

Individual Care Services

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Inspection report

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Date of inspection visit:
14 December 2021
16 December 2021

Date of publication:
31 January 2022

Ratings

| | |
|---------------------------------|------------------------|
| Overall rating for this service | Good ● |
| Is the service safe? | Good ● |
| Is the service effective? | Requires Improvement ● |
| Is the service caring? | Good ● |
| Is the service responsive? | Good ● |
| Is the service well-led? | Good ● |

Summary of findings

Overall summary

About the service

Individual Care Service provides personal care to people in their own homes and 24-hour shared supported living services. Care and support are provided to people living with a learning disability and other support needs including autism and health conditions. At the time of our inspection visit, the service was providing personal care to 42 people.

People's experience of using this service and what we found

At the last inspection governance systems and management oversight of the service was inadequate. At this inspection the provider had made significant progress in improving their systems and processes to maintain oversight of the service and was no longer in breach of regulation. However, the system to identify important appointments for people to attend was not as effective as it should be, this meant important health appointments had been missed.

At the last inspection people had not always received care that was safe. Risks were not always identified, and support plans did not contain enough information for staff. At this inspection improvement had been made. People had care plans and risk assessments that had been reviewed and now contained the information needed for staff to provide safe care. Systems for staff to record and report safeguarding concerns had been improved.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion.

People's access to important information was being improved by the provider. Changes were being made to make information more accessible for people to understand and there was a fresh emphasis by the provider on ensuring staff had the training and resources to understand the needs of people with learning disabilities. There was an emphasis on promoting people's independence and people told us that they felt well supported and cared for by staff.

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 15 October 2021) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

This service has been in Special Measures since 15 October 2021. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate overall or in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up

We will continue to monitor information we receive about the service until we 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?

The service was safe.

Details are in our safe findings below.

Good 

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement 

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 well-led.

Details are in our well-Led findings below.

Good 

Individual Care Services

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 was carried out by four inspectors. One inspector visited three supported living services. One inspector contacted staff who provided care. Two inspectors undertook a visit to the office.

Service and service type

Individual Care Services is a domiciliary care agency. It provides personal care to people living in their own homes and shared 24-hour supported living homes.

The service had a manager registered with the Care Quality Commission. The registered manager 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

Our inspection was announced. We gave the provider 24 hours' notice of our visit because the service was inspected during the coronavirus pandemic and we wanted to be sure we were informed of the service's coronavirus risk assessment for visiting healthcare professionals before we entered the building. We also needed to be sure that the provider and registered manager would be available to support the inspection. Inspection activity started on 14 December 2021 and ended on 16 December 2021. We visited three 24-hour supported living services, with people's consent, on 16 December 2021 and visited the office location on 14 December 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key

information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service about their experience of the care provided. We spoke with eleven members of staff including care workers, the nominated individual, an operations manager and the registered manager. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with two healthcare professionals who regularly visit 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 inadequate. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

At our last inspection there were failings in the provider's systems and processes to protect people from potential abuse. This was a breach of regulation 13 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- At our last inspection we found systems and processes to protect people from the risks of abuse were not always effective. At this inspection we found improvements had been made.
- Staff had received further training in safeguarding and had information in accessible formats which guided them how to report any safeguarding concerns. One member of staff said, "I have no concerns over safeguarding, I know who and where to go with concerns and any concerns I have raised have always been taken seriously." Another told us, "Another way to report a safeguarding concern is to contact the safeguarding lead or the safeguarding deputy on a number that is on posters in all services and on the back of our badges."
- Senior staff had received training in how to respond to any safeguarding concerns to ensure they were reported and investigated in line with the provider's policies and procedures. The nominated individual showed us the improvements that had been made to the systems of safeguarding individuals. Contact numbers for relevant agencies like the local authority and CQC were more accessible for staff as was the internal processes for reporting concerns.

Assessing risk, safety monitoring and management; Using medicines safely

At our last inspection we found systems and processes were not sufficient to demonstrate risk associated with people's care 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.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At our last inspection we found risk was not always identified, assessed and well-managed. At this inspection we found improvements had been made. Known risks had been assessed and support plans informed staff how any risk was to be mitigated.
- For example, one person was at risk of severe allergic reactions. There was information for staff about how

to minimise the risks of exposure to causes of the allergy and what actions to take if the person did have an allergic reaction.

- Risk assessments and action plans ensured people were supported to maintain as much independence as possible, both inside and outside their home.
- At our last inspection we found medicines were not always managed in accordance with good practice and we could not be assured people received their medicines as prescribed.
- At this inspection we found improvements had been made. The provider was introducing a new digital medication administration system to support safe medicines practice.
- Since our last inspection, staff had been retrained in administering medication and their competency to give medicines safely had been assessed.
- The provider had introduced a robust process to respond to medication errors which they assured us had improved medicines management within the service. Staff told us that the management team had better oversight of medicines and that there was less room for error. During our visits to people and from reviewing the medicines records we did not identify any errors.

