

Icare Solutions Burnley Ltd

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Inspection report

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28 August 2019

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Ratings

Overall rating for this service

Good 

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?

Good 

Summary of findings

Overall summary

About the service

Icare Solutions Burnley Ltd is a home care service, providing personal care and support to people in their own homes. At the time of the inspection, the service was supporting five people.

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

Staff visited people on time and stayed as long as they should. No-one had experienced any missed visits. The registered manager needed to improve recruitment processes and we have made a recommendation about this. Staff managed risks to people's health and wellbeing appropriately. The provider's processes for managing people's medicines did not reflect current guidance and he made the decision during the inspection to stop providing this type of support. We have made a recommendation about any future support provided to people with their medicines.

Staff completed an induction and training which enabled them to meet people's needs. Staff supported people to eat and drink enough and provided appropriate support with their healthcare needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People liked the staff who supported them and told us staff treated them well. They told us staff were caring, kind and respectful. Staff involved people in decisions about their care and provided them with support which reflected their diversity and what was important to them. Staff respected people's right to privacy and dignity and encouraged them to be independent when it was safe to do so.

People were supported by staff they knew. They told us staff offered them choices and provided them with individualised support that reflected their needs and preferences. Staff supported people to follow their social and cultural interests, which helped them avoid social isolation and loneliness. No formal complaints had been received by the service.

Staff were clear about their roles and responsibilities and provided care which resulted in good outcomes for people. The service worked in partnership with community agencies to ensure people received the support they needed. People, relatives and staff were happy with how the service was being managed. Staff felt valued and well supported by the registered manager and office manager. The provider had effective oversight of the service and the support staff provided to people.

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

Rating at last inspection

The service was registered with CQC on 24 October 2018 and this is the first inspection.

Why we inspected

This was a planned inspection based on the service's date of registration.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 not always safe.

Details are in our safe findings below.

Requires Improvement 

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

Is the service caring?

The service was caring.

Details are in our caring findings below

Good 

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

Icare Solutions Burnley Ltd

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 Care Act 2014.

Inspection team

The inspection was carried out by an inspector.

Service and service type

Icare Solutions Burnley Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the provider 48 hours' notice, to ensure they would be available and to give them time to gain people's consent for us to contact them for feedback.

Inspection activity started on 27 August 2019 and ended on 28 August 2019. We visited the office location on 28 August 2019.

What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used this information to plan our inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send to us to give us 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.

The day before we visited the office, we spoke on the telephone with one person being supported by the service, three people's relatives and one person's friend for feedback about the service. We also spoke with four support staff.

During the inspection

We spoke with the office manager, the care support manager and the registered manager, who was also the nominated individual. The nominated individual is responsible for supervising the management of the service.

We reviewed a range of records. This included two people's care records and medication records. We looked at one staff recruitment file and staff supervision and appraisal records. We also reviewed a variety of records related to the management of the service, including policies, procedures and audits.

After the inspection

We received updates from the provider about changes made to documentation. We contacted two community health and social care professionals for their feedback about the support provided by the service.

Is the service safe?

Our findings

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

This was the first inspection of this service. This key question has been rated as requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- Improvements were needed to how staff and the provider managed people's medicines, as medicines management practices at the service did not reflect current guidance. We discussed this with the registered manager, who decided to no longer provide this type of support to people.
- Records showed staff who administered medicines had completed relevant training.

We recommend the provider considers current guidance on administering medicines and updates their practice if they are supporting people with their medicines in future.

Staffing and recruitment

- The provider had enough staff to meet people's needs. People and relatives told us staff visited them on time and stayed for the full duration of the visit, sometimes longer. No one we spoke with had experienced any missed visits. One relative commented, "We're very happy with the carer. They always come on time and stay for the right time. They were late once but they rang me to let me know and made the time up."
- The provider needed to improve their recruitment practices to ensure staff were recruited safely. We found two staff had started working at the service before the provider had checked their suitability to support adults at risk.

We recommend the provider ensures staff are recruited in line with current guidance, to ensure they are safe to support people who may be vulnerable.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems to protect people from the risk of abuse and avoidable harm. Relatives told us staff provided people with safe care. One relative commented, "We're very happy with them. They know how to move [person] safely."
- Staff had completed safeguarding training and understood how to protect people from abuse. They told us they would contact the registered manager if they had any concerns. Three of the staff we spoke with were not aware they could contact the local authority safeguarding team directly if they had concerns. The registered manager told us he would ensure all staff were aware of this.

Assessing risk, safety monitoring and management

- The provider had processes to manage risks to people's safety and wellbeing appropriately. The registered manager completed and regularly reviewed assessments of people's risks. These provided information for staff about how best to support people safely and reduce any risk.

- The registered manager told us there had not been any accidents since their registration and none of the people we spoke with had experienced any accidents. Staff knew what action to take if there was an accident or incident.

Preventing and controlling infection

- People were protected against the risk of infection. Staff had completed infection control training and used personal protective equipment when they supported people. The registered manager regularly observed staff members' infection control practices.

