

Independent Care & Support Ltd

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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?

Good 

Overall summary

This inspection took place on 21 and 28 October 2015 and was announced.

Independent Care and Support provides care services to people in their own homes mainly in the Medway area. The care they provided was tailored to people's needs so that people could maintain or regain their independence. This included older people who had been discharged from hospital who needed help with day to day tasks like

cooking, shopping, washing and dressing and help to maintain their health and wellbeing. There were 96 people using the service at the time of our inspection. There were six people with higher dependency levels using the service, with the remaining people assessed as low risk in terms of the care they needed.

There was a registered manager employed at the service. A registered manager is a person who has registered with

Summary of findings

the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People spoke about the staff in a positive light regarding their feelings of being safe and well cared for. They thought that staff were caring and compassionate. Staff were trusted and well thought of by the people they cared for.

The registered manager assessed people's needs and planned people's care to maintain their safety, health and wellbeing. Risks were assessed by staff to protect people. There were systems in place to monitor incidents and accidents.

Staff had received training about protecting people from abuse and showed a good understanding of what their responsibilities were in preventing abuse. Procedures for reporting any concerns were in place. The registered manager knew how and when they should escalate concerns following the local authorities safeguarding protocols.

The registered manager and staff had received training about the Mental Capacity Act 2005 and understood when and how to support people's best interest if they lacked capacity to make certain decisions about their care.

Working in community settings staff often had to work on their own, but they were provided with good support and an 'Outside Office Hours' number to call during evenings and at weekends if they had concerns about people. The service could continue to run in the event of emergencies arising so that people's care would continue. For example, when there was heavy snow or if there was a power failure at the main office.

Staff were recruited safely and had been through a selection process that ensured they were fit to work with people who needed safeguarding. Recruitment policies were in place that had been followed. Safe recruitment practices included background and criminal records checks prior to staff starting work.

Some people needed more than one member of staff to provide support to them. The registered manager ensured that they could provide a workforce who could adapt and be flexible to meet people's needs and when more staff were needed to deliver care they were provided.

People felt that staff were well trained and understood their needs. They told us that staff looked at their care plans and followed the care as required. People told us that staff discussed their care with them so that they could decide how it would be delivered.

Staff had been trained to administer medicines safely and staff spoke confidently about their skills and abilities to do this well.

The registered manager gave staff guidance about supporting people to eat and drink enough. People were pleased that staff encouraged them to keep healthy through eating a balanced diet and drinking enough fluids. Care plans were kept reviewed and updated.

There were policies in place which ensured people would be listened to and treated fairly if they complained. The registered manager ensured that people's care met their most up to date needs and any issues raised were dealt with to people's satisfaction.

People were happy with the leadership and approachability of the service's registered manager. Staff felt well supported by registered managers. Audits were effective and risks were monitored by manager to keep people safe.

Summary of findings

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.

People told us they experienced safe care. The systems in place to manage risk had ensured that people were kept safe. People's risks assessments were relevant to their current needs.

The registered manager and staff were committed to preventing abuse. Staff spoke positively about blowing the whistle if needed.

Medicines were administered by competent staff. Recruitment processes for new staff were robust and staff arrived to deliver care with the right skills and in the numbers needed to keep people safe.

Good



Is the service effective?

The service was effective.

People were cared for by staff who knew their needs well. Staff met with their managers to discuss their work performance and staff had attained the skills they required to carry out their role.

New staff received an induction. Training for all staff was kept up to date. The registered manager and staff had completed training in respect of the Mental Capacity Act 2005 and understood their responsibilities under the Act.

Staff understood their responsibility to help people maintain their health and wellbeing. This included looking out for signs of people becoming unwell and ensuring that they encouraged people to eat and drink enough.

Good



Is the service caring?

The service was caring.

People could forge good relationships with staff so that they were comfortable and felt well treated. People were treated as individuals, able to make choices about their care.

