

ICare Solutions Manchester Limited

# iCare Solutions Manchester Limited

## Inspection report

475 Chester Road  
Manchester  
Lancashire  
M16 9HF

Tel: 01618820404  
Website: [www.icare-solutions.co.uk](http://www.icare-solutions.co.uk)

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

ICare Solutions Manchester Limited is a large domiciliary care agency. The service provides care and support to primarily older adults living in their own homes in the Trafford and Manchester areas of Greater Manchester. ICare Solutions Manchester Limited also provides care and support for people referred to the Stabilise and Make Safe (SAMS) service, contracted by the local authority. This service focuses on helping people regain their confidence, strength and independence following an illness, accident or hospital stay.

At the time of this inspection the service was providing care and support to 112 people. The Care Quality Commission (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:

The provider monitored staff timeliness through electronic call monitoring, although usage of this by staff was not consistent. Where this was used electronic call monitoring records indicated that many calls were cut short and people did not receive their commissioned support in full. People told us care staff were sometimes late and they were not always informed by the office.

There were processes in place to monitor and audit the safety of the service, although these had not identified some of the issues we found with records and there were inconsistencies with the supervision and appraisal of staff. The provider could evidence actions taken and 'lessons learned' when things had gone wrong.

People were receiving their medicines as prescribed. Improvements to assist with the recording and auditing of medicines were being introduced by the provider. People felt the staff providing support were competent. Staff were satisfied with the standard of training they received however, there was a lack of consistency with regards to supervision and appraisal of staff.

Most people were satisfied with the service they received. People were usually supported by consistent teams of staff who knew them and understood their needs and preferences. During our home visits we spoke with people who confirmed their regular staff were kind, respectful and aware of their specific needs. Recruitment processes had improved with a robust risk assessment of potential new employees where this was warranted.

There was information recorded in care plans about people's social histories and people's preferences. Care staff told us they would speak to the person and get to know them so that care was person-centred and met people's needs. People received an annual quality assurance visit and review of their service, and the provider sought feedback about the service. People told us they felt involved in decisions about their care.

The registered manager was supported by a quality assurance officer, office-based care co-ordinators and

administration staff. A new manager had been appointed days prior to this inspection with the intention of becoming the registered manager. The current registered manager planned to assume a regional role in the company.

#### Rating at last inspection:

We last inspected this service on 5 and 7 September 2018, when we rated the service requires improvement. The report was published on 30 November 2018. This is the fourth consecutive time the service has been rated requires improvement.

#### Why we inspected:

This was a planned comprehensive inspection to follow-up our last inspection when we rated the service requires improvement. Following our last inspection, we asked the provider to complete an action plan telling us how they would become compliant with the three breaches of regulations we identified relating to good governance, person-centred care and requirement as to display of performance assessments.

#### Enforcement:

We are considering options in relation to enforcement action. Full information about CQC's regulatory response to the more serious concerns found during inspections is added to the end section of reports after any representations and appeals have been concluded.

#### Follow up:

We identified three breaches of the regulations relating to good governance, person-centred care and requirement as to display of performance assessments. We will request an action plan from the provider to tell us how they plan to address the concerns identified at this inspection and make improvements to ensure the service is rated at least good at future inspections.

We will request that the provider meets with us and commissioners of the service to discuss how they will make improvements. We will continue to monitor the service.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.  
Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.  
Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.  
Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.  
Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well led.  
Details are in our well led findings below.

**Requires Improvement** ●

# 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

The inspection team consisted of one inspector 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 and specialist housing.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. A new employee was also working at the service as a manager. It was envisaged that they would apply for registration and assume the role of registered manager in the future. The current registered manager would then assume a regional role.

#### Notice of inspection

This inspection was unannounced. We did not give the service any notice of the inspection as we were assured someone would be on site in the office.

Inspection activity started on 6 November 2019 and ended on 12 November 2019. We visited the office location on 6 and 8 November 2019 and carried out visits to people in their own homes on 12 November 2019.

### What we did before the inspection

Before the inspection, we reviewed notification's and information about the service.

