There was a programme to make sure all staff received relevant training and training was renewed and kept up-to-date. Staff said they were well supported by their colleagues and management. All staff received regular supervision and appraisal of their work. This gave staff an opportunity to discuss their performance and identify any further training required.

Staff were matched to the people they supported according to their own skills and interests and the needs of the person. When people first started receiving support the service gathered as much information from the person, their relatives and other agencies about their interests, personality, life so far and future needs. The service used this information to develop a profile about the person and the requirements of the care team supporting them. These requirements were documented and used as part of the recruitment process for care staff. One person told us “My care team are people who understand my needs but also people I like to spend time with and have in my home”.

The registered manager and staff had a clear understanding of the Mental Capacity Act 2005 (MCA) and how to make sure people who did not have the mental capacity to make decisions for themselves had their legal rights protected. The MCA provides a legal framework for acting and making decisions, on behalf of the individuals who lacked mental capacity to make particular decisions for themselves. Care records showed the service recorded whether people had the capacity to make decisions about their care.

People told us the staff always involved them in their care and asked for their consent before providing support. One person said “I am totally involved in managing my care arrangements, the staff know how important my independence is to me”. We saw that staff spoke to people about their care needs and checked out if they were happy with the support being provided.

Staff recognised when people’s capacity to make decisions fluctuated and support plans detailed how staff should support people to make choices wherever possible. For example, one plan stated that the person needed to be involved in every aspect of their care and lifestyle. Guidelines for staff about the person included “Staff need to prompt me to take a shower and encourage me to be independent” and “Staff need to refer to my communication profile so they can support me to make choices”.

Staff understood how people communicated and when behaviours could escalate and place the individual or others at risk of harm. Individual behaviour management plans detailed the types of behaviour a person could display, ways to prevent the behaviour, and how staff needed to safely manage the situation should difficult behaviour occur. Staff said there were few incidents of challenging behaviour and they felt this was due to consistent and personalised care being provided. A relative said “The staff are good at following the guidelines, this prevents anxiety and distress”.

Some people who used the service made their own healthcare appointments and their health needs were managed by themselves or relatives. However, staff were available to support people to access healthcare appointments if needed and liaised with health and social care professionals. Support plans detailed people’s health needs and how they chose and needed to be supported. One person’s plan included a section with the heading ‘The support I need to stay healthy’. Another person told us that although they would normally manage their own healthcare needs the service had supported them well after an accident and admission into hospital.

Is the service caring?

Our findings

People and their relative's spoke highly of the care and support received. Comments included, "Best care I have ever had" and "I am healthier and happier, the service is about me".

People received care, as much as possible from the same care worker or team of care workers. Rotas' were well organised so people knew who would be supporting them and were kept well informed of any changes. One person told us they had not experienced this from other care providers. They told us "This service is organised, I am kept well informed and able to take control of my package of care, they listen to me and care about supporting me to be independent as possible".

People told us how the service had helped to improve their lives by promoting their independence and well-being. One person told us how the staff had helped them complete forms in relation to a higher education placement, as well as other paperwork relating to housing and benefits. They told us "They support me with all my needs, they go above and beyond. I am able to get my life back on track and get my independence back" and " i grow push me to be independent, they have helped me learn to cook, other services would do it for me, I am a lot healthier and happy now".

Staff respected people's privacy and were aware of confidentiality when visiting people. These requirements were also detailed within people's personal records and

support plans so staff understood their importance. For example one plan stated the care team must respect the individual's home, ensuring it is not turned into a work place. Another plan detailed that the person liked to be left alone in the bathroom after staff had helped them wash their hair. We saw that staff closed doors when supporting people with personal care and went into a different room to allow people to talk on the phone or meet with visitors. Staff said that even when they needed to support people on a 1:1 basis they were still able to respect and promote their dignity and privacy. For example, one person needed help to bath and dress. The staff said they would help prepare the bath and check it was safe and would then allow the person time on their own to relax and have some privacy. Staff would also ask people if they wanted company or if they wanted to be on their own. Comments included "We ask [...] if they want some company and if not we do some tasks in a different part of the house so they can spend time on their own".

Relatives told us that the provider acted in a way that showed they really cared when considering the needs of new people using the service. Comments included "This move has restored my faith in the caring service, it doesn't feel as if it's about the money but that they really care about improving people's lives".

Staff were very motivated and clearly compassionate about making a difference to people's lives. Staff told us, "It is a good service to work for", and "We have the opportunity to get to know people and all work hard to promote independence and make people's lives better".

Is the service responsive?

Our findings

Before people started using the service a manager visited them to assess their needs and discuss how the service could meet their wishes and expectations. Care records included a document called a 'Circle of support plan', which included information about the person from other people who knew them such as relatives, other agencies and previous placements. One plan had been completed by a person's grandparent and described the important things they knew about them and the things they enjoyed. The manager said this helped ensure they had as much information as possible about the person before they started using the service. A relative told us "The manager and staff listened to everything we told them and made sure everything was in place to make things as smooth as possible when [...] moved into their new home.

