IRC Care Services Limited

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Inspection report

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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?	Requires Improvement

Summary of findings

Overall summary

IRC Care Services is a care agency that provides domiciliary care and support to people so that they can live independently in their own homes.

People who receive a service in their own homes include those living with physical support needs. The agency also provides services to people living with dementia and those who may have mental health needs. At the time of our inspection 40 people received care and support in accordance with the regulated activity of personal care.

The inspection took place on 23 February 2017. The provider was given forty eight hours' notice of the inspection.

There was a not a registered manager in post. 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. A new manager had been in post for two weeks, and had begun the registration process with CQC.

The lack of a registered manager had an impact on the service as the systems in place to monitor the quality of care and support that people received were not as well managed as they could be. Staff had not had the opportunity to have supervision with their manager, so their practice when giving care and medicines had not been regularly assessed. The records relating to the care and treatment of people and the overall management of the service were had not been regularly reviewed to ensure they were of a good standard. We have identified one breach in the regulations. You can see what action we have asked the provider to take at the back of this report.

Care plans were based around tasks staff needed to complete, rather than people's personal preferences. They gave staff brief guidance on what tasks they needed to complete, and therefore were not person centred.

Staff had a positive and caring attitude about their jobs. People told us that they were happy with the care and support they received. A person said, "They (staff) are loving and caring people, and they know what they are doing." All the staff we spoke with were happy in their work and proud of the job they do.

People received a safe service from IRC Care Services Ltd. There were sufficient numbers of staff who were appropriately trained to meet the needs of the people. Staff worked in geographic areas to minimise the impact of travel times between each call.

Risks of harm to people had been identified and clear plans and guidelines were in place to minimise these risks. Staff understood their duty should they suspect abuse was taking place, including the agencies that

needed to be notified, such as the local authority safeguarding board or the police.

Staff recruitment procedures were safe. The provider had undertaken appropriate safety checks to ensure that only suitable staff were employed to support people in their own home. Staff said they felt supported to undertake their roles. Staff received a comprehensive induction and ongoing training, tailored to the needs of the people they supported.

Staff managed the medicines in a safe way and were trained in the safe administration of medicines. The majority of people were prompted by staff to take their medicines, but where staff gave people their medicine this was done in a safe way.

Where people did not have the capacity to understand or consent to a decision the provider had followed the requirements of the Mental Capacity Act (2005). An appropriate assessment of people's ability to make decisions for themselves had been completed.

People were supported to have enough to eat and drink. They received support from staff where a need had been identified. People's dietary support needs were recorded and met by the staff.

People were supported to maintain good health. When people's health deteriorated staff responded quickly and made sure they contacted the appropriate professionals so people received effective treatment.

People told us the staff were kind and caring and treated people with dignity and respect. People said they received the care and support as detailed in their care plans.

People knew how to make a complaint. When complaints had been received these had been dealt with quickly and to the satisfaction of the person who made the complaint. Staff knew how to respond to a complaint should one be received.

People received a good standard of care and support by a caring service. A person said, "My care worker is friendly and I get on well with her."

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.

People felt safe with the staff. Appropriate checks were completed to ensure staff were safe to work at the service.

There were enough staff to meet the needs of the people.

Staff understood their responsibilities around protecting people from harm.

The provider had identified risks to people's health and safety with them, and put guidelines for staff in place to minimise the risk.

Medicines were managed safely and there were good processes in place to ensure people received the right medicines at the right time where necessary.

Is the service effective?

Good

The service was effective

Staff said they felt supported by the manager, and had access to training to enable them to support the people that used the service.

People's rights under the Mental Capacity Act were met. Assessments of people's capacity to understand important decisions had been recorded in line with the Act.

People had enough to eat and drink and staff supported people with specialist diets where a need had been identified.

People received support when they were unwell, or in an emergency.

Is the service caring?

Good

The service was caring.