People had been involved in planning their care and their views were taken into account. If people wanted to, they could involve others in their care planning such as their relatives.

People experienced care from staff who respected their privacy and dignity.

Good



Is the service responsive?

The service was responsive.

People were provided with care when they needed it based on assessments and the development of a care plan about them. The care plan informed staff of the care people needed.

Information about people was updated often and with their involvement so that staff only provided care that was up to date. Any changes in care were agreed with people and put into their updated care plan. Staff spoke to other health and social care professionals if they had concerns about people's health and wellbeing.

Good



Summary of findings

People were consistently asked what they thought of the care provided and had been encouraged to raise any issues they were unhappy about. It was clear that the registered manager wanted to resolve any issues people may have quickly and to their satisfaction.

Is the service well-led?

The service was well led.

The service had benefited from consistent and stable management so that systems and policies were effective and focused on service delivery.

The registered manager was keen to hear people's views about the quality of all aspects of the service. Staff were informed and enthusiastic about delivering high quality care. They were supported to do this on a day to day basis.

There were clear structures in place to monitor and review the risks that may present themselves as the service was delivered and actions were taken to keep people safe from harm.

Good



Independent Care and Support 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 place on 21 and 28 October 2015 and was announced. 48 hours' notice of the inspection was given because the service was small and the registered manager was often out of the office supporting staff. We needed them to be available during the inspection. The inspection team consisted of an inspector and an expert by experience. The expert-by-experience had a background in caring for elderly people and understood how this type of service worked.

Before the inspection we looked at previous inspection reports and notifications about important events that had taken place at the service, which the provider is required to tell us by law. Before the inspection, the provider completed a Provider Information Return (PIR). The PIR 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.

We spoke with six people about their experience of the service. We spoke with four staff including the registered manager to gain their views about the service.

We spent time looking at records, policies and procedures, complaint and incident and accident monitoring systems. We looked at five people's care files, ten staff record files, the staff training programme, the staff rota and medicine records.

At the previous inspection on 17 June 2014, the service had met the standards of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

Is the service safe?

Our findings

People we spoke with told us they had confidence in the service and felt safe when staff were in their homes delivering care. All said that the carers respected their homes and possessions. People said, “I feel very safe” and “It’s all safe.”

People had consistent care from regular staff. Some of the things that made people feel safe was the reliability and consistency of staff calling to their homes. People could be sure that their calls would be made by staff who they knew. The registered manager told us that if there was a change in the staff calling, for example due to sickness, they informed people so that they would know.

Staff followed the provider’s medicines policies and the registered manager checked that this happened by spot-checking staff when they were providing care. (Spot checks are unannounced supervisions of staff in the field.) The majority of people were independent with their medicines. People who received support from staff with their medicines told us that they were given their medicines as required by their GP. The service had procedures in place and provided training for staff so that if they were asked to take on the administration of medicine’s for people they could do this. Staff we talked with told us in detail how they supported people safely when dealing with medicines.

The medicine administration record (MAR) sheets showed that people received their medicines at the right times. The system of MAR records allowed for the checking and recording of medicines, which showed that the medicine had been administered and signed for by the staff visiting the persons home. Staff were clear that if there had been any changes to people’s medicines or they were unsure about anything to do with medicines they would seek advice from a manager or field supervisor. This protected people from potential medicine errors.

Safe working practices and the risks of delivering the care were assessed and recoded to keep people safe. Environmental risks were assessed and equipment was checked by staff before they used it. For example, lighting and working space availability.

People were kept safe by staff who understood and received training about the risks relating to their work. The registered manager had ensured that risks had been

assessed and that safe working practices were followed by staff. For example, people had been assessed to see if they were at any risk from falls or not eating and drinking enough. If they were at risk, the steps staff needed to follow to keep people safe were well documented in people’s care plan files. We found as soon as people started to receive the service, risks assessment were completed by staff as a priority.

