Mrs. Gloria Ocampo

Independent Care Solution

Inspection report

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Date of inspection visit:
10 August 2017
14 August 2017

Date of publication:
03 October 2017

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

Summary of findings

Overall summary

Independent Care Solution provides domiciliary care services to people living in the community within extra care schemes and within people's own homes. There were currently 40 people using the service. The service provides personal care to older people living with dementia, people with physical disabilities and other high care needs.

At our previous inspection on 14 July 2016 the service was in breach of Regulation 12 due to poor risk assessment procedures and management of medicines. The service was also in breach of Regulation 13 as mental capacity for some people was not being assessed or responded to. At this inspection we found the service had resolved these two previous breaches of regulation and the overall rating has improved from requires improvement to good.

The provider was also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People using the service had a care plan which contained information about the person and their care needs and requirements. As part of the care planning process, the service carried out generic risk assessments which covered risks associated with the environment, moving and handling and health and safety. This had improved since the previous inspection and risk reduction measures were included in risk assessments.

A person using the service and other people's relatives we spoke with told us they felt safe in the care of the care staff that supported them. Care staff were able to identify the different types of abuse and were clear on the actions that they would take if they suspected any abuse was taking place in order to protect and keep people safe.

The registered manager and care staff had a good understanding of the Mental Capacity Act 2005 and how this impacted on the provision of care and support. Care plans now demonstrated that mental capacity assessments took place. Action that was needed as a result of people potentially lacking capacity was taken. Where the local authority had completed a mental capacity assessment, we saw documents relating to this within care plans.

Care staff told us, and documents confirmed that they received training in the safe administration of medicines. Medicines recording and monitoring had improved and there were more robust systems in place to monitor safe medicine administration and recording.

A person using the service and other people's relatives told us that they were very happy with the care that they received and that they had a regular group of carers that attended to their care needs. Care plans had

improved and were more detailed and person centred.

The service had safe recruitment processes in place which included obtaining references and the completion of a criminal record check prior to the care staff commencing their employment. Care staff we spoke with told us that they felt supported in their role and received regular supervision and appraisals, which records confirmed.

Care staff, when they first started working at the service, received an in-house induction and training in all mandatory subjects which included first aid, safeguarding, moving and handling and medicine administration. We saw evidence that care staff received annual refresher training in core care topics, including safeguarding and moving and handling.

The registered manager was 'hands on' and involved in the day to day management of the service. Regular spot checks took place and observations were carried out along with regular reviews of people's care and support needs. Missed visits were now monitored and recorded, action required to investigate reasons for missed visits was taken and this was recorded.

The service had a complaints policy which was given to people using the service and relatives. The registered manager reported that she had not received any formal written complaints. People told us they could contact the service if they had any concerns or queries. People usually felt that they received an appropriate response when they made contact.

Quality assurance questionnaires were completed on an annual basis from the date the person began using the service. Feedback was seen to be positive. There was improved auditing although no action plan had been developed as the result of the most recent survey in December 2016.

As a result of this inspection we found that the provider had improved and now complied with the regulations. Please refer to the main body of this report for further details.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe. The service had improved and assessed people's individual risks associated with their care in order to mitigate or reduce risk to ensure people's safety.

Medicine administration was delivered in a safe way. Medicine Administration Records listed the full details of the medicine that was to be administered and staff signed with their initials to confirm when people had received their medicine.

Care staff knew what safeguarding was and the steps that they would take to report any suspected signs of abuse to ensure people's safety.

The service had safe recruitment processes in place so that only suitable care staff were employed.

Is the service effective?

Good

The service was effective. The service had improved and now considered mental capacity assessments to identify if any person lacked capacity and followed up if action was required as a result.

Care staff received an induction when they started work with the agency. Following this, care staff attended training to maintain and update their core skills.

People were supported with their health and social care needs by the agency.

Is the service caring?

Good

The service was caring. People and relatives told us that they were happy with their care and that they had positive relationships with the regular care staff that supported them.

A person using the service and other people's relatives told us that they felt listened to and that care staff supported them according to their needs and wishes. They also said that care staff were kind and they were treated in a dignified and respectful way.

Care staff knew the people they cared for and were able to describe how they would support people based on their individual needs and preferences.