Learning lessons when things go wrong

- The provider had systems to learn lessons when something went wrong. The registered manager told us he would share any lessons learned with staff to avoid similar errors happening again. The registered manager acknowledged the improvements needed in relation to staff recruitment and medicines management, if staff supported people with their medicines in future, and assured us these would be made.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This was the first inspection of this service. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The service delivered care which met people's needs. The registered manager completed an initial assessment and created care plans to guide staff on how best to support people.
- People and their relatives were very happy with the support provided by staff. Their comments included, "They're very good", "We're very happy with the care. They're much better than other care agencies we've had" and "We're very happy, there have been no issues."
- The provider had policies and procedures for staff to follow which reflected CQC regulations and relevant guidance. He told us medicines policies and procedures would reflect national guidance if staff supported people in the future with their medicines.

Staff support: induction, training, skills and experience

- The provider ensured staff received the induction and training they needed to meet people's needs. Staff were happy with the induction and training they received at the service. One staff member told us, "It was all fine. I did the training, observed staff and was introduced to the service user."
- People and their relatives felt staff had the knowledge and skills to provide good support. Their comments included, "They are generally competent. One new staff member has quickly picked things up" and "The staff are trained enough to meet [person's] needs."

Supporting people to eat and drink enough to maintain a balanced diet

- The service supported people to manage their nutritional needs. People were happy with the support staff provided. One relative told us, "They make the meals well and always give [person] drinks."
- Staff were aware of people's dietary requirements and how to meet them. The registered manager recorded information in people's care files about their dietary needs and preferences and took appropriate action when they identified concerns.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- Staff supported people to access health and social care agencies, to ensure they received the support they needed. This included supporting people to attend GP and hospital appointments. People's support plans included information about their healthcare needs, medical history, medicines and any allergies. One person told us their health had improved since the service had started supporting them.
- Two community health and social care professionals provided positive feedback about the service. They told us people were happy with the care they received from the service and staff were able to meet their needs.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes, an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- The service was working within the principles of the MCA. People's care files included information about their capacity to make decisions about their support. Where people were unable to make decisions about their support, staff made best interests decisions in consultation with people's relatives. The provider had not submitted any applications to the Court of Protection to deprive anyone of their liberty.
- The service gained people's consent before care was provided. People had signed consent forms and staff asked people for their consent before supporting them. One relative commented, "They always ask [person] what she wants help with and how they would like her do it."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This was the first inspection of this service. This key question has been rated as good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff were caring towards people and treated them well. People and their relatives liked the staff who supported them. Their comments included, "The staff are kind and friendly" and "[Staff member] is very respectful and polite. [Person] trusts her in her home."
- Staff considered and respected people's diversity. At the time of the inspection, people being supported were from a South Asian background and were supported by staff from similar backgrounds. This meant people were being supported by staff who understood their religion and culture and what was important to them. One relative commented, "It works well because [staff member] and [person] share a language and [person's] English is not good. Also, [staff member] is the same religion as us, so is aware of our cultural and religious beliefs and needs. She can take [person] to mosque and cook halal meat." In one person's satisfaction questionnaire, their relative had commented, "Carers understand our Asian culture and language, which is an advantage."

Supporting people to express their views and be involved in making decisions about their care

- The registered manager discussed people's care needs with them during the initial assessment. Staff discussed people's needs and preferences with them during their visits and encouraged them to make every day decisions about their care. Where people were unable to express their views about their care, staff consulted their relatives.
- The provider ensured people had access to supporting people with their views if they needed it. Information about local advocacy services was included in the service user guide and the care file in people's homes. Advocacy services can be used to support people to express their views when they do not have friends or relatives to support them or want support and advice from someone other than staff, friends or family. At the time of our inspection, no-one was being supported by an advocate.

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's right to privacy and dignity. Comments from people and their relatives included, "They are very respectful and discreet" and "They are always very respectful. They don't rush [person], they're very careful with her"
- Staff respected people's wish to remain as independent as possible. One relative told us, "They support [person] to make her meals." Staff described how they encouraged people to be independent when it was safe to do so, for example with making meals or shopping. One staff member commented, "[Person] chooses their food and we make a list together for shopping. They tell me if they want help with a bath."
- Staff respected people's right to privacy and confidentiality. The provider ensured people's care records and staff members' personal information were stored securely and were only accessible to authorised staff.