People had good relationships with the staff that supported

them. People felt happy and confident in the company of staff.

Staff were caring and friendly, and staff that showed respect to people and protected their dignity.

Staff knew the people they cared for as individuals. Communication was good as people were able to understand the staff that supported them.

Is the service responsive?

Good

The service was responsive.

Care plans gave detail about the support needs of people; however these were quite brief without too much detail on preferences and choice. People were involved in their care plans, and their reviews.

Staff had the time to spend with people, as well as providing personal care.

There was a complaints procedure in place. Staff understood their responsibilities should a complaint be received. Although complaints had been responded to, the records were not always completed in accordance with the providers policy.

Is the service well-led?

Requires Improvement

The service was not always well-led.

The service had been without a registered manager since August 2016. A new manager had just been employed and had begun their registration with CQC.

The lack of a registered manager had an impact on the management of the service. Areas such as quality checks and document management were identified as needing improvements.

Staff felt supported and able to discuss any issues with the registered manager.

People and staff were involved in improving the service. Feedback was sought via questionnaires, and these were responded to.

The manager understood their responsibilities with regards to the regulations, such as when to send in notifications.

IRC Care Services Limited

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 23 February 2017. The inspection was completed by one inspector because this was a small service.

The provider was given 48 hours' notice of the first inspection date in order to ensure a representative of the provider was able to meet with us and provide access to records. Before the inspection we reviewed records held by CQC which included notifications, complaints and any safeguarding concerns. A notification is information about important events which the service is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection.

The provider had completed 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. This information was reviewed to see if we would need to focus on any particular areas at the home.

After the inspection we contacted 11 people, and their relatives. We spoke with seven staff, which included the manager and the provider. We also reviewed care and other records within the service. These included five care plans and associated records, five medicine administration records, four staff recruitment files, and the records of quality assurance checks carried out by the manager and provider.

Good

Is the service safe?

Our findings

People received safe care and support from IRC Care Services. One person said, "Yes I feel safe with my carer, they make sure I am safe before they go." Another person said, "They take great care when they lift me, so I am safe."

People were protected from the risk of abuse. Staff had a clear understanding of their responsibilities in relation to safeguarding people. Staff told us that they had completed relevant training in safeguarding. Records confirmed that this learning was regularly refreshed. Staff were able to describe the signs that abuse may be taking place, such as bruising or a change in a person's behaviour. Staff confirmed that that they felt able to share any concerns they may have with the management team and had confidence that any concerns would be handled appropriately. Staff were also clear about how to correctly report abuse to relevant external agencies if necessary. They understood that all suspicions of abuse must be reported to the registered manager, or person in charge. Staff understood that a referral to an agency, such as the local adult services safeguarding team or police and that they could do this themselves if the need arose. These had been made appropriately where required.

There were sufficient staff deployed to keep people safe and support the health and welfare needs of people. One person said, "There are loads of them (staff). I see the same people all the time, if there were not enough staff then I would get random staff each visit." People told us staff arrived on time, and stayed their allotted time. People who needed two staff to support them confirmed two staff were always present. Staffing levels were calculated to ensure people received care and support when they wanted it, and staff had enough time to care for people without having to rush. Staffing rotas showed that levels of staff over the past four weeks matched with the calculated support levels of the people that used the service. The manager understood that matching people's needs with the level of staff was of primary importance to ensure safe standards of care.

Where staff were unable to attend calls at the specified time, for example when dealing with an emergency at anther call or due to sickness, alternative arrangements were made. One person said, "They ring me occasionally to arrange changes in my times. We work these out amicably so I am satisfied with the arrangement." People confirmed the office staff were good at informing them if there would be a delay in their carer arriving. There was also an Out of Hours number that could be used in an emergency. The rate of missed or late calls was monitored and reported to the commissioning bodies on a regular basis. People told us that missed or late calls were never a problem for them with IRC Care.

