

Icare Solutions Wakefield Limited

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Inspection report

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Ratings

Overall rating for this service

Inadequate ●

Is the service safe?

Inadequate ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

iCare Solutions Wakefield Ltd is a domiciliary care agency which provides personal care to people living in their own homes. At the time of our inspection there were 11 people using the service, this included older people and people living with physical disabilities.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

Shortfalls identified at the previous 3 inspections had not been addressed by the provider, which led to ongoing and repeated breaches.

Risks to people's health and safety, including infection risks, continued because of a lack of thorough assessments of their needs. Medicines were still not being managed safely and there was no assurance people received their medicines when they needed them. Safe recruitment procedures were not followed to ensure staff working with vulnerable people had necessary background checks.

At the last inspection we made a recommendation regarding the provider's process for call monitoring. There had been some attempt to establish a system, however this was not effective and lacked assurance people's visits were reliably made.

A new manager had been appointed at the last inspection. However, they were unable to fulfil their management role or dedicate time to address the concerns about the service, as they had largely been deployed in people's care delivery. Some attempts had been made by the manager to devise quality assurance systems, such as spot checks of staff practice, but there were no robust audits of quality and safety. The manager told us surveys had been completed to gain feedback from people and relatives, but was unable to demonstrate how or when these had been carried out. The provider had taken no action to understand the risks in the service, or address the concerns from previous inspections.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was inadequate (published 26 April 2023) and there were breaches of regulation.

At this inspection we found the provider remained in breach of regulations.

Why we inspected

We carried out an announced inspection of this service on 3 and 7 August 2023. Continued breaches of legal requirements were found in relation to safe care and treatment, good governance and fit and proper persons employed.

We undertook this focused inspection to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained inadequate. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for iCare Solutions Wakefield Limited on our website at www.cqc.org.uk.

Enforcement and Recommendations

We have identified continued breaches in relation to safe care and treatment, good governance and fit and proper persons employed at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review.

If the provider has not made enough improvement and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inadequate ●

The service was not safe

Details are in our safe findings below

Is the service well-led?

Inadequate ●

The service was not well led

Details are in our well led section below

iCare Solutions Wakefield Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

This inspection was carried out by 2 inspectors and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was not a registered manager in post.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority partners. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 1 person who used the service and 8 relatives or friends about their experience of the care provided. We also spoke with 9 members of staff including, the nominated individual, the branch manager, and 7 care assistants. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included 5 people's care records and multiple medication records. We looked at 7 staff files in relation to recruitment. We also looked at a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

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

At our last inspection the provider had failed to ensure systems were either in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risks to people's safety were still not adequately assessed, managed or mitigated.
- At the last 3 inspections, we found people's risk assessments were not in place or did not contain enough information for staff to support people safely. There had been no changes by the time of this inspection to ensure risks were identified and safely managed. Some staff we spoke with did not know the risks to individual people, or where to find information about this. One member of staff said, "I don't really know. I just do what I think is best."
- People's care records and risk assessments contained conflicting information. For example, 1 person's care plan said they had a visual impairment, but there was no risk assessment for this. Another person's care plan stated they were unsteady on their feet and had a risk of falls, but there was no risk assessment for this. This meant staff lacked relevant information to support people safely.
- Where people's care records showed they needed particular equipment, there were no instructions or guidance for staff about how to use this safely. For example, one person needed the use of a hoist, but there was no information about how staff should support them. Another person needed support with a machine to help them sleep safely, but there was no information about this for staff.
- Accidents and incidents were not recorded or reported robustly. The manager relied upon staff to tell them any information of concern, or record information in people's daily notes. The manager had to review each person's daily notes to establish if there were any concerning matters within. However, they said there was no established system to review the information, more 'as and when' they had time. Where matters of concern became apparent, such as a safeguarding incident, this was not reported to CQC. The provider did not have oversight of accidents, incidents or safeguarding concerns in the service. This prevented the identification of potential future incidents, and exposed people to the risk of harm.