Is the service responsive?

Good

The service was responsive. People's care needs were assessed prior to them receiving care and changes to care needs were reviewed on a regular basis.

A complaints policy was available and was also given to people and relatives when the service began. The service had not received any formal complaints.

People knew who to complain to and usually felt confident that their concerns would be listened and acted upon.

Is the service well-led?

Good

The service was usually well led. There had been some improvement since the previous inspection.

Missed visits were monitored in order to identify improvements which could be made.

People and relatives knew who the registered manager was and were usually complimentary of the way in which the service was managed from a day to day perspective.

Quality assurance surveys were carried out on an annual basis from when the person began receiving a service. The most recent survey was almost entirely positive about the service although no action plan had been developed as a result of that survey.

Independent Care Solution

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.

This inspection took place on 10 and 14 August 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to ensure that the registered manager would be present. The inspection was carried out by one inspector and an expert by experience that telephoned people using the service and relatives. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Prior to this inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the completed PIR on 7 July 2017.
Before the inspection we looked at information that we had received about the service and formal notifications that the service had sent to the CQC. We looked at eight care records and risk assessments, five staff files, eight medicines records and other documented information related to the management of the service. We spoke with the registered manager and four staff.

During our inspection we made contact with thirteen of the forty people using the service or their relatives. In total we received feedback from one person using the service and seven relatives as it had been preferred by those people that we speak with their relative.

Prior to this inspection we had received positive written feedback from two local authorities that commissioned care packages from the service.

Good

Is the service safe?

Our findings

A person using the service and other people's relatives we spoke with told us that they felt safe when receiving care and support from care staff. A person using the service told us "they have been coming twice a day, I do feel safe with them, no problem with that." A relative said "the (agency) comes in 11 hours a week and I am sure (relative) is safe with them." Another said "we have a regular five days a week when I'm at work, just in the morning, my (relative) can still do a lot of things for herself, she [care worker] sees she takes her pills."

The provider had improved the risk assessment process and information for staff about minimising risks to people receiving care. The registered manager and care coordinator were responsible for ensuring that each person using the service had a risk assessment which included information about any risks to providing the care and support that they required. At our previous inspection we had found that although risk assessments in care plans were completed the service did not assess the level of risk and did not give care staff specific guidance and instructions on how to manage this risk and support people safely. This had improved and risk assessments were updated and potential risks were assessed. The action needed to reduce any potential harm due to these risks was recorded. Care workers we spoke with knew the possible risks that their clients faced and what to do in order to minimise potential harm that people may face.

The provider had clarified the procedure for care staff about use of physical interventions if people were not wishing to receive care. At our previous inspection we had noted that care staff were potentially using restraint methods in order to support one person with their personal care. This was not the case at this inspection. The registered manager was clear that no restraint must ever be used and that if any person was resistant to receiving care this must be notified to the agency office. It was reported to us by the registered manager and the care coordinator that no current clients were refusing care. On one person's care plan staff were instructed about what to do if the person did decide they didn't want support although in the other care plans this potential was not identified as being an issue. The provider had taken this issue seriously and had taken the necessary steps to ensure that all care staff were aware of the action they needed to take to respond to anyone who did not want to receive care.

The provider had taken action to ensure that improvements were made to how people safely received support with taking their medicines. Some people receiving care required support with taking their medicines. We looked at the medicine records for seven people. All of these people had a Medicine Administration Record (MAR) within their care plan. The MAR charts described the medicines that each person was prescribed and taking, apart from one, although the person's medicines were listed in the care plan. We raised this with the registered manager to resolve which she said she would do to ensure the medicines were fully described on the chart. Since our previous inspection the provider had improved medicines recording and details included when the medicines must be given, what the dose is and any special information, such as giving the medicines with food. Spot checks included checking that medicines records were up to date and that care workers were competent at doing what was required.

Training records showed, and care staff confirmed, that they had received training in medicine awareness.

One care worker told us, "Most people I see do not take medicines, one person does and I know how to check and that it must always be recorded." Where people required support with medicines, the service completed an authorisation form for people and/or relatives to sign confirming that they required assistance with medicine administration. The form also detailed the level of support they required.