Incidents and accidents were fully investigated by the registered manager to ensure steps were taken to prevent them from happening again. There had been three incidents since our last inspection. These had been fully recorded and investigated with actions taken to reduce the risk recorded. Guidance was given to staff about reporting incidents and accidents and this was backed up by a policy. The policy gave details of how the registered manager would monitor incidents and accidents.

Staff supported people in the right numbers to be able to deliver care safely. Some people needed to be cared for in bed because of their illness and required more staff time to carry out their care. We could see that people had been assessed for this. We could check the assessment against the staff rota and saw that two staff were allocated to ‘double handed calls’. Staff doing these calls we talked with told us they worked as teams of two and that this worked well. This was also documented in people’s daily care notes as both staff signed these.

The registered manager understood how to protect people by reporting concerns they had to the local authority and protecting people from harm. Staff followed the provider’s policy about safeguarding people and this was up to date with current practice. Staff were trained and had access to information so they understood how abuse could occur. Staff understood how they reported concerns in line with the providers safeguarding policy if they suspected or saw abuse taking place. Staff gave us examples of the tell-tale signs they would look out for that would cause them concern. For example bruising. Staff understood that they could blow-the-whistle to care managers or others about their concerns if they needed to. (Blowing the whistle enables employees to contact people with their concerns outside of the organisation they work for, like social services.)

People’s care could continue if there was disruption to the service, for example in periods of extreme weather conditions. The registered manager used a system to

Is the service safe?

assess and prioritise people who could not make other arrangements for their care if staff could not get to them. For example, most people had someone else living with them who could make them drinks and prepare food or telephone for help in an emergency. This meant that the service could focus its resources into getting staff to the people most in need. All of the people would receive regular telephone calls from the team in the services offices to make sure they were okay. This protected people's continuity of care.

People were protected from the risk of receiving care from unsuitable staff. Staff had been through an interview and selection process. The registered manager followed a

policy, which addressed all of the things they needed to consider when recruiting a new employee. Staff told us the policy was followed when they had been recruited and their records confirmed this. Applicants for jobs had completed applications and been interviewed for roles within the service. New staff could not be offered positions unless they had proof of identity, written references, and confirmation of previous training and qualifications. All new staff had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Is the service effective?

Our findings

Staff understood people's needs, followed people's care plan and were trained for their roles. People said, "We are happy with the carers, they are effective and able to do their job", "They (staff) did everything on the care plan," and "They all get everything done very efficiently".

Staff understood the care they should be providing to individual people as they followed detailed care plans. Care plans were left with at home for staff to follow and staff confirmed to us that these were in place and kept up to date. People told us that staff followed their care plan and we saw that this was checked by the registered manager through spot checks on staff.

The care people received was fully recorded by staff. We could see that their notes reflected the care required in people's assessment of need. Staff told us they read people's care notes before they started delivering care so that they were up to date with people's needs. Staff were provided with hands on practice so that they could use equipment safely.

This service was not providing food and drink to most people. This was because there were others at home with them that took care of their needs around food and drink. However, where staff were helping people to maintain their health and wellbeing through assisting them to prepare meals, we found that people were happy with the food staff cooked for them. Staff told us how they did this in line with people's assessed needs. Staff described to us how they leave food/snacks and drink within reach for people before they left a call. Food hygiene training was provided to staff.

Two people we talked with had care packages that included meal preparation and both said there were no problems with the way in which staff prepared their food and drink. Both chose their meals and one told us that the carers also made sandwiches. They said, "They (Staff) leave a sandwich out for me, which is fine." Others who had morning calls noted that their staff got them breakfast, with no problems.

People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes. The registered manager had a good understanding of the Mental Capacity Act (MCA) 2005.

There was an up to date policy in place covering mental capacity. Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the MCA needed to be considered as part of someone's care. For example, if people developed dementia and were no longer able to understand why the care was provided or their safety at home could not be protected.

When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised.