Systems had still not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last inspection the provider had failed to ensure systems were in place to guarantee the proper and safe management of medicines. This was a breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Medicines were still not being managed safely.
- We were not assured people received their medicines as prescribed. For example, there were numerous recording gaps in electronic Medication Administration Records (eMARs).
- We were given conflicting information about who required topical creams. The manager said this was for only 1 person, but care staff said there were 2 people. There were multiple gaps in the records of when cream was applied.
- Where people needed to have a minimum time between doses of medicine, such as pain relief, records showed this was not being regarded. For example, one person's eMAR showed they had codeine at both the lunch time call and the tea time call, only 3 hours apart. This was sooner than the prescribed had instructed. There was no record of the quantity given. This meant the person was at risk of having too much medicine. The manager was unable to demonstrate how people were being safely supported to have their medicines when they needed them.
- The manager was unable to provide any assurance about whether people had their medicines when they needed them. They told us this was in part because the electronic recording system was not used properly. They said they could not demonstrate the times medicines were given, whether they were given, or whether there were any medicines errors.
- Most relatives felt unable to comment about medicines support. However, one relative told us, "Yes, we have had a couple of discrepancies. When I went to give [their] medication, the wrong days were missing. When I went on Monday the medication for the morning wasn't there, so I had to start a new box."
- There had been an attempt to complete a medicines audit. However, this only identified multiple occasions of gaps in records, whilst no other checks to make sure people were supported safely were carried out. There were no identified actions in the medicines audit to address the concerns.

Systems were still not in place to ensure the proper and safe management of medicines. This placed people at continued risk of harm. This was a continued breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

At our last inspection the provider failed to establish or operate safe recruitment procedures. This was a breach of regulation 19(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Safe recruitment practices were still not being followed.
- At the provider's previous 3 inspections, they failed to complete thorough pre-employment checks for staff working in the service. This meant there was no assurance staff employed were of good character and safe to work with vulnerable people.
- From our checking of 7 recruitment files, 5 of these including that of the manager, identified concerns in

staff DBS checks, references or employment history. These issues had not been followed up by the provider.

- The provider's recruitment policy stated staff were to have 2 satisfactory references and a DBS check before starting work. However, this was not happening in practice.

Safe recruitment practices were still not being operated effectively by the provider. This placed people at risk of harm. This was a continued breach of regulation 19(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff were not always effectively deployed to ensure they carried out their role. Staffing levels were raised as a concern in staff meetings. The manager had been required to complete care delivery as well as manage the service.
- We received mixed feedback regarding consistency of staff and their reliability. One member of staff said, "Honestly, it's the reliability of some staff. Some staff phone in sick and I don't think its genuine. Some staff turn up later. It puts pressure on others. Yes, it happens often. I know [the manager] is looking to hire more reliable people." Another member of staff said, "It varies, sometimes we have enough and sometimes [manager] has to cover" and another member of staff said, "Yeah, we have enough time to complete the calls."
- People's relatives gave the following mixed views, about staff reliability, "Generally yes, round and about. They do try and get there on time and mostly they are [reliable]. They stay for the allotted amount of time. There is one member of staff that is amazing. If they are rushed they do leave [my relative] with dinner, which I'm not happy about " and "Yes, they have been pretty reliable. I can't complain about that whatsoever."

Preventing and controlling infection

At our last inspection the provider failed to ensure systems were in place to ensure the risks associated with infection prevention and control were effectively managed. This was a breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Risks associated with infection control were still not assessed, managed or mitigated.
- We reviewed the same 2 people's records as at the last inspection, in relation to their catheter care. At this inspection, we found those records had not been reviewed or updated. There was no risk assessment on how to manage their catheter in relation to washing. This would include how to wash the site area to prevent infection and to identify infections that would need reporting to health professionals when needed. This meant staff still did not have guidance on how to monitor the signs and symptoms of infection for people being supported with a catheter.
- Some relatives we spoke with said staff did not always present as clean and tidy. One relative said, "I would like to see more uniforms as some come in their own clothes and don't look particularly clean. [My relative] does get stressed out wondering if they wash their hands and refuses meals so misses out on meals, but some of the staff are amazing and clean up after." Another relative said, "There have been times workers have turned up in their pyjamas, late afternoon."