Preventing and controlling infection

- The provider shared detailed information with staff to ensure they worked in accordance with the most up to date national guidance to minimise risks of infections spreading.
- The provider ensured staff had access to personal protective equipment (PPE) and had received training in safe infection control practices. One staff member told us, "I'm up to date with all infection control policies and procedures. Full PPE is worn throughout the shift, especially when giving personal care."
- The provider ensured staff and people had continuously accessed COVID-19 testing as per national guidance.
- The provider was supporting people and staff to engage with the national vaccination programme.

Staffing and recruitment

- The level of support people needed was assessed and identified by the commissioning authorities. The provider ensured staffing levels met people's assessed needs.
- The provider monitored people's health and well-being and where a short-term need was identified, staffing levels were increased to ensure people's needs were met.
- Where people needed increased levels of support on a long-term basis, the provider liaised with commissioners and social workers to review the care and support people required to maintain their health and safety.

Learning lessons when things go wrong

- The provider had learned from our last inspection visit and had implemented a robust action plan to drive improvements within the service.
- Since our last inspection the provider had introduced new policies and processes to ensure the outcomes from incidents and complaints were shared with staff so they could all learn from them and make changes to improve the service.

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 requires improvement. At this inspection this key question has remained the same. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance, assessing people's needs and choices; delivering care in line with standards, guidance and the law

At our last inspection the provider and registered manager were not consistently working within the remit of the MCA. This was a breach of regulation 11 (Need for Consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection we found improvements had been made and the provider was no longer in breach of regulation 11.

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.

- Where significant decisions needed to be made that could amount to a restriction in people's lives, their capacity to make that decision had been assessed. However, recording of decisions made in people's best interest were not clear and required more detail assessments would have benefited from further information about what support people had been given to understand the decision to be made.
- Staff understood their role in involving people and asking their consent before supporting them. One staff member told us, "I always ask service users consent for anything I do with them. This can be from personal care to helping tidy their bedroom. I feel like this is very important so they feel respected."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were referred to healthcare professionals when a need was identified. However, systems to ensure that people were supported to important healthcare appointments were not always effective. One person was receiving treatment following a serious illness and had missed important hospital appointments which meant a risk to the person's recovery. Following the inspection, the provider told us that they had reviewed their systems of communication to ensure important appointments were clear for staff to see.

- Staff worked with other healthcare professionals to ensure positive outcomes for people.

For example, one person had recently moved into one of the provider's supported living services. Staff had worked with the intensive support team and learning disability nurse to ensure it was a smooth transition for the person.

- Staff had supported one person to lose a significant amount of weight and another to stop smoking which had been beneficial to their overall health and wellbeing.
- One person told us how staff had supported them to obtain a new wheelchair and said, "I feel safe now. I use my wheelchair." Staff told us how the previous wheelchair had suffered a defect making it unsafe for use and how a new wheelchair had been ordered straight away.

Staff support: induction, training, skills and experience

- The provider had introduced a programme of training through the induction of new staff and to regularly refresh the knowledge of existing staff.
- Staff were provided with training to meet the specific needs of the people they supported.
- The provider encouraged staff to progress in a career within the care sector by supporting them to take further qualifications in health and social care and leadership.

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

- Following our last inspection, staff had been provided with further guidance about supporting and encouraging people to eat a balanced and healthy diet.
- Food charts had been amended to demonstrate where staff had offered people healthy food options, but people had made their own choices.

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

- People had comprehensive assessments of their needs to support their care plans and risk assessments. At the last inspection it was identified that when a person's circumstances changed support plans were not always updated. At this inspection improvements had been made. Staff told us that care plans and risk assessments were up to date. One staff member said that care records were, "Always kept up to date and I can always find out how the individual has been in themselves and how they have been drinking and eating and what activities they have been doing." Another staff member said, "All care plans and service users risk assessments are all up to date. They provide all the relevant information that is needed about each individual service user and their environment."

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; respecting equality and diversity

- The nominated individual told us they were committed to providing a caring service that enabled people to live the life they wanted to. They told us, "Our focus, our core values, is the person."
- The provider recognised the stresses staff had faced over the last eighteen months, particularly supporting people during the COVID-19 pandemic. To support the resilience of staff, senior managers had been trained as mental health first aiders.

