Independent Community Care Management Limited

ICCM House

Inspection report

2 Swallow Court
Kettering Parkway West
Kettering Venture Park
Kettering
Northamptonshire
NN15 6XX
Tel: 01536 525220
Website: www.iccmcares.co.uk

Date of inspection visit: From 23 September to 13 November 2015
Date of publication: 02/12/2015

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 announced inspection took place from 23 September to 13 November 2015.

At the time of our inspection the service supported 73 adults and 12 children who required care for complex health needs, including care of tracheostomies and the use of ventilators for 22 people.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

The ethos of the service was that staff supported people to lead their lives by goal setting and enabling. All of the processes within the organisation were geared towards this ethos, from recruitment, training, local management to staff providing the care.

Summary of findings

People were protected from harm arising from poor practice or ill treatment as there were clear safeguarding procedures in place for care staff to follow in practice if they were concerned about people's safety.

All the people receiving care had complex health needs. Nurses monitored the clinical progress of people and linked with external healthcare services to ensure appointments were made and information was shared to maintain the stability of each person's health.

People were assessed for their risks and plans of care were made to mitigate these risks. People had specific risk assessments and care plans relating to the provision of their medicines. People's risks were managed in order to protect them whilst respecting their freedom. There were robust procedures and protocols for each person's individual needs in an emergency and staff were trained to respond to people's needs in an emergency.

Recruitment systems ensured that people were protected from the risks associated with the recruitment of new staff. Staff were employed specifically to meet individual people's needs. The provider had a system to match people with care staff to find compatibility and people and their families were involved in the recruitment process.

The provider matched the needs of the people receiving care to the skills and competencies of their staff team. When staff were on leave or unplanned absences, the provider had systems in place to provide alternative competent staff. People described how the relationships with their staff teams were therapeutic and provided them with the confidence to be independent and achieve their goals.

People received care from staff that had undergone a period of induction which enabled them to acquire the skills and knowledge they required to provide safe care. Staff received regular training and updates, and their competencies were checked.

Staff received supervision from nurses and managers for their respective teams. Good team work and practice was recognised by the provider in the form of awards.

Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and applied that knowledge appropriately. There was a Mental Capacity Act policy and procedure for staff to follow to assess whether people had the capacity to make decisions for themselves.

People were regularly assessed for their risk of not eating or drinking enough to maintain their health and well-being. Staff followed detailed care plans that mitigated identified risks and followed health professionals advice and guidance.

People were involved in planning their care. People's care needs were detailed in care plans which were reviewed and updated regularly or when their needs changed. The care plans provided care staff with the information they required to manage people's complex medical needs.

People had the opportunity to feedback about the quality of their care in regular meetings with the locality managers, during contact with nurses and formally through surveys.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint.

There was effective management and leadership of the service. The registered manager had management qualifications and experience in providing care and support to people with complex needs. The management promoted an open and honest culture within the organisation.

The service was a learning organisation; they took every opportunity to learn from problems, situations and complaints to learn and improve the service.

The provider had a comprehensive governance structure which drove improvement of the quality and safety of the service.

The provider had forged closer working relationships with healthcare organisations and by supporting their clinical leads to take an active part in national initiatives.

The service provided care for people throughout England, they had a good working relationship with over 20 different clinical commissioning groups and six local councils.

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 were safeguarded from harm as the provider had systems in place to prevent, recognise and report any suspected signs of abuse and staff understood their responsibilities.

Risks were regularly reviewed and, where appropriate, acted upon with the involvement of other professionals so that people were kept safe.

People received their care and support from sufficient numbers of staff that had been appropriately recruited and had the skills and experience to provide safe care.

People's medicines were appropriately managed and safely stored.

Good

Is the service effective?
The service was always effective.

People received care from staff that had the supervision and support to carry out their roles.

People received care from care staff that had the training and acquired skills they needed to meet people's needs.

Care staff knew and acted upon their responsibilities as defined by the Mental Capacity Act 2005 (MCA 2005).

People were supported to have sufficient to eat and drink to maintain a balanced diet.

People's healthcare needs were met.

Good

Is the service caring?
The service was caring.

People's care and support took into account their individuality and their diverse needs.

People's privacy and dignity were respected.

People were supported to make choices about their care and staff respected people's preferences.

Good

Is the service responsive?
The service was responsive.

People's needs were assessed and reviewed regularly.

People's needs were met in line with their individual care plans and assessed needs.

Appropriate and timely action was taken to address people's complaints.

Good

Is the service well-led?
The service was well-led.

The management promoted a positive culture that was open and inclusive.

Good

Summary of findings

People's quality of care was monitored by the systems in place and timely action was taken to make improvements when necessary.

People were supported by staff that received the managerial guidance they needed to do their job.

People benefited from receiving care from staff that were encouraged to put forward ideas for making improvements to the day-to-day running of the service.

ICCM House

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.

The inspection took place on from 23 September to 13 November 2015. The provider was given 48 hours' notice because the location provides a care for people in their own homes; we needed to be sure that someone would be in.

Before the inspection, the provider completed a Provider Information Return [PIR]. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. The provider returned the PIR and we took this into account when we made judgements in this report.

We also reviewed other information that we held about the service such as notifications, which are events which happened in the service that the provider is required to tell us about, and information that had been sent to us by other agencies. This included the local authority who commissioned services from the provider and the local authority safeguarding team.