Systems were still not in place to ensure the risks associated with infection prevention and control were effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- There was no system to clearly identify or monitor safeguarding concerns. When these were known, the manager referred to the local authority safeguarding team, although not to CQC.
- There was no risk assessment in place where one person was identified as being at risk of financial abuse. The manager agreed to ensure this was addressed, and appropriately reported to CQC.
- Relatives said care was delivered safely overall and their relatives felt safe. One relative said, "On and off. There's quite a turnaround of staff, they are trying to send consistent people but [my relative] has to talk them through and gets stressed. Generally there are some quite good (staff). [My relative] can stand for 30 seconds, but their legs can give way. I would say they could do with more complex training than they are getting." One person told us, "Yes, I feel secure with them. I'm always safe."
- The policy and procedure for safeguarding had been updated and referred to the manager as the safeguarding officer. However, they were unaware of this and some staff we spoke with did not know who the safeguarding officer was.
- Staff we spoke with could describe and identify different forms of abuse and were confident to report concerns immediately.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspections the provider had failed to establish and operate effective governance systems and processes. This was a breach of regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Leaders were still unable to demonstrate they had the necessary skills and expertise to deliver a safe service.
- iCare Solutions Wakefield Limited has been rated inadequate in the well-led key question as well as an overall inadequate rating at each of the past 3 inspections. The provider did not take steps to improve their oversight of the day to day running of the service and continued in their failure to address the multiple shortfalls we identified previously. At this 4th inspection of the service, the provider remained in breach of the regulations relating to safe care and treatment, fit and proper persons and good governance.
- The provider had still not established their own quality assurance systems or processes. They told us they 'made checks' of the service delivery, but they were unable to provide any further detail or evidence of these as no records were kept. They told us they asked the manager how things were running, and relied on the information they were told. This was a concern at the last 3 inspections, but no action had been taken by the provider to address this.
- The provider had not given the manager sufficient information about the role; they did not have a job description and had not seen the action plan from previous inspections until this inspection. They had received some temporary support from other service managers in order to fulfil requirements of the local authority contracts team, but they had no information about the improvements needed for the service to be compliant with the regulations.
- The quality and safety of the service had not improved and not enough steps were being taken to address this. The provider had failed to implement a robust system to monitor the timeliness of people's calls. Staff said they were not always able to use the app for logging in and out of calls, because of an unreliable internet connection. Some recent attempt at establishing audits were being made by the manager, but they said they lacked knowledge and skills in quality assurance. Therefore, there were no detailed or robust quality checks, and no systems to identify areas of weakness or actions needed to improve.

- The provider's statement of purpose contained inaccurate information and referred to staff job roles that did not exist. The provider's action plan stated 'updated' but referred to 2022 and was RAG rated green (to indicate completed) in areas where we continued to identify concerns.
- The provider's policies and procedures were still not all specific to the service, despite this being raised as an issue at the last 3 inspections. The manager told us they had updated all the policies and procedures, although we found what was stated was not happening in practice. For example, good governance, quality assurance, risk assessment and recruitment policies were still not being followed. The old policies from 2019 were still on display in the office for staff.

People were at risk of harm as governance systems and processes had still not been fully established or operated effectively. This was a continued breach of Regulation 17(1)(2) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- We were told feedback had been gathered from some relatives since the last inspection. Some relatives said they were asked their views, whilst others said they were not. There were no recent surveys on the care records we reviewed, although the manager said surveys had been recently sent to people and returned positive results. There was no evaluation to show when and how the surveys were completed, or how the service was making improvements as a result of feedback received.
- The provider did not seek the views of staff, and no staff surveys were carried out. Some staff meetings had taken place and the manager had arranged these virtually, so as to secure more staff attendance.

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

- The provider did not promote a positive, person-centred, or open culture.
- The majority of staff we spoke with said they did not see or have contact with the provider and one member of staff did not know who the provider was.
- The manager and some staff told us there were not always good working relationships within the team. Some staff reported good teamwork, whilst others said there was a lack of professionalism and confidentiality.
- Staff and relatives said they found there was improved support since the manager had come into post, and they found them to be helpful and approachable.

Working in partnership with others

- People's care records showed the service worked in partnership with other agencies who were involved in people's care and support, such as GPs and healthcare professionals.
- The manager had worked with the local authority quality team to try and address multiple concerns identified through the contract monitoring processes.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- We found no evidence incidents had occurred which would require the provider to follow their duty of candour policy.
- The provider's duty of candour policy was suitable, although it still referred to another company's name. This was raised as an issue at the last 2 inspections and still not updated.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Systems had still not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service

The enforcement action we took:

NoD already served

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to establish and operate effective governance systems and processes.

The enforcement action we took:

NoD already served

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Safe recruitment procedures were not operated.

The enforcement action we took:

NoD already served