Care files contained detailed information about people's personal, health and social care needs. Support plans included people's specific wishes about how they chose, preferred and needed to be supported. For example, the support plan for one person described how they wanted to be supported by one care worker at a time and needed the staff member to demonstrate particular tasks, such as cleaning their teeth. Information about people's daily routines had also been documented in detail and described for example how people liked to be supported in the morning and with particular personal care tasks such as bathing and shaving. One person said "The staff know how I like to be supported, they always read my care plan and know what to do".

Support plans were reviewed and updated regularly. People were involved as much as possible in planning their care. Staff told us support plans were kept up to date and contained all the information they needed to provide the right care and support for people. Staff told us they involved people in developing their care plans so care and support could be provided in line with their wishes. One person told us "I am fully involved in planning and managing my care, I am involved in choosing my care team

and can speak to staff or the management about any issues or changes". A relative said "Communication between the care team is good. Everything is based around [...] needs, the staff understand it is [...] home and involve [...] in everything they do".

We saw some people were supported to use communication aids to assist them to express their wishes and to make choices about their care. One person had a diary and pictures of the staff team to help them understand what was happening each day. Another person had a detailed communication profile describing how they would communicate their wishes and feelings.

The service was flexible and responded to people's needs. Some people had support on a 24 hour, seven day per week basis. Other people had set hours during the day or night dependent on their assessed need. People and their relatives told us the staff were flexible and would often provide support in addition to these set arrangements. For example, one person's care team had supported them during a recent admission to hospital. They told us "The staff stayed with me and kept me company as well as helping with some of my care needs". A relative told us the staff had used their initiative and responded quickly to a situation by quickly planning a trip out for one person when they had been unable to visit. They said this had helped them as a relative and also ensured the person concerned remained happy and content.

People and their relatives said they would not hesitate in speaking to staff if they had any concerns. People knew how to make a formal complaint if they needed to but felt that issues would be resolved informally. Comments included, "If I have any concerns I can speak to the care team, the managers or go into the office, it would be dealt with straight away". People said the service dealt with people's concerns and requests in a 'person centred' way and did not have organisational rules. For example one person said they wanted their keys to be looked after in a certain way and did not want staff to wear a uniform. They said the service respected these requests and ensured they were understood and carried out by the care team.

Is the service well-led?

Our findings

There was a management structure in the service which provided clear lines of responsibility and accountability. A registered manager was in post who had overall responsibility for the service. They were supported by other senior staff who had designated management responsibilities. People told us they knew who to speak to in the office and had confidence in the management and staff team. Comments included, “I can contact the office or call in at any time, I know who to speak to and they deal with things quickly”. The office had good access and was situated close to the city centre and main bus routes. A small day service was available next to the office and people who used the service were able to call in at any time to meet with the care team or to just enjoy a social visit.

Staff were positive about how the service was run. One member of staff told us, “The managers are approachable and fair, they know how to treat their staff” and “Communication is good, we know what is expected of us”.

There was a positive culture within the service. The provider/registered manager had clear visions, values and enthusiasm about how they wished the service to be provided and these values were shared by the whole staff team. The registered manager said part of the recruitment process was to ensure any new staff would fit in and understand the values of the service. The registered manager told us, “We tell new staff about the culture, value of the service at the point of recruitment, we make sure they understand they are here solely for the people they support”. Staff had clearly adopted the same ethos and enthusiasm and this showed in the way they cared for people. Staff talked about personalised care and promoting independence and had a clear aim about improving people’s lives and opportunities.

Staff received regular support and advice from managers via phone calls, one to one supervisions and group meetings. Staff told us, “We get good support from our colleagues and can contact or meet with management at any time, [...] (registered manager) always checks I am ok”. There was an effective system to manage staff rotas. The registered manager said the electronic rota system helped

ensure people using the service had clear information about who was supporting them, and also helped ensure shifts were shared out fairly and equally between the staff team.

The provider worked closely with other agencies and the local community to look at ways of developing and improving the quality of the service. For example, some of the care staff had worked alongside a local community group of young people with Autism. The registered manager said this opportunity had provided staff with additional skills and awareness that would be used to benefit people who used the service as well as others in the local community. Staff had also shared some of their assistive technology skills to support other agencies when providing end of life care. The manager said the sharing of practice and skills was an important part of the service and helped improve the quality and opportunities for all the people they supported.

Information was used to aid learning and drive improvement across the service. We saw accident and incident forms had been completed in good detail and included a process for staff to consider any learning or practice issues. On the day of the inspection staff had met to discuss the behaviours of one person and how they could support them to reduce the behaviour and improve their opportunities and well-being.

The manager and staff monitored the quality of the service by regularly speaking with people to ensure they were happy with the service they received. People and their relatives told us the management team were approachable and included them in discussions about their care and the running of the service. People and their relatives were included in the recruitment of new staff and their views and opinions were listened to and acted on.

The management team worked alongside staff to monitor their practice as well as undertaking spot checks to review the quality of the service provided. These checks included reviewing the care records kept at the person’s home to ensure they were appropriately completed.

Feedback about the quality of the service was gathered on an annual basis from people, their relatives and other agencies. An audit was completed of any complaints and compliments made about the service and feedback from

Is the service well-led?

this information was analysed and used to further improve the quality of the service provided. An audit of staff turnover was undertaken so any impact on people could be considered and addressed.

Although staff supported people in their own homes they were aware of the need to undertake informal checks of the environment and supported people when necessary to address any risks or concerns.