People were kept safe because the risk of harm from their health and support needs had been assessed. People and relatives told us that staff supported them to do as much as they were able. Assessments of risk had been carried out in areas such as mobility, and nutrition and hydration. Measures had been put in place to reduce these risks, such as specialist equipment to help people move around their home. One staff member said, "We always have two carers if we have to lift someone to reduce the risk of injuries." Risk assessments had been regularly reviewed to ensure that they continued to reflect people's needs.

Staff understood how to keep people safe in their own homes. Assessments had been completed to identify and manage any risks of harm to people around their home. This included staff having a clear understanding of the checks they needed to do when they finished the call to make sure that they left people safe. One staff member said, "We check the environment for hazards, such as things that may trip the person." People were safe because accidents and incidents were reviewed to minimise the risk of them happening again. A record of accidents and incidents was kept and the information reviewed by the manager to look for patterns that may suggest a person's support needs had changed.

People and their relatives had no concerns about the way the agency managed access to their homes. Appropriate steps had been taken to ensure that information about how to access people's homes was kept safe and only available to those who needed to know. Staff demonstrated that they understood the importance of maintaining people's confidentiality and keeping their properties and personal data secure. For example they were aware or not talking about the people they supported in front of others.

Appropriate checks were carried out to help ensure only suitable staff were employed to work at the service. The management checked that they were of good character, which included Disclosure and Barring Service (DBS) checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services. There were also copies of other relevant documentation including character and professional references, interview notes, proof of identification, such as passports, to show eligibility to work in the UK. This demonstrated that steps had been undertaken to help ensure staff were safe to work with people who used care and support services.

People received their medicines in a safe way, and when they needed them. At the time of our visit only one person had their medicine given by staff, all the others needed prompting by staff to take their medicines. People told us that they received the support they needed. Staff that administered medicines to people, or prompted them received appropriate training, which was regularly updated. Staff who gave medicines were able to explain how they would find out about what the medicines were for, or possible side effects to ensure people were safe when taking it. For 'as required' medicine, such as paracetamol, there are guidelines in place which told staff when and how to administer the pain relief in a safe way.

The recording and storage of medicines were safe and well managed. There were no gaps in the medicine administration records (MARs) so it was clear when people had been prompted or given their medicines. We did note that the initials used by one staff to sign the MAR, was the same as the code used for 'medicine refused.' This could lead to some confusion. The manager said they would review this practice with the staff member. All medicines were stored and ordered by people, not the agency, so there was no risk of medicines being lost or damaged transporting them from the office to the person's home.

People's care and support would not be compromised in the event of an emergency. The provider had an emergency plan that covered incidents such as adverse weather that may have an impact on staff getting to people. The computer system used to plan the delivery of care was backed up to an offsite location, and could be accessed out of the office in an emergency. This would ensure the management would be able to continue running the agency, and directing carers to the people who needed care and support should they not be able to access the office. Staff understood their responsibilities in the event these emergencies took place.

Good

Is the service effective?

Our findings

People were supported by trained staff that had sufficient knowledge and skills to enable them to care for people. Staff had effective training to undertake their roles and responsibilities to care and support people. One person said, "All the staff I have had have been well trained. They know what to do to meet my specific needs." The induction process for new staff was robust to ensure they would have the skills to support people effectively. Induction included shadowing more experienced staff to find out about the people that they cared for and safe working practices.

Staff had received training in areas to meet the needs of the people they cared for. This included moving and handling, first aid, dignity and respect, food hygiene, dementia care, infection control, and medicine administration. This had been completed within the last 12 months, and the manager told us the training methods were under review for the coming year to further improve its effectiveness. This was based on feedback from staff that eLearning was not always the best method to help staff understand and retain information.

