

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 effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

iCare Solutions Wakefield Limited is a domiciliary care agency which provides personal care to people living in their own homes. At the time of our inspection there were 43 people using the service.

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

Risks to people were not always assessed, monitored or managed effectively. Systems for supporting people with their medicines as prescribed were not effective. Accidents and incidents were not consistently recorded or analysed, which meant staff could not learn from these events. Infection control measures were not always in place.

Effective recruitment procedures were not in place to make sure staff were of suitable character and background to work with people using the service. Staff were not provided with relevant training and ongoing support to make sure they had the right skills and knowledge to support people.

People were not supported to have maximum choice and control of their lives and staff did not support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not support this practice.

Care records lacked detail and contained limited information about people's life histories, wishes and preferences. People's care plans and risk assessments were not reviewed on a regular basis.

The provider's policies and procedures were not specific to the service. The provider had failed to establish effective systems and processes to monitor and improve the quality and safety of the service. The registered manager did not have a clear understanding of their regulatory responsibilities.

People and their relatives felt the service was safe. People and their relatives mostly spoke positively of the care and support they received from staff. People said staff were caring and treated them with respect. People and their relatives were asked for feedback about the service.

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

Rating at last inspection

This service was registered with us on 9 September 2021 and this is the first inspection.

Why we inspected

The inspection was prompted in part by concerns received about staff recruitment, staff training and managerial oversight of the service. A decision was made for us to inspect and examine those risks.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment, good governance, staffing and fit and proper persons employed.

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 meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. 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 effective?

Requires Improvement ●

The service was not effective.

Details are in our effective findings below.

Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

Is the service responsive?

Requires Improvement ●

The service was not always responsive.

Details are in our responsive findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-Led findings 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 three 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was unannounced.

Inspection activity started on 23 March 2022 and ended on 6 April 2022. We visited the location's office on 23 and 30 March 2022. We spoke with staff on 28 March 2022 and people and their relatives on 29 March 2022.

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 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. 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 five people who used the service and five relatives about their experience of the care provided. We also spoke with 16 members of staff including, the nominated individual, who is also the registered manager, the assistant manager, the compliance officer and 13 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 eight people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and 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.

This is the first inspection of this newly registered service. This key question has been rated 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

- Risks to people's safety were not adequately assessed, monitored or managed.
- People's care records did not always contain risk assessments. Those that did, were not completed in full or lacked information for staff to support people safely. For example, one person was identified as at risk of skin breakdown, but their risk assessment failed to assess the risk and there was no guidance for staff on how to mitigate it.
- Risk assessments and care records contained conflicting information. For example, one person's care plan stated they required two pieces of moving and handling equipment, their risk assessment stated they required a different piece of moving and handling equipment and their daily notes recorded the use of a fourth piece of moving and handling equipment. This meant the risks associated with this person's moving and handling equipment had not been adequately assessed.
- Staff told us accidents and incidents had occurred. However, the registered manager did not have oversight, in order to reduce risks to people. This meant lessons learnt were not recorded or shared with staff.

Systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

Using medicines safely

- Medicines were not managed safely, which placed people at risk of harm.
- It was not clear whether people received their medicines as prescribed. For example, there were gaps in people's medication administration records (MARs). In addition, audits of MARs were being carried out on a monthly basis, but they were not effective as medication errors and gaps were not always identified.
- Staff did not respond promptly when people refused their medicines. For example, one person had refused their medicine for 18 days. However, there was no evidence staff sought medical advice or support for this person.
- The registered manager was unable to provide evidence to show staff had received an assessment of their competency to administer medicines safely.
- Staff were not always given guidance on how to safely administer people's medicines. For example, people's care records did not contain guidance as to when a person may need their 'as required' medicines.

Systems were not in place to ensure the proper and safe management of medicines. This placed people at risk of harm. This was a further breach of Regulation 12 (Safe care and treatment) of the Health and Social

Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff confirmed their competence to administer medicines had been assessed after the inspection.

Preventing and controlling infection

- Risks associated with infection prevention and control were not always managed.
 - The assistant manager told us, "Staff test once per week, and they collect their tests from the chemist."
- However, staff consistently told us they had not been routinely testing for COVID-19 throughout the pandemic. The provider's COVID-19 policy did not contain any information regarding the frequency of staff testing for COVID-19.

Government guidance around the management of COVID-19 was not being followed. This was a further breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Personal protective equipment (PPE) was available for staff. People and their relatives consistently told us staff wore PPE when supporting them with personal care.

Staffing and recruitment

- Safe recruitment practices were not always followed when employing new staff.
- The registered manager had failed to complete thorough checks, to help ensure people employed were of good character. For example, they could not evidence they always interviewed staff, obtained references for them or completed Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Safe recruitment procedures had not been established or operated effectively. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We received mixed feedback from staff regarding the planning and management of their rotas. However, people and their relatives consistently told us they had a regular team of care staff, who generally arrived on time. We were unable to confirm this, as records we requested from the provider were not made available to us.

Systems and processes to safeguard people from the risk of abuse;

- People and their relatives told us they felt the service was safe.
- The training matrix showed staff had received safeguarding training and staff confirmed they had completed it. Staff we spoke with were also able to tell us what whistleblowing was and how to report their concerns.