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

- At the last inspection we identified improvement was needed to how information was presented to people who used the service. Following our last inspection, the provider had introduced systems which supported people to share their views on the care they received. The provider was making changes to improve the clarity and accessibility of information for people that used the service. We saw examples of planned improvements to people's personal support plans to make them more accessible. The revised plans included pictures and symbols to help people understand the information. The registered manager told us this was a work in progress and was going to be implemented across the service.
- People told us they felt involved in their care, one person said, "I can do what I want." Another person told us how they would talk to staff if they were upset or had any worries. One member of staff said, "[Person] has been with us a number of years, they are part of the ICS family". We saw that staff were respectful of people's individual personalities and wishes.

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with told us there was a focus on ensuring care was provided in a way that was person centred. The registered manager told us they were constantly looking at what improvements could be made to promote the dignity and independence of people that used the service.
- We saw that staff were respectful in the way they supported people, and feedback from people was positive. One person told us, "They [staff] are kind and nice" The provider had made use of assistive technology to promote and respect people's independence. For example, one person had an alarm that reminded them to lock their own door when they left their own home. Staff told us that there was an emphasis on dignity and respect and promoting people's independence.

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 requires improvement. At this inspection this key question has now improved to good. 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

- At our last inspection we found assessments and support plans lacked information about people as individuals, which meant care was not planned for in a person-centred way. At this inspection we found support plans contained more information about people's life history, likes, dislikes, preferences, hobbies and interests. One person told us how they could get what food they liked. They also told us how they liked helping with food preparation like preparing the vegetables. Another person told us, "Can do what I want. I make my list." We could see that this person had direct input into his care records,

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 communication needs were identified, assessed and detailed within their care plan.
- The provider was developing new policies to ensure people had access to information in a format that was accessible to their individual needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Despite the challenges of the restrictions imposed by the COVID-19 pandemic, people were encouraged to engage in activities that interested them. For example, one person was supported to attend a gym and go for walks in the park.
- The nominated individual recognised this was an area where further improvements could be made. They told us of their ambition was to match people with staff who worked in different areas of the organisation who shared the same interests and motivations. They felt this would enable people to share their interests and develop relationships with others outside their normal support network.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and process which clearly demonstrated the actions taken to investigate a complaint, how the complaint had been responded to and any learning to be shared across the service.

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 question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

At our last inspection there were failings in the provider's governance systems. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- At the last inspection, systems and processes did not effectively protect people from the risks of abuse. The provider's systems did not ensure they, or the registered manager, were always made aware of when staff had reported concerns. On this inspection the provider demonstrated improvements had been made to identify and manage risks. There was significant development of their own internal intranet which allowed staff to access information and communication from the management team, access incident reporting and report any issues or concerns both internally and externally to agencies such as the local authority and CQC.
- The provider and management team had taken positive steps to increase their visibility and engagement with staff.
- At the last inspection the provider had failed to effectively assess staff's training to ensure this provided them with the skills and knowledge needed to safely support the people they were working with. At this inspection improvements had been made. One member of staff said, "I feel like I have had really good training for my job role." Another member of staff told us, "I feel I have had as much training as can be for the service I work in. I have had full training on Stoma care which was arranged by ICS and was carried out by the Stoma nurses at the local hospital."

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

Continuous learning and improving care; Working in partnership with others

- At the last inspection systems and processes did not effectively protect people from the risks of abuse. At this inspection we could see improvement had been made. The provider and registered manager had worked to an action plan to address the failings and shortfalls in their systems and processes we identified at our last inspection.
- The provider and registered manager had worked with us and the local authority and regularly shared information about actions they had taken to improve the service.
- A senior staff member told us the provider had responded positively to their feedback following our last inspection and had immediately taken action to address their concerns and support their development in their role.
- One staff member explained how improvements in the governance of the service had improved outcomes

for people. They told us, "Overall, I believe that the company has really improved since having a new service manager and regular audits from higher management. Paperwork has improved, the communication within the team and from the service manager has improved."

- Significant improvements had been made since our last inspection visit, however systems still needed to become embedded in staff practice to become totally effective. For example, the registered manager only became aware a person had missed four hospital appointments when we informed them. This demonstrated improvement was still required to ensure effective communication throughout the service.

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

- Following our last inspection, the provider recognised that communication with staff was an area they needed to improve on.
- The nominated individual and their human resources representative regularly visited each service to speak with staff to gather their feedback and share information directly with them. One staff member told us, "As staff I feel comfortable to contact my manager and I have all the confidence that issues that are raised to them will be sorted."
- The provider was developing their intranet so information, guidance and training could be shared with all staff who would benefit from consistent messages and learning shared throughout the organisation.
- Staff had been asked to complete a questionnaire which asked them for their views of the service and any improvements they would like to see within the provider organisation both for them, and the people they supported. The provider was reviewing the responses at the time of our inspection visit.

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.

- The registered manager demonstrated their knowledge of regulatory requirements. They understood their duty to notify CQC of events within the service.