Care staff knew what safeguarding was and were able to describe what was meant by abuse and the types of issues that constituted abuse. They were clear on the actions they would take if abuse was suspected. A care worker told us "I report anything that I am concerned about even if it might not be about safeguarding." Another care worker said "abuse can be anything, financial, physical and other things. I live in with my client but other care workers also spend days with them. I always check to see that she is ok." Training records showed that care staff received safeguarding training and this was refreshed each year. Care workers also confirmed that they had attended safeguarding training.

A person using the service and other people's relatives told us that they received care and support from a team of regular and consistent care staff that they and their relatives trusted. All but two people we spoke with told us that communication about changes was happening. These two relatives reported recent problems with care workers being late which we discussed with the registered manager. We were told that due to staff holidays and sickness there had been some challenges recently but the agency were contacting people to inform them of this. We advised the registered manager that a couple of relatives thought this could improve which the manager said they noted and would respond to.

The registered manager expected staff to send a text message to confirm they had arrived at each visit to people using the service. The registered manager told us about, and showed us, a log of these messages for the last two months and that they followed up on late calls. Missed calls did not occur frequently and in the last year there had been 16 in total. The registered manager explained that these were followed up and on a recent occasion that we had been informed about we were shown the action that had been taken to respond to why the call had been missed. This demonstrated an improvement to the service in monitoring and responding to missed calls.

Safe recruitment processes were in place to ensure the safe recruitment of staff to work with people. Recruitment files we viewed contained the necessary documentation including criminal record checks, references, identity verification including passports. Evidence was also available of staff member's legality to work in this country.

All care staff had full access to personal protective equipment at any time when required. We observed that care staff were able to come to the office and collect any supplies that they required.

Good

Is the service effective?

Our findings

A relative told us about the skills of care staff and said "they are very well trained and manage the care extremely well." Another relative said "they [care staff] manage the hoist and everything well, the staff they all know what to do, it's all fine." One relative told us about a care worker who had not been performing well but they had felt able to raise that with the provider.

Another relative said "they look after (relative) really well even the (specialist nurse) who visits, rings me up to say how well she is cared for", "they write every day what they do as well, which is nice, I do the shopping and I have food delivered and (name) God bless her, puts a selection out on a tray and lets (relative) make a choice, so she is not just given things."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The authorisation procedures for this in care homes are called the Deprivation of Liberty Safeguards (DoLS). This is not, however, applicable to this service as any restrictions would be applied for through Court of protection procedures by an application being made by a person's family or their local authority and not by the agency.

We checked whether the service was working within the principles of the MCA. The provider had improved upon assessment of people's mental capacity. The registered manager and care coordinator each undertook these assessments when people were first referred to the service. Our previous inspection had found that mental capacity assessments and best interest decisions had not always been recorded especially where it had been identified that a person displayed behaviours that were challenging. This was not the case at this inspection. Mental capacity was assessed as a part of each person's overall care and support needs and any further referral for assessment was made to the placing authorities if required.

Care staff we spoke with were able to describe the needs of the people they cared for and how they would respond if any concerns arose about their well-being. Care staff were clear about seeking people's permission to provide care. The provider sought people's consent to receiving care and where people had not been able to do this this consent was obtained from their next of kin.

In-house induction was provided to all new care staff. The registered manager went through all internal processes of the service which included key policies and procedures and the day to day procedures about working for the agency. One member of the care staff team told us, "I did get an induction, I had worked for a care agency before so was already aware of what to do. I had to do the induction though anyway." Another told us they also had previous experience but they too were still required to undergo the induction. The

service then delivered training of mandatory topics which included safeguarding, moving and handling, first aid, and dementia. Training certificates showed, and care staff we spoke with confirmed, that they had received this training.

Care staff we spoke with said that they received regular supervision with the registered manager. The service had a supervision policy which stipulated that care staff would receive supervision on a quarterly basis. Records seen confirmed this. Care staff told us that they did have supervision with the registered manager and an appraisal, which records also confirmed. This demonstrated that the registered manager was using systems to offer staff the support they required to do their work.

The service usually only provided light meal preparation for people where this was required. This included heating up food for people or making a snack such as sandwiches. A relative told us "(relative) has meals on wheels but they heat them up for her and make her a sandwich sometimes." Care plans, compiled by the registered manager or care coordinator, included information about people's physical and healthcare conditions.