People's experiences of the service indicated that staff were competent and well trained. It was possible for people to make choices about the staff they had making their calls. Staff spoke about the training they received and how it equipped them with the skills to deliver care effectively.

Staff records demonstrated that new staff were provided with training as soon as they started working at the service. They were able to become familiar with the needs of the people they would be providing care for. They had a mentor who took them through their first few weeks by shadowing them. New staff needed to be signed off as competent by the registered manager at the end of their induction to ensure they had reached an appropriate standard.

The registered manager wanted staff to have the skills and support they needed to do their jobs well. Staff received a comprehensive induction when they started working for the service. Staff told us they had completed shadow shifts and an induction when they started working at the service.

The registered manager used a range of methods to ensure that staff could develop the right skills for their role. They provided competency checks for staff which challenged them to say how they would maintain standards in relation to dignity and privacy, administering medicines and keeping people safe. Hands on training was provided in the training room at the head office for things like safe moving and handling, using hoist and moving people with slide sheets or other safety aids. We saw documented evidence that staff attended training in dementia awareness, caring for people's oral hygiene and diabetes awareness. This ensured staff had training relevant to the people they delivered care to.

Is the service effective?

Staff were observed by a registered manager at work and were provided with guidance about their practice if needed. Registered managers met with staff to discuss their training needs and kept a training plan for staff to follow so that they could keep up to date with developments in social care. A high proportion of staff either had a nationally recognised qualification in social care or were working towards this. When the registered manager met with staff they asked them questions about their

performance. Staff had been asked how they deal with health and safety concerns. Staff supervisions were recorded and registered managers gave guidance to improve staff knowledge.

The registered manager had a plan in place to ensure that all staff received an annual appraisal. This gave staff the opportunity to discuss what had gone well for them over the previous year, where they had weaknesses in their skills and enabled them to plan their training and development for the coming year.

Is the service caring?

Our findings

People described the care that they received very positively. People said, “They (staff) are all so helpful” and another said, “The girls I have every day are really good now. We laugh and laugh. I’ve got to know them all and they know us.”

People told us that they experienced care from staff with the right attitude and caring nature. People felt that staff communicated well and told us about staff chatting and talking to them, letting them know what was happening during care delivery.

Staff wanted to treat people well. When they spoke to us they displayed the right attitude, they told us they give people time to do things, they tried not to rush people. People described that staff were attentive to their needs.

People let us know how important it was for them to be as independent as possible and how staff supported this. People indicated that, where appropriate, staff encouraged people to do things for themselves and also respected people’s privacy and dignity. People told us that staff were good at respecting their privacy and dignity. Staff told us that they offered people choices about how they wanted their care delivered.

Information was given to people about how their care would be provided. People signed their care plan. Each

person had received a statement setting out what care the service would provide for them, what times staff would arrive and information about staff skills and experience. People were knowledgeable about the service and told us that there were care plans they could look at in their homes. The care plans enabled them to check they were receiving the agreed care.

People and their relatives told us they had been asked about their views and experiences of using the service. We found that the registered manager used a range of methods to collect feedback from people. These included asking people at face-to-face meetings during staff spot checks, calling people by telephone to ask their views and sending people questionnaires.

What people thought about their care was incorporated into their care plans which were individualised and well written. They clearly set out what care the staff would provide. People could vary the care they received from the service and used a mix of care that suited their needs.

Information about people was kept securely in the office and the access was restricted to senior staff. The registered manager ensured that confidential paperwork was regularly collected from people’s homes and stored securely at the registered office. Staff understood their responsibility to maintain people’s confidentiality.

Is the service responsive?

Our findings

People felt their needs were reviewed and kept up to date. One person said, “Sometimes (managers) come round to see if all is well”. Others told us how they rang the office to change the times of their calls and about how these request were accommodated. For example one person explained how they had requested an earlier call and that this had been accommodated. She said, “They do change things if I need them to”.