The provider had a confidentiality policy for staff to refer to.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This was the first inspection of this service. This key question has been rated as good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff provided individualised care which reflected people's needs and preferences. People and relatives told us support was provided by one or a small number of staff, who knew them and were familiar with how they liked to be supported. They commented, "[Person] has one carer, who she trusts and is comfortable with", "[Person] has the same two carers. The consistency is very good" and "There's been one main carer since the beginning, who knows [person] and how she likes things done."
- People's support plans were detailed and individualised. They included information about people's needs, risks and preferences and were updated regularly or when people's needs changed. This enabled staff to stay up-to-date with people's needs and risks.
- Staff gave people choices and encouraged them to make every day decisions about their support. One relative told us, "The carer is excellent. She gives [person] choices about things like food and going out. [Person] tells the carer what she wants." Another commented, "[Person] is a fussy eater. She always chooses what she has."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The service was following the Accessible Information Standard. The registered manager assessed people's communication needs as part of the initial assessment and reviewed them regularly. He documented in people's care plans any support they needed with communication and how staff should provide it.
- Staff shared information about people's communication needs to ensure staff from other agencies were able to meet them. For example, when they attended GP or hospital appointments.
- Information was available in different formats to suit people's needs. The registered manager told us the service user guide given to people when the service started supporting them, could also be made available in large print or braille if needed.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff supported people to follow their interests and go out regularly, including shopping trips, local walks and attending religious services. Information about people's hobbies and interests was included in their care plan.
- Staff supported people to develop relationships and avoid social isolation. One person told us they had

been quite isolated before the service started supporting them and now, with support, they were able to socialise regularly with people who shared their religion and culture.

Improving care quality in response to complaints or concerns

- The provider had processes to respond to people's complaints or concerns. Everyone we spoke with told us they would feel able to raise any concerns or complaints with staff or the registered manager. A complaints policy was available and information about how to make a complaint was included in the service user guide.
- No-one we spoke with had raised any complaints or concerns and the provider told us no formal complaints had been received since the service was registered. He told us if any complaints were received and upheld, any lessons learned would be shared with staff to avoid a similar issue arising in the future.

End of life care and support

- The registered manager told us the service was not providing anyone with end of life care at the time of our inspection. He explained that as part of their cultural, most South Asian older people do not discuss their end of life care wishes with people outside of their family. In light of this, if a person required support at the end of their life, the registered manager would contact relatives at that time, for information about how to provide the person with appropriate support. He told us if the service started supporting people outside the South Asian community, he would discuss their end of life preferences with them.
- The registered manager told us if end of life support was required in the future, staff would complete the necessary training to ensure they could support people effectively.

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.

This was the first inspection of this service. This key question has been rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

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

- The provider and staff demonstrated a commitment to providing people with individualised care which resulted in good outcomes for them. Everyone we spoke with was happy with the support they received and with how the service was being managed. Their comments included, "I'm happy with the management, both [registered manager and office manager] are very good. They're very flexible and supportive" and "The staff and manager are very approachable, they're very good. I've had no issues, but I'd raise them if I had any."
- Staff were clear about the service's aim to provide people with high quality care that would improve their overall quality of life.

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

- The provider was aware of their responsibilities and had a duty of candour policy. No incidents had occurred that we were aware of, which required duty of candour action. Duty of candour is intended to ensure providers are open and transparent with people who use services and people acting on their behalf. It also sets out some specific requirements providers must follow when things go wrong with care and treatment.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider understood their regulatory responsibilities. The registered manager was also the nominated individual for the service. He ran the service on a day to day basis with support from the office manager and had effective oversight of the service. He was familiar with people's needs, risk and preferences and had regular contact with people and their families. He checked care documentation regularly, to ensure it had been completed appropriately by staff. He acknowledged that checks of medicines documentation and not been sufficient and advised these would be improved if the service agreed to support people with their medicines in the future.
- Staff understood their roles and responsibilities. They told us they understood what they were supposed to do from their training, induction, staff meetings and observations. One staff member commented, "[Registered manager] has explained [our roles] and we've had training. Also, we listen to the family and what they want."

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

characteristics

- The registered manager regularly sought people's views about the care they received. People and relatives told us he telephoned or visited them regularly to check they were happy and support was being provided as it should be. One relative commented, "[Registered manager] visits every other week and checks that everything is okay." The registered manager was from a South Asian background and was able to speak with people and their relatives in their first language, where this was not English.
- People's views were also sought through regular satisfaction questionnaires. We reviewed the results of satisfaction surveys issued in July 2019 and found people and relatives had expressed a high level of satisfaction with the service. One relative had commented in their questionnaire, "[Registered manager] is always available for us. Friendly staff, supportive manager and excellent communication."
- The registered manager told us he also asked people and relatives for their feedback during his regular observations of staff practice, though he did not document this. He told us he would record this in future.
- Staff told us staff meetings took place regularly and they felt involved in the service. They found the registered manager and office manager supportive and told us and they felt able to raise any concerns. They felt valued and told us their cultural and religious needs were respected. One staff member told us, "[Registered manager and office manager] are lovely. I would go to either of them if I had any concerns. They're very organised. Things are never last minute." Another told us, "They are very nice to work for. I can contact [registered manager] any time."

Continuous learning and improving care

- The registered manager had plans to improve the service. These included more formal checks of quality and safety, more frequent formal supervisions for staff and more staff training, including dementia awareness training. He also hoped to broaden the service to include supporting people and recruiting staff from outside the South Asian community.

Working in partnership with others

- The service worked in partnership with people's relatives and a variety of health and social care professionals to ensure people received the support they needed. These included social workers, GPs, and hospital staff. We received positive feedback about the service from two community professionals, which is included in other parts of this report.