

ICare Solutions Manchester Limited

iCare Solutions Manchester Limited

Inspection report

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24 November 2021
13 December 2021

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

iCare Solutions Manchester is a domiciliary service which provides personal care to people (including children) living in their own houses and flats. The service is operated by iCare Solutions Manchester Limited. At the time of this inspection the service was supporting approximately 47 people. 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

At our last inspection of iCare Solutions Manchester in December 2020, concerns were identified regarding staff not staying for the full duration for people's care visits, staff not using the electronic call monitoring system correctly and unsafe recruitment practices. We found these were still areas of concern at this inspection. In addition, some people raised concerns with us about only one member staff arriving to deliver their care instead of two. Some people also told us staff did not always wear the correct personal protective equipment (PPE).

Improvements to governance systems were required to ensure they were effective at identifying and addressing the concerns found during the inspection. This is the fourth consecutive inspection the service has not achieved an overall rating of good, with repeat concerns identified at each inspection.

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

Rating at last inspection (and update)

The last rating for this service was inadequate (published April 2021). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection enough improvement had not been made and the provider was still in breach of regulations.

This service has been in Special Measures since April 2021. During this inspection the provider demonstrated that limited improvements had been made. The service is no longer rated as inadequate overall. Therefore, this service is no longer in special measures. The well-led key question remains inadequate however, given the repeated concerns identified and poor regulatory history.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection where the service was rated inadequate and placed into special measures. This report only covers our findings in relation to the key questions safe and well-led which contain those requirements.

Prior to this inspection we reviewed the information we held about the service. No areas of concern were identified in the other key questions (Effective, Caring and Responsive). We therefore did not inspect them.

Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection. We found the provider still needs to make improvements.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for iCare Solutions Manchester on our website at www.cqc.org.uk. You can see what action we have asked the service to take at the end of this report.

Enforcement

We have identified breaches in relation to safe care and treatment and good governance. Please see the action we have told the provider to take at the end of this report.

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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe.

Details are in our safe findings below

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

iCare Solutions Manchester 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 Care Act 2014.

Inspection team

This inspection was carried out by an inspector and two Experts 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 homes.

There was a registered manager in post. This means they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

The inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider, or registered manager would be in the office to support the inspection.

Inspection activity started on 18 November and finished on 13 December 2021. We visited the office on 24 November 2021 as part of our site visit to the service. Further inspection activity was completed via telephone and by email, including speaking with people who used the service, relatives and reviewing additional evidence and information sent to us by the service.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from professionals who worked with the service, including Manchester local authority. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to 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.

During the inspection

We spoke with 11 people who used the service and 15 relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, provider and six care staff.

We reviewed a range of records. This included 10 people's care records, a selection of medicine management records and eight staff recruitment files. A variety of other records relating to the management of the service were also considered as part of the inspection.

After the inspection

We continued to seek clarification from the service to validate evidence found following our site visit.

Is the service safe?

Our findings

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

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

At our last inspection, safe recruitment procedures were not always followed and people did not always receive person centred care. This was a breach of regulation 9 and 19 (Fit and proper persons employed and Person-centred care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. We have reported on these matters further within the well-led section of this report.

Staffing and recruitment; Assessing risk, safety monitoring and management;

- We looked at staff recruitment procedures and found appropriate checks were carried out such as seeking references, holding interviews and carrying out disclosure barring service (DBS) checks. At our last inspection, some staff working for the service who had criminal convictions and the rationale for employing these staff was not always clear. Where certain staff had been employed, DBS risk assessments had been created to demonstrate how these risks were to be mitigated, although the majority of these offences had occurred many years ago. These risk assessments were not always followed.
- At this inspection, we found this area of concern had not yet been fully addressed. Where DBS risk assessments were in place, these stated staff would only be working on calls with another member of staff, however call monitoring and daily records indicated this was not always followed. We have addressed this issue within the well-led section of this report.
- We checked to see if there were enough staff to care for people safely. At the time of the inspection, the service employed approximately 70 members of staff and both the provider and registered manager felt this was sufficient to ensure people's care needs could be met. Staff spoken with during the inspection said there were enough available and felt their rotas were manageable. A staff member commented, "I think we have enough staff. We get plenty of travel time in between calls and aren't rushed."
- We asked people who used the service and relatives for their views of staffing levels within the service. Overall, the feedback we received was that although people's care needs were met, care visits were sometimes late and not always on time. One person said, "I get four visits a day. There are enough staff when they are needed. They use a hoist and are trained."
- Some people raised concerns with us that only one member of staff arrived to deliver their care instead of two. One relative said, "At times, only one arrives and I have to help. She needs assistance to have a shower and get upstairs from two staff, but sometimes only one will arrive and this is not safe." Another person said, "Sometimes I don't feel safe as I need two carers to attend to me each visit. But quite frequently only one carer arrives, then I don't feel safe. They have to use equipment to support me and they have to handle me to get me out of bed and chair." On certain days, daily notes and call monitoring logs indicated there had only been one member of staff completing moving and handling tasks on their own. Care plans and risk assessments also stated two members of staff were required.

We found no evidence that people had been harmed, however, systems were either not in place or were not 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.

- People who used the service had individual risk assessments in place. These covered the home environment, people's health, medication and moving and handling. Where any risks were identified, control measures were detailed about how any risks could be minimised.

Preventing and controlling infection;

- We looked at the systems in place regarding infection control. We found staff were completing regular COVID-19 testing as required, with the registered manager maintaining a record of the results and staff had received both COVID-19 vaccinations.
- Staff told us they had sufficient Personal protective equipment (PPE) available, however some of the feedback we received from people who used the service was that it was not always worn during care visits. One relative said, "The more senior carers have worn gloves, masks aprons etc. when supporting her, but the younger ones tend to only wear a mask and nothing else." Another relative said, "PPE is worn by most of the carers but there are some who don't always wear aprons." We gave this feedback to the registered manager and provider who said this concern would be discussed with staff.

Using medicines safely

- People received their medicines as prescribed. Staff completed accurate records about the support they provided with medicines and both people who used the service and their relatives said they received their medication safely. One relative said, "My wife is well looked after and I know she is getting her medication each day. feel the carers are doing a good job."
- Staff received training to administer medicines safely. Their ability to manage medicines in a safe way was checked by the provider before they were allowed to support people with medicines. Staff told us they felt confident to administer medicines.
- We saw audits of medication administration records (MAR's) were undertaken by office staff.

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- Most people who used the service told us they felt safe as a result of the care they received, although some people raised concerns about not enough staff always arriving to deliver their care which could make them feel unsafe. One relative said, "'My [relative] is safe when he is being looked after. He looks forward to the carers' visits as he regards them as friends. They are really very good, kind and helpful."
- The training matrix showed staff had completed safeguarding training. Safeguarding and whistleblowing procedures were in place and staff had an understanding about the different types of abuse that could occur and how to report any concerns.
- Accidents and incidents were recorded, with actions taken to prevent future re-occurrence.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as inadequate. At this inspection this key remains the same. 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.

At our last inspection the provider had failed to monitor the quality of service effectively. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

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

- The registered manager and provider were clear about their roles, however there remained ongoing non-compliance with expected legal standards and necessary improvements had not been made in a timely manner.
- iCare Solutions Manchester has a poor regulatory history. The service has been rated either requires improvement or inadequate at the previous three inspections since registering with CQC. At these inspections, repeated concerns have been identified regarding staff recruitment, care visit durations and staff usage of the call monitoring system.
- At our last inspection, we identified concerns regarding care visits often being cut short by staff. When this happened, the local authority were not contacted so that care packages could be reviewed to establish if the length of the care visit needed to be reduced. Staff were not always using the call monitoring system correctly and were not always logging in and out before and after care visits. Where DBS risk assessments were in place, these were not always followed. The provider has not taken enough action to improve these areas of concern.
- The provider's audit systems did not adequately identify and address areas which needed to improve. Audits of medication, daily records and call monitoring logs were carried out, but they were not always effective. For example, the audits of call length duration had not identified some calls were being cut short and that trends were occurring. Missing entries on the call monitoring logs had also not been highlighted. This meant the provider had not acted on these concerns.

Systems to assess, monitor and mitigate the risks relating to the health, safety and welfare of service users were not always in place and contemporaneous records were not always maintained. This placed people at the risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

characteristics

- Systems were in place to involve people using the service, relatives and staff in how the service was run. This included the use of satisfaction surveys to obtain feedback about the quality of service provided.
- Further quality monitoring systems were in place through the use of spot checks/observations of staff and competency assessments.
- Staff meetings and supervisions were also held so that feedback could be sought and used to make improvements. Staff said these took place and they felt able to raise any concerns.

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

- Staff working for the service spoke of a positive culture at the service and felt iCare Solutions was a good place to work. One member of staff said, "Everything is okay working here and I don't have any concerns. They are good to work for and I love my job." Another member of staff said, "So far, so good and I am really enjoying it."
- We asked staff for their views of management and leadership. One member of staff said, "The managers are very informative and you can always ask anything." Another member of staff said, "I feel well supported and communication is always good." A third added, "I feel management is good. They are always happy to help."
- People who used the service and relatives were complimentary about the care provided which ensured good outcomes were achieved. One person said, "I am very satisfied with the service I get. I feel very safe with the carers and they do their job well. I feel there are enough carers for us and they have never missed a visit." Another person said, "The carers are good and my [relative] is happy. He is cared for as far as I can tell."
- Statutory notifications were submitted to CQC as required. The ratings from the last inspection were also displayed on the provider website which is a legal requirement.

Working in partnership with others

- The service worked in partnership with various local authorities and health teams in the local area. A number of community links had also been developed, one of which included a local cricket club, where the facilities had been used to host dementia cafés.
- The service also sponsored a local boxing club which had proven to be a vital hub for people living in the area, which had historically been known as being a high crime area. Other connections in the area included 'Asian Elders', a community group which helps assist minority ethnic groups to access facilities such as mosques and places of worship.

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 12 HSCA RA Regulations 2014 Safe care and treatment Appropriate systems were not in place to ensure safe care and treatment.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Appropriate systems were not in place to ensure good governance.

The enforcement action we took:

We issued a warning notice regarding this regulation.