The provider was 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. We used all of this information to plan our inspection.

### During the inspection

During the inspection we spoke with the registered manager, the nominated individual, the quality assurance lead, a care co-ordinator, six care workers, 10 people who used the service and four family members. We visited and spoke with a further five people receiving a service in their own homes to gather their feedback.

We reviewed seven care files in total and five medication administration records. We viewed four staff recruitment records and information relating to the induction, training and supervision of staff. We looked at audits to monitor and improve the service and quality assurance documentation.

### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at call records, visit logs and audits of the service.

# 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 requires improvement. At this inspection this key question has remained the same. This meant people were not always safe and were at risk of avoidable harm.

### Staffing and recruitment

- The service used electronic call monitoring and the time log records indicated staff did not always stay the allocated time commissioned by the local authority.
- Not all staff were using the call logging facility correctly. It was not always apparent if visits had taken place, or if two care workers had provided support when necessary. Although, people we spoke with told us two carers did provide care and support where required.
- Time log records indicated calls were sometimes undertaken earlier or later than originally planned. People we spoke with told us staff usually attended at the agreed time. However, people also told us when care staff were running late, they were rarely told.

People were not receiving timely, personalised care and support to meet their needs. This was a breach of regulation 9 (Person-Centred Care) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our last inspection the risk assessment process for potential new staff with previous convictions was not fit for purpose. At this inspection the processes in place were robust and the provider was no longer in breach of Regulation 19 (Fit and Proper Persons Employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had undertaken required checks, such as a disclosure and barring service (DBS) check and they had sought proof of identity. DBS checks provide information on whether an applicant has any previous convictions or, dependent on the level of the check, is barred from working with vulnerable people.

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

- Staff had identified potential safeguarding concerns that the registered manager had notified to both the CQC and local authority as required.
- Staff received training to recognise and report any abusive practices. Some staff we spoke with gave us examples of when they had reported poor practice to senior staff and told us this had been acted upon.

### Using medicines safely

- The service had recently introduced a new medication administration records (MARs) template. These were completed by staff at the office, printed off and taken to people's properties. Although these were not all completed. The electronic templates were easier to read and contained all information in relation to

medicines people received.

- We saw medicines for people we visited were stored safely.
  - The service logged all medicines people were receiving, even if these were not administered by the service.
- At one person's home we visited we saw the log of medicines was inaccurate, but this was a recording error. The person was receiving all their medicines from the blister pack and these were correctly signed for by staff on MAR charts we saw.

#### Assessing risk, safety monitoring and management

- Staff had assessed the safety of people's home environments and any further actions they might need to take to ensure risks to staff and people using the service were minimised.
- Risk assessments were in place to help ensure staff could safely support people who needed help mobilising or transferring using the necessary equipment.
- Staff understood how they should respond in the event of someone having an accident and sustaining a potential injury.

#### Preventing and controlling infection

- People told us staff used personal protective equipment, such as aprons and gloves when needed, and helped to keep their homes clean.
- Staff understood their roles and responsibilities in relation to infection control and hygiene.

#### Learning lessons when things go wrong

- There was evidence of lessons learned from accidents and incidents that had occurred.
- The registered manager had carried out investigations and reported where warranted via the safeguarding process. In some cases, this resulted in the provider taking disciplinary actions against staff when appropriate.
- Policies and procedures had been reviewed and revised when required. Staff had been reminded about the correct procedures they should follow, for example when logging in and out of a call and in the event of not being able to access a property.



# 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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support achieved good outcomes and was consistent.

Staff support: induction, training, skills and experience

- Not all staff we spoke with had received supervision or appraisal, in line with company policy. As this did not negatively impact on the effectiveness of people's care and support we have dealt with this under the well led key area.
- The provider offered a mix of support to staff, including supervisions, competency/spot-checks and an annual appraisal.
- Staff practice was observed during spot-checks. The supervisor considered aspects of people's care including the timeliness of staff, completion of records and administration of medicines. People's feedback of the care was often sought during these spot check reviews.
- Staff received a classroom-based induction on starting employment with the service, followed by annual refresher training. Most staff felt this training was adequate to equip them with the skills and knowledge they needed to meet people's needs.