Care staff did not routinely attend healthcare appointments with people as this was usually managed by people themselves with assistance from their family as needed. However, the manager stated that this would occur if there was a need to provide assistance if someone was unable to be supported by a relative or friend. Staff told us they knew how to respond to any emergency situations and all said that there was always advice available by telephone if ever that was needed.

Good

Is the service caring?

Our findings

A person using the service and other people's relatives we spoke with were very happy with the care and support that they received from the care staff team. A person using the service told us "they are very good, there isn't much for them to do but it is nice company. They are most pleasant". Relatives told us "they are very kind to(relative)and he likes them, they are most professional in their behaviour with him" and "it's marvellous, if I could give the carer 10 out of 10 I would, we've never had anyone so good."

Staff understood people's needs with regards to their disabilities, race, sexual orientation and gender and supported them in a caring way. A relative told us "they (care staff) are very nice with (relative), very respectful and aware of his needs."

One member of the care staff team told us "I know my clients very well, their likes, dislikes and what they believe. I know how to show respect for people." Another member of care staff said "I live in with my client, it's not really like being at work at all as we get along very well. I know (client) so much, how they like to do things, what they think and how they feel." Training records confirmed that staff received training on equality and diversity.

People using the service had a care plan which included information about who they were, their ethnic background, religious beliefs, dietary requirements and a support plan which detailed of all the care and support tasks that were required. The provider had improved background and personal information about each person which included details about their life history. Care plans were also more descriptive and person centred. The involvement of people, and their relatives, was included in care plans. People were involved in planning their care and felt that the service listened to their views about their needs and preferences. Where people felt there were changes needed they told us the agency had listened and worked hard to make the necessary changes. A local authority social care professional told us that the service was very flexible and responded to people's needs.

Care staff were able to tell us about promoting people's independence. A live in member of care staff told us "Letting my clients do as much for themselves as possible" and "I am always around if there is something she can't do."

Care staff gave specific examples of how they would ensure they maintained a person's privacy and dignity at all times. One member of the care staff team explained what they do to ensure privacy even when they were providing care when relatives were also present. They told us they ensured doors were closed when providing intimate care whether anyone else was present or not. This description along with what other people told us demonstrated the service took people's right to privacy and dignity seriously.

Good

Is the service responsive?

Our findings

Apart from two relatives who raised specific recent issues other people and relatives told us that they did not have any complaints or concerns. A person using the service told us "well they are pretty good really, they are certainly flexible. They manage to change things on pretty short notice when I go away and that's fine." The person went on to say "we do have care reviews, we've had one recently and I would just ask them if I felt we needed to look at things again."

Relatives told us "well it's very good. I'm very happy with the care (relative) gets, we've got a full package for about 6 months as (relative) has deteriorated. We did the care plan in the beginning and we have had a review and changed things slightly which has really helped so much, I was being called three to four times a week to come and sort things out but now I haven't been called out at all." Another relative told us "I have never really had to ring the office much, it all goes well, they've rung me once in a blue moon if something was up. Usually the manager just rings me herself if there is anything and we've had a review."

One relative thought things could be improved in terms of communication and another asked for another review, both of which we talked about with the registered manager who informed us that they would respond to.

The provider had a complaints policy which was given to people and relatives when a service was first commissioned. The policy outlined details on how to raise a complaint and the timeframes in which the complaint would be dealt with by the agency. The service had not received any formal complaints since our previous inspection. The service also held records of all compliments that they received from relatives and health and social care professionals. The seven that had been received since our previous inspection referred to the care, efficiency and skill of staff. We also had feedback from placing authority professionals who had regular contact with the service. This feedback commented positively on the responsiveness of the service to care packages they provided and any changes that were needed.

The service carried out an initial assessment before a package of care was agreed and provided. The service recorded individual details, information about health, medicines and care support. Environmental, health and safety and moving and handling risk assessments were also undertaken so that the agency could confirm whether they would be able to meet the needs of the person.