Staff were effectively supported by the management. However the staff had not had regular one to one meetings (sometimes called supervisions) with the manager in accordance with the provider's policy. This was caused by the lack of a manager, and this had now been resolved. Staff told us that they felt supported in their work. Staff had received an annual appraisal, prior to the previous manager's departure. This enabled them to discuss any training needs and get feedback about how well they were doing their job and supporting people. In addition team meetings gave the opportunity for 'group supervision' where staff were able to discuss any issues, and the provider had been able to talk about any matters that may have arisen, such as learning from accidents or incidents.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA). The 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.

The provider had complied with the requirements of the Mental Capacity Act 2005 (MCA). Where people could not make decisions for themselves the processes to ensure decisions were made in their bests interests were effectively followed.

Staff had a good understanding of the Mental Capacity Act (2005) including the nature and types of consent, people's right to take risks and the necessity to act in people's best interests when required. The management and staff took appropriate steps to ensure care was only provided in accordance with people's consent or best interests. One person said, "Staff ask my permission and they explain things to me so I understand." Information relating to consent was in people's care records and staff said that they would routinely ensure that people consented to their care. Staff were aware of the principles of the MCA and the importance of giving people as much choice and control over their own decisions as possible. Staff were

clear that they would never force a person to do something they didn't want to do and would always respect their wishes. Staff were also able to highlight how people's capacity sometimes fluctuated and how this impacted on the support the provided.

People were supported to ensure they had enough to eat and drink to keep them healthy. People's special dietary needs were recorded on the care plans, such as allergies, or if food needed to be presented in a particular way to help swallowing. Staff were able to describe the individual requirements of the people they supported.

People were protected from poor nutrition as they were regularly assessed and monitored by staff to ensure they were eating and drinking enough to stay healthy. Staff involved people in this by asking them what they had eaten and had to drink, and discussed with the person if they needed to eat or drink anymore at that time.

People received support to keep them healthy. Where people's health had changed appropriate referrals were made to specialists to help them get better. Staff were able to support people to the GP if they felt unwell, or call the emergency services if they found a person in distress. Care records showed that where people required specialist health care support, the staff had appropriately liaised with other healthcare professionals such as district nurses or occupational therapists to ensure this care was delivered safely and effectively.

Good

Is the service caring?

Our findings

We had positive feedback about the caring nature of the staff. On person said the carers were, "Definitely friendly and caring." Another person said, "Staff are very nice. They talk to me and my family." A relative said, "They (staff) have all been positive and jolly. They have a joke with us and get on with the job." A staff member said, "We work as a friendly and cooperative team. I really enjoy supporting the people in their homes." This matched with what people told us and how the manager worked on the day of our inspection.

People's privacy and dignity was respected. People told us that their care workers were polite, respectful, protected their privacy and dignity and their home. One person said, "They never do anything to embarrass me." Another person said, "They respect me and my home, I can't fault them." Staff understood how to protect people's privacy and dignity. Staff understood the importance of delivering personal care sensitively and discreetly. Staff talked about the things they did to protect people's privacy and dignity, for example; covering people with towels, closing doors and giving people the time to do as much for themselves as they could.

Staff were aware of the agency's confidentiality and data protection policy and said they would not talk about people in front of other people and would always discuss peoples care and support where they could not be over heard. This was to ensure that people's confidentially would be maintained at all times.

People were supported by regular staff, who knew them as individuals. Staff worked in geographical teams which enabled most people to receive support from the same small number of staff. People told us that they appreciated having the same care workers because it gave them consistency and continuity of care. Care workers also confirmed that they mostly supported the same people which meant that they were able to get to know them and how they liked their care to be provided. Staff had a caring attitude about the people they supported when we spoke with them. They referred to people in respectful ways when they described how they provided care and support.

Staff were caring and attentive, and took time to get to know the people they cared for. A person said, "I get different staff visiting me, but they all know me and what I like." Staff, including the registered manager, knew the people they cared for. The office staff were able to tell us about people's backgrounds, their life stories as well as their medical or support needs, without having to refer to the care records. This knowledgeable and caring nature was repeated when we spoke with the staff, and matched with the information that people told us.