People’s needs were assessed using a range of information which was used to develop a care plan for staff to follow. Care plans were individualised and focused on areas of care people needed. For example, when people were cared for in bed their skin integrity needed monitoring to prevent pressure areas from developing. People who were receiving care to regain their independence after an injury or hospitalisation had specific care input targeted to their recovery needs. There was evidence that when people started using the service their risk assessments were completed as a priority.

Records showed that people had been asked their views about their care. People told us they had been fully involved in the care planning process and in the reviews of those plans. The registered manager told us the initial review of the care plan would take place after six weeks and then every three months. Reviews of the care plan could be completed at any time if the person’s needs changed. We could see that care plan reviews had taken place as planned and that these had been recorded. Staff told us they read people’s daily reports for any changes that had been recorded and managers reviewed people’s care notes to ensure that people’s needs were being met.

Staff gave us examples of how the service had improved after they had raised issues with the registered manager. For example, if staff felt that people needed assessments from an occupation therapist (OT) as their mobility had changed, the registered manager helped them to organise this. One member of staff said, “One person could no longer move themselves up the bed. We told the registered manager and they organised the OT to call and they provided an assessment and slide sheet for us to use.”

Staff protected people’s health and welfare by calling health and social care professionals if people were unwell. Staff told us about a recent incident where they had called the out of hours GP service for a person they found unwell when they arrived for their call. Staff told us how they stayed with the person until the GP and a relative arrived.

There was a policy about dealing with complaints that the staff and registered manager followed. This ensured that complaints were responded to.

There were examples of how the registered manager and staff responded to complaints. There had been fourteen complaints since our last inspection. These had been logged, investigated and the outcomes recorded. When necessary the registered manager had formally apologised to people if the service they had received fell short of the standards expected. All people spoken with said they were happy to raise any concerns. People told us that they got good responses from the office staff if they contacted them to raise an issue. There were good systems in place to make sure that people’s concerns were dealt with promptly before they became complaints. There was regular contact between people using the service and the management team. The registered manager always tried to improve people’s experiences of the service by asking for and responding to feedback.

Is the service well-led?

Our findings

The registered manager had been working at the service for eighteen years. They were supported by an experienced deputy manager. People told us that the service was well run. They had no complaints about the way the service was managed.

The registered manager had carried out quality audits every three months. These audits assisted the registered manager to maintain a good standard of service for people. Care plans, risk assessments and staff files were kept up to date and reviewed with regularity. Records showed that the registered manager responded to any safety concerns and they ensured that risks affecting staff were assessed. For example, lone working risk were minimised by assessment and responses to staff concerns such as poor lighting or environmental hazards.

The aims and objectives of the service were set out and the registered manager of the service was able to follow these. Staff received training and development to enable this to be achieved. The registered manager had a clear understanding of what the service could provide to people in the way of care. They told us that they did not take on any new care packages they did not have the resources to deliver effectively. This was an important consideration and demonstrated that people were respected by the registered manager, who wanted to ensure they maintained the quality of the service for people.

Staff were committed and passionate about delivering high quality, person centred care to people. We spoke with staff who were well supported and who had regular and effective communications with their managers.

The registered manager ensured that staff received consistent training, supervision and appraisal so that they understood their roles and could gain more skills. This led to the promotion of good working practices within the service. Staff told us they enjoyed their jobs. Staff felt they were listened to as part of a team, they were positive about the management team of the service. Staff spoke about the importance of the support they got from senior staff, especially when they needed to respond to incidents or needed to speak to the registered manager for advice. They told us that the registered manager was approachable.

There were a range of policies and procedures governing how the service needed to be run. They were kept up to date with new developments in social care. The policies protected staff who wanted to raise concerns about practice within the service.

The registered manager was proactive in keeping people safe. They discussed safeguarding issues with the local authority safeguarding team. The registered manager understood their responsibilities around meeting their legal obligations. For example, by sending notifications to CQC about events within the service. This ensured that people could raise issues about their safety and the right actions would be taken.