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 is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff did not receive a thorough induction. Staff we spoke with told us they had limited opportunity to shadow more experienced staff before working on their own. Staff recruitment files had no evidence that an induction had been completed for new starters.
- Staff were not adequately trained. Staff told us they had received minimal and inadequate training. We found no evidence of training certificates in staff files and some training records had not been marked to determine whether the staff member had passed or failed. One person told us, "I think [staff] should have more training. I had new carers, they were trained, but I had to tell them what to do because they don't use the hoist. I think they forgot how to use it because they don't do it on a regular basis."
- Staff did not always receive ongoing support through supervisions and appraisals. We received mixed feedback from staff regarding the support they received. There were records on some staff files of supervisions taking place. These were not consistently undertaken in line with the provider's policy of every three months.

The provider had failed to ensure all staff had received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out the duties they are employed to perform. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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 MCA 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 provider's process for identifying and supporting people who may lack capacity was not robust. The registered manager told us they received information from commissioners about people's capacity to consent to their care prior to them receiving a service. However, people's care records demonstrated that

the provider and registered manager did not have a comprehensive understanding of the principles of the MCA. This meant there was a risk that best interest decisions would not be made, when necessary.

- Staff understood their responsibilities regarding obtaining consent and offering people choice when delivering care.

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

- People's needs were assessed before they started receiving a service. However, care records lacked detailed information to support staff in meeting people's needs safely. For example, one person's care plan stated they required specialist pressure relieving equipment, but there was no guidance for staff on when or how to use the equipment.

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

- People's care records contained limited information about their food and drink preferences. For example, one person's care record stated their favourite food and drink was 'whatever'.
- People's daily notes recorded the support they received with food and drinks.

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

- People's care records did not show how the service worked in partnership with other professionals involved in people's care.
- Staff told us they worked in partnership with health professionals and other agencies, to support people to live healthier lives.
- One person told us, "[Staff member] contacted the doctor for me yesterday because I wasn't feeling so good and they booked an appointment for me for today."

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 is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity; Supporting people to express their views and be involved in making decisions about their care

- People and their relatives told us they were satisfied with the care they received. People told us the staff team knew them well and they felt listened to by staff.
- We found people's social, cultural and religious needs were not consistently recorded in their care plans.
- People and their relatives told us they were involved making decisions about their care. However, care records we looked at contained no evidence people and their relatives were involved in decisions about when and how people were supported by staff.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity and promoted their independence when possible.
- Staff we spoke with gave examples of how they supported people to maintain their independence. Staff comments included, "I let people be as independent as they can be. I encourage them and assist, I don't do it for them", "We get to know everyone and build a relationship. We ask people if they want help, we promote independence by assisting not doing" and "I get people to do things themselves that they are able to do. For example, things that would feel normal to them."
- The provider used two different care plan templates. We found the language used in one template to describe people's communication ability was not dignified. We brought this to the attention of the registered manager, who confirmed they would rectify this.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people's needs were not always met.

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

- People's care plans lacked detail and contained limited information about their life histories, wishes and preferences for how their needs should be met.
- We found no evidence that care plans were updated to reflect any changes in people's health or personal circumstances. However, people and their relatives told us they took part in reviews of their care. Comments included, "Yes they do get [the care plan] reviewed, more and more now. They are good, they do everything I ask them to do. If I get anyone I don't like, they do accommodate me" and "I have spoken with the manager about changes like when [my relative] needed the welfare call and got it increased."
- We received inconsistent feedback from staff regarding the quality and content of people's care plans. Some staff we spoke with told us they had time to read people's care records, yet other staff members told us care plans were not useful as they were not relevant to people's needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Care plans recorded people's communication needs, including sight, hearing and speech. However, one care plan template used undignified terminology to describe people's communication abilities.

Improving care quality in response to complaints or concerns

- Complaints were not always recorded, investigated or responded to by the provider.
- The provider had a system in place to record complaints. However, feedback we received from people indicated more complaints had been made than had been recorded. We also received mixed feedback from staff as to whether complaints would be investigated or responded to appropriately by the provider.
- The provider's complaints procedure was not specific to the service. For example, the contact details for service users and relatives to make a complaint were for the director of another service.

End of life care and support

- We found no evidence people's end of life wishes were discussed with them or recorded in their care plans.

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 is the first inspection for this newly registered service. This key question has been rated 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

- The provider had failed to establish effective quality assurance processes. Some audits were being carried out, but they had failed to identify the issues we found during this inspection. The registered manager had not implemented a system to check the quality of the audits being carried out, or the accuracy of people's care records.
- The provider had not established a system of quality performance checks or ensured staff had completed necessary training to support them to deliver safe care to people. Staff were not always recruited safely, and staff supervision was not completed at an appropriate frequency to support staff.
- There was no effective system for analysing, investigating and learning from incidents. This failure meant opportunities may have been missed to identify ways of preventing future incidents, and exposed people to the risk of harm.
- The provider had a series of policies and procedures in place. However, these were not specific to the service and contained information relating to a different care company. For example, the designated safeguarding officer worked for a different service.

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

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider had not established or promoted a positive culture within the service.
- The provider did not have appropriate systems in place to engage with staff. This meant staff had limited opportunities to provide feedback about the service. For example, one staff meeting had been held since the new year, but it was not well attended. Staff described it as a feedback session, rather than a team meeting. Staff also told us when they attempted to raise concerns with management regarding the quality of the service, they were not listened to.
- The provider had recently engaged with people and their relatives through satisfaction surveys. However, at the time of inspection, the results had not been analysed and therefore negative feedback had not yet been acted upon.

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 were not satisfied the registered manager was aware of their regulatory requirements to notify CQC and other agencies where incidents occurred which affected the welfare of the people who used the service.

Working in partnership with others

- We found limited evidence that the service worked in partnership with relevant health and social care professionals involved in people's care.