Staff communicated effectively with people. People said they could understand staff when they spoke with them, and were able to hold conversations about their care, as well as general 'chit chat' while they received care and support. People's needs with respect to their religion or cultural beliefs were met. Staff understood those needs as they would be clearly detailed in the individuals care plan.

People were given information about their care and support in a manner they could understand. Information was available to people in their home, such as their care plans and daily care records. In

addition people had access to the manager in the office via telephone and email.

People were supported to be involved in their care as much as possible. They had been consulted about how they liked their care undertaken and what mattered to them. One person said, "At the beginning they did all my cooking. I told them I felt I could do it for myself. They listened and I am now doing most of the cooking myself." People had also been consulted regarding the time of their visits, the frequency of these and how personal care should be undertaken. Relatives told us they had been consulted when appropriate regarding care and support their family member would require.

Good

Is the service responsive?

Our findings

People's choices and preferences were documented and staff were able to tell us about them without referring to the files. The care files in the office were organised so information about people and their support needs were easy to find. The files gave a clear description of the support carers had to give during each visit; however these were bullet point summaries, rather than a detailed description of exactly what the person's individual preferences were. This would then increase the time new staff would take to get to know the individual preferences of the people they supported. One person summed it up by saying, "Sometimes the staff member I'm expecting can't make it, so we have to start all over again on what I want with the replacement staff. The new staff know they have to do certain things for me (as it's on the care plan), but not in what order I like, or how I specifically want the tasks done. This only happens occasionally."

People and relatives said that despite this, staff did respond to their preferences and choices. A person said, "If it's a staff member I don't usually have, I just show them what to do." One relative said, "They all seem to know my family member." The manager said they were in the process of reviewing the care plans. This would give a better level of detail for staff, to be able to meet individual needs.

People and relatives were involved in their care and support planning. One person said, "I have a care plan. I got to talk about what I wanted form them. They did an assessment of my needs to make sure the support was what I wanted. And to check that was what they were giving." Care plans were based on what people wanted from their care and support. They were written with the person by the manager or senior staff from the office. We noted that the agencies care plans were very task focused, without much detail about individual preferences, or personal history. The manager explained that the detail about personal history was included in the local authority assessment. This was available in the file in people's homes for people and staff to access if they wished. People did tell us that preferences around gender of their support worker were respected, and that staff did take time to get to know them. Staff explained how they talked with each person, and/or their family and asked what supported they wanted, and what their personal preferences were.

People's needs had been assessed before they received the service to ensure that their needs could be met. One person said, "I told them about myself, and my health." The agency staff used the assessment from the local funding authority as a base to review if they could support each person. They then carried out their own pre assessment. Factors such as health support needs, and location where the person lived were taken into account to see if the agency would be able to meet the person's needs. The provider had taken care to ensure they could meet people's needs, before they agreed the support package.

Care was flexible to meet people's routines and commitments. When a person did not require a visit because they had family staying, or if times needed to change to take into account a medical appointment this was accommodated.

People received support that matched with the preferences record in their care file. The daily records of care were detailed and showed that these preferences had been taken into account when people received care,

for example, in their choices of food and drink. One person said, "They always ask me what I want to eat." Care planning and individual risk assessments were regularly reviewed, or if a need arose, such as a change in a person's support needs, such as if they became unwell, or returned from hospital with reduced mobility.

Staff spent time with people to support them with activities and prevent them from getting too lonely, as well as providing personal care.

People were supported by staff that listened to and responded to complaints or comments. People said they felt their complaints would be listened too and dealt with. One person said, "I have complained twice, and both times they responded quickly and to my satisfaction." A relative said, "I know how to make a complaint. When I have rung them I have found them not to be defensive, and they listen and respond to me." There was a complaints policy in place, and people had a copy in their homes. The policy included clear guidelines, on how and by when issues should be resolved. It also contained the contact details of relevant external agencies, such as the Care Quality Commission, so people would know who they could contact if they were not satisfied with how the service had dealt with their concern.