Each care plan was reviewed at least every six months but would be reviewed sooner if a person's care and support needs changed. We saw evidence that the registered manager and care coordinator had undertaken reviews and an updated copy of the care plan review was made available at the person's home. This ensured that care staff had the most recent information in order to respond and meet each person's current care and support needs.

A person using the service and other people's relatives confirmed that they received care and support from a regular team of care staff. Rotas that we looked at also confirmed this. Feedback about communication in relation to care staff arriving late or any changes to the team was mostly positive, although two relatives had

told us of recent issues which we fed back to the registered manager to respond to.

As part of the care and support a person received care staff completed daily notes. These notes were kept at each person's home and care staff brought these into the agency office periodically in order to store them on each person's care file. We looked at the daily log notes for eight people and these described the level of care and support that was provided and other significant information. This information was about such things as the care and support provided during each visit and anything linked to the person in terms of their health. The notes were also used as a way of sharing information with other care staff attending the next call, although usually the same care staff visited the same people on most occasions. Recording was consistent and provided a concise record of what had been done to support each person.

Good

Is the service well-led?

Our findings

A person using the service and other people's relatives knew who the registered manager was and all but one relative gave positive feedback about the way in which the service was managed. A person using the service told us "I've spoken to a nice chap(name) in the office, I am quite satisfied with it." This person did not recall if that if they had been visited by other people from the agency apart from care staff.

Relatives told us "the office is really good if you ring, so helpful, I really can't praise them enough, I don't know what I would do without them." Another relative told us "I have never really had to ring the office, it all goes so well, I can't fault it, it is a great service."

Care staff were also positive about the registered manager and felt supported in their role. One member of the care staff team told us "I can always call (manager) and we have regular spot checks." Two other care staff also commented along the same lines and felt that communication was not an issue as they did receive a response.
At our previous inspection we had found that improvements needed to be made in relation to the overall management of the service and these improvements had been made. There were systems in place to monitor and oversee the quality of care that the service provided. People we spoke with and care staff mentioned they had regularly contact and communication with the agency. The registered manager told us they shared responsibility for carrying out spot checks with the care coordinator. Records that we looked at confirmed this. Missed visits were also monitored in order to assess why missed visits had occurred and to make improvements.

Improvements had been made to the arrangements for overseeing the safe management of medicines and ensuring that people who lacked capacity received safe care and support as defined under the Mental Capacity Act 2005 (MCA). The service now carried out medicine audits by reviewing medicines during spot checks and examining the returned medicines charts that were taken by care staff to the agency office. There was clearer understanding and knowledge about how to ensure people were receiving medicines in a safe way.

The registered manager as well as care staff told us that they visited the office regularly and care staff said they could speak with the registered manager and care coordinator who were always available. Care staff told us they did attend meetings, infrequently, and talked with other staff at meetings. However, the registered manager again told us that it was not always possible to hold staff meetings on a regular basis as care staff would not all be available due to their working patterns. The registered manager went on to say that they used care staff individual weekly visits to the office as an opportunity to have a chat with them to discuss any matters arising. No evidence of care staff meetings was made available to us when we requested these so this could not be confirmed. We did, however, speak with the registered manager about the potential positive value of holding such meetings so that care staff could share their knowledge and experience of caring for people.

The service had a rota management system which was used to plan and organise each staff member's rota.

We looked at this system for the last six months and found that it was well managed. Apart from a relatively small number of missed calls over the last year it was also evident that when unforeseen circumstances had delayed or prevented staff from visiting a client this had been managed effectively. This meant that people had not gone without the care they needed. As a result of our previous inspection we had asked the registered manager to look into allowing sufficient travel time between each call. The provider had taken the necessary steps to organise this and coordinate visit times, including time required for travel on the staff rota.

Quality assurance questionnaires were completed on an annual basis from when the person began receiving a service. People and relatives could not recall filling out questionnaires, however, we viewed examples of comments that people had made and the amount of contact they had with the agency confirmed that their views were being sought. These were mostly during telephone calls or during spot check visits but written questionnaires were also sent in by some people. The most recent survey had been completed in December 2016, the overwhelming majority of responses were positive and this concurred with the feedback people had provided about their experience of the service. However, apart from analysing the percentage of responses this had not resulted in an action plan from the survey. We raised this with the registered manager and discussed the potential value of developing a written action plan as a result.