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

- Where people received support with eating and drinking, this information was documented in care plans.
- There was good detail in care plans we saw around people's likes and dislikes of food and drink. People we spoke with and visited confirmed drinks were left within easy reach before staff left.
- Staff supported some people using the service to prepare meals or eat and drink. People told us they were offered choices if these were available, for example what flavour of soup they preferred. Staff told us meal preparation usually involved the reheating of meals pre-prepared by family members.

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

- The service communicated with other agencies, such as the council and benefits agency, to try and improve people's lives. We saw evidence in people's daily logs that staff had contacted professionals including GPs, community nurses and social workers.
- People had access to health care services and were mainly supported by family members to attend. One person we visited told us a care worker had contacted the GP on their behalf at their request.
- Any concerns raised by staff around people's health had been reported to the office or directly to family members.

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

- People received an assessment of their needs prior to being supported by the service. Most staff

considered care plans contained the necessary information to offer the right support to people. Staff told us they would always speak to the person or with others involved in their care, such as family members.

- People's preferred time of care and support was discussed and documented during the assessment process. Where possible this preference was accommodated, although actual call times sometimes differed from planned call times on the call logs we saw.

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

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

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

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

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- People received appropriate assessments of their capacity and any decisions made to provide personal care and support were done so in the persons best interests.
- Staff acted in accordance with the MCA when providing support to people day to day. People we spoke with told us staff always asked for their permission before providing any care and support.
- At the time of inspection, the service had not applied to the court of protection to deprive anyone of their liberty.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported:

- People were positive about the relationships they developed with their care staff. People and their relatives said staff listened to them, were caring and kind. One person we visited told us, "[They are] lovely girls; they're smashing; we have a little laugh."
- During our inspection and conversations with staff care workers talked to us about people in a way that showed they knew people well and cared about them.
- People told us they usually received support from a consistent group of care workers. Staff also told us they tended to work with the same people regularly. People were happy when they received care and support from regular staff.
- One large package of care had not had the consistency it required. We made the registered manager aware of this and they took immediate action to address the issue. A number of experienced care workers were allocated to cover the rota until regular staff returned.
- Care plans prompted the staff member carrying out the assessment to consider any needs people had relating to their religion, culture or beliefs. We saw acknowledgement of people's religious beliefs and support arranged around assisting people to follow their faith.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. One person said, "Staff are very respectful. They maintain my dignity and make sure I am comfortable."
- Staff we spoke with gave us examples of how they helped maintain people's dignity when providing personal care and support.
- Staff were proactive and encouraged people to remain independent. Care plans guided staff on what people's abilities were. Staff told us they would encourage people to remain mobile and independent, assisting them with tasks when people were able to do things for themselves.
- People were confident that the provider would keep their confidential personal information securely. We saw paper documents at the office were stored in locked cabinets and electronic documents sent as part of the inspection process were password protected.

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

- People and their relatives were involved in care planning. People and where appropriate, their representatives, had signed to show they had been involved in developing their care plans.
- There were annual reviews of people's care where staff sought feedback about the service people received.
- The registered manager told us should anyone wish to have an advocate they would support people to find

a local service. An advocate is a person who can support people to raise their views, if required.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

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

- Paper copies of care plans formulated before the person started to receive a service were kept at the office and in people's homes.
- Care plans were person-centred and contained information about people's preferences in relation to how they received their care, their likes or dislikes. There were recorded details about people's preferences in relation to food and drink. We saw it was documented one person liked to have smoked salmon on a Sunday.
- Care plans contained information about people's social histories and brief details about any current interests they had. This helped staff get to know people and understand their support needs.
- People had received an annual review of their care with a supervisor, where their feedback on the service was sought.