There had been a number of complaints received over the last 12 months; however none had been received since the middle of May 2016. We were aware a complaint had been made after this, and although the office staff were aware of it on the day of our inspection, they were unable to find the record to show how it had been managed. The provider contacted us after the inspection to explain the actions they had taken, and agreed that they should have followed their complaints policy and documented it. They explained that the complaint had not been made directly to them, and they had found out about it via a third party. They had then not realised they should have recorded it as a complaint. The complaints (including the one not correctly recorded) had been responded to in accordance with the provider's complaints policy. The manager and staff explained that complaints were welcomed and would be used as a tool to improve the service for everyone.

A number of compliments about the care provided were also received in the same period of time. One example stated, "We are very happy with our carer. They are very helpful and attentive." Another compliment stated, "My carer is very good at understanding my needs and how to tackle problems promptly."

Requires Improvement

Is the service well-led?

Our findings

The lack of a registered manager at the service had impacted on how well the service was led. Quality assurance checks and staff supervision had not been completed for some time.

Regular checks on the quality of service provision had not always taken place, so areas such as staff's competency with medicines had not been recently assessed. Additionally although the new managers had visited people in their homes when care staff were present, they hadn't taken the opportunity to assess the standards of care being given by the care staff. Some audits of the service provision had been completed; however areas such as checking medicines practice had not been completed. The new manager had already identified these issues and had a clear plan in place to address them.

Records management was not consistent. Care plans generated by the organisation were task based and gave little information about people's individual preferences. Lack of checks on how well staff recorded information could lead to errors, such as when completing medicine administration records, or completing accident and incident reports.

The gaps in regular checks of the service and the inconsistent records management meant there was a breach in Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Confidential information was held securely and the agency also used a computerised system which enabled care and office staff to have quick access to people's current information.

People told us that the service was well managed and as a result they received good care. There was a positive culture within the service, between the people that were supported, the staff and the registered manager. One person said, "I am very satisfied about how I am taken care of." A relative said, "They keep me informed, and while there have been a few 'blips' they have responded well to put things right."

The culture of the service was open and reflective. Regular staff meetings ensured effective communication across the service. Staff meeting minutes highlighted best practice discussions and the management team sharing expectations of how care should be delivered. These were also used as a forum to share learning from any complaints, incidents or accidents. One staff member said, "I feel valued by the management. If the family give feedback, the manager feeds this back to us so we know how we are doing."

Staff felt supported by the management, and enjoyed their job. Staff told us the "There is a friendly and co-operative team working here." Another staff member said, "The manager is really nice. They call to check we are okay, and they are very caring to the clients and staff." Staff told us the manager and provider had an open door policy and felt able to raise any concerns with the manager or the provider at any time. Staff were also able to present ideas if they felt the service could improve. One staff member gave an example where the provider had listened to staff saying they felt 'stretched' due to taking on new care packages. As a result they had reduced the intake of new care packages to match the levels of care staff. Staff felt valued because their feedback was listened to. The provider also invested in staff and celebrated good practice through

schemes such as the 'Care Worker of the Month' award.

People and relatives were included in how the service was managed. People said that they were regularly asked for their feedback with regards to timekeeping, satisfaction with care workers. People felt their feedback was genuinely listened to and action taken swiftly to make any identified improvements. Staff confirmed they were kept up to date on the feedback.

The manager was aware of their responsibilities with regards to reporting significant events to the Care Quality Commission and other outside agencies. This meant we could check that appropriate action had been taken. Information for staff and others on whistle blowing was on display in the home, so they would know what to do if they had any concerns. The previous manager had completed the Provider Information Return when it was requested, and the information they gave us matched with what we found when we carried out this inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Regulation 17(a) and (d). Good Governance. The provider had not effectively assessed, monitored and improved the quality and safety of the services provided. Records were not always complete.