During our inspection we spoke two people who used the service, four relatives of people who used the service and fifteen nursing and care staff and the registered manager. We also looked at records and charts relating to three people and seven staff recruitment records.

We also looked at other information related to the running of and the quality of the service. This included quality assurance audits, maintenance schedules, training information for care staff, staff duty rotas, meeting minutes and arrangements for managing complaints.

Good

Is the service safe?

Our findings

People told us they felt safe, one relative said "I am confident that [person receiving care] is in safe hands".

People were protected from harm arising from poor practice or ill treatment Staff described safeguarding as "everybody's responsibility." There were clear safeguarding procedures in place for care staff to follow in practice if they were concerned about people's safety. Staff received safeguarding training and staff that provided care for children underwent specific training for child protection and safeguarding. Staff demonstrated their understanding of how to recognise poor practice or ill treatment and how they would raise their concerns with the right person. Staff understood the roles of other appropriate authorities that also had a duty to respond to allegations of abuse and protect people. The provider responded promptly and appropriately to any allegations and worked with the safeguarding authorities in providing information for their investigations.

People's potential risks were assessed by nursing staff, and reviewed regularly. As people's needs related to their complex medical conditions nurses worked closely with other healthcare professionals to ensure that risk assessments were based on up-to-date information, such as the care of people's skin. Where people's needs changed for example on discharge from hospital, risk assessments were reviewed. People had care plans to mitigate the identified risks and staff followed the care plans.

People's risks were managed in order to protect them whilst respecting their freedom. Where people chose to carry out new activities that could potentially put them at risk, staff carried out specific risk assessments and involved people to ensure that they understood the risks and consequences of undertaking activities. When people travelled, staff ensured that vital information was translated in advance into the language of the country they were travelling to.

There were robust procedures and protocols for each person's individual needs in an emergency, for example checking ventilator alarms. One person told us "the staff check all the equipment". People had particular safety equipment relating to their medical conditions which staff ensured was available at all times, even when travelling; staff had received specific training in how to use the equipment in an emergency. Staff training was updated regularly to ensure that staff remained competent in using emergency equipment and following procedures designed to keep people safe. For example staff that looked after people with a tracheostomy had training in changing of people's tracheostomy tubes in an emergency.

People had an allocated staff team in order to provide them with continuation of care. One person told us about the service "I have a team of people look after me, but when they are on holiday, the managers always prioritise staff that know me". Each team had a nurse that provided clinical expertise and oversight of people's medical conditions and care. Rotas were prepared in advance by locality managers who worked closely with their teams to provide cover for holiday and absences with competent staff. Where people's needs could not be met by existing staff, agency nurses with the right skills and competencies were booked.

All the people and relatives we spoke with told us that the team of staff allocated to them were skilled, knowledgeable and provided good care. However the employment and training of each member of the team took so long due to people's complex needs, that when a member of staff left there had been problems recruiting the right person in a timely way. This resulted in periods of time where people did not have a full complement of trained staff which caused people anxiety and presented challenges to the service and the people receiving care. The provider had recognised this and had put in place systems to help support teams with trained workers that could be deployed to them until they found a suitable candidate for the team.

Staff were employed specifically to meet individual people's needs. The provider had a system to match people with care staff to find compatibility, for example through shared interests and personality. People and their families were involved in the recruitment process by interviewing potential candidates. One person told us "I make the decision whether to take [staff] on". One member of staff told us how useful the recruitment processes had been to bond with the person receiving care and their family. Clinical staff were recruited using competency based interviews that ensured that they were suitable for the role.

Recruitment systems were robust and ensured that people were protected from the risks associated with the recruitment of new staff. Staff told us they had undergone

Good

Is the service safe?

interviews and references had been acquired. One member of staff told us “I had interviews with the manager and the person I will be working with.” Clinical staff were recruited using competency based interviews that ensured that they were suitable for the role. All the relevant pre-employment checks had been carried out before staff commenced work and staff recruitment files contained all the required information.

People had specific risk assessments and care plans relating to the provision of their medicines. Staff had undergone training and competency tests to administer medicines safely. Staff recorded the administration of medicines appropriately and checked the stock of medicines regularly. The provider carried out regular medicine audits; where they identified areas for improvement, action plans had been implemented and completed. The provider demonstrated that they were a learning organisation by sharing good practice and discussing areas for improvement with staff.

Good

Is the service effective?

Our findings

People received care from staff that had undergone a period of induction which enabled them to acquire the skills and knowledge they required to provide safe care. One person told us "the staff have all been supervised when they first started, they shadowed other staff on shifts to learn". All staff received training included topics such as infection prevention, safeguarding and health and safety in line with the Skills for care, Care certificate. Staff also received training which related specifically to the person they cared for, such as care of people with epilepsy. We met staff on their induction and observed that they were receiving training that was specific to the person they were providing care for. For example, one person required care of their tracheostomy, the new member of staff was receiving instruction and practical experience of tracheostomies using the equipment on life size models.

Staff received regular training and updates, and their competencies were checked by observation of their practical skills by nursing staff and the completion of workbooks that were assessed. Any staff that did not pass their competencies were re-trained and re-tested before they could provide individual care. Some staff were trained in skills