Meeting people's communication needs

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

- People's care plans identified if they had any disability or sensory impairment that could affect their communication needs. Staff were aware of how best to communicate with people.
- The provider wasn't currently providing personal care to anyone who needed assistance with information in another language format.
- The registered manager was aware of resources that were available to assist with meeting the AIS, for example large print documents and interpreter services.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy that set out clear expectations and roles in relation to acknowledging, investigating and responding to complaints.
- People told us they would contact the office if they had any concerns and would be comfortable doing this. One person we visited told us they had made a complaint, and this had been resolved to their satisfaction.
- Changes were made to care plans as a result of people's concerns, and staff were provided with specific instructions to help satisfy peoples' needs.

End of life care and support:

- The registered manager told us no-one the service supported was receiving end of life care.

- In the event of someone needing end of life care the service would seek help and support from relevant health professionals, such as community nurses.

# 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 requires improvement. At this inspection this key question has remained the same. This meant the service was not consistently well managed and well-led. Leaders and the culture they created did not always promoted high-quality, person-centred care.

Provider plans and promotes person-centred, high-quality care and support; 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

At our last inspection in October 2018 we found the provider was not meeting requirements in relation to records and monitoring and improving the quality and safety of the service. This was a repeated 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.

- Electronic call log records highlighted that calls were cut shorter than the commissioned time. There were no audits of these records.
- The lack of consistency around staff supervision meant performance issues had not been discussed with staff or dealt with effectively.
- Whilst we found some improvement with the return and audit of log books and medication administration records (MARs), we identified occasions when audits had not picked up errors staff had made, for example with the documenting of medication.
- There had been a lack of oversight of a larger package of care following the absence of key staff. New staff were inexperienced and did not have the right skills to support the individual. We brought this to the registered manager's attention who took action to resolve the issues.
- In two of the four visits made to people in their own homes we saw new log books had been delivered by the service the day before our arranged visit. Previous log books had been removed; there were limited records to audit and cross-check. This led us to question the openness and transparency of the service.

These issues were an on-going breach of Regulation 17(1) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider was not operating effective systems to assess and monitor the quality and safety of the service.

- The provider had plans in place to help develop and introduce a new bespoke electronic system. They showed us the bespoke system they were working on in conjunction with a software company.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- The service's performance rating from their last inspection was not displayed on the company's website, nor was it displayed prominently in the reception area of the office. We brought this to the provider's attention.

This is a breach of Regulation 20A (2)(7) (Requirement as to display of performance assessment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There was a registered manager in post, as is required as a condition of the provider's registration with CQC. They planned to assume a regional role for the company in the future. The service had recruited a manager who was working towards registering with the Care Quality Commission as a registered manager.
- The registered manager was supported by a quality officer and two care co-ordinators, who were primarily office based. A team of supervisors delivered care to people, but also had responsibilities in relation to carrying out reviews, audits of records in people's homes and spot checks on staff.
- Policies and procedures had been reviewed and revised following any incidents. Lessons had been learned and additional safeguards adopted to try and prevent incidents from reoccurring, for example missed calls.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The provider had recently carried out a survey with people using the service. Sixteen completed questionnaires had been received at the time of this inspection and responses had been logged. Most were complimentary of the care provided. Three people had responded that they did not know how to make a complaint. These had not been passed to the registered manager to investigate and act upon.
- People we spoke with and visited confirmed they could provide their opinions about the service through both the telephone survey, and the review visits they received. People told us they would feel comfortable informing both staff and the provider of any concerns they had.
- Staff attended smaller team meetings and larger staff meetings although there had been no staff survey.

Working in partnership with others

- The service worked with a number of local authorities to monitor and review the quality of the organisation.
- The director spoke about various ventures that the service was involved in. Advice and support were offered to other branches in the iCare Solutions franchise.



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	<p>Regulation 9 HSCA RA Regulations 2014 Person-centred care</p> <p>Electronic call logs indicated scheduled care calls were shorter than their commissioned time. Care was not delivered in a timely, person-centred way.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider was not meeting requirements in relation to records and monitoring and improving the quality and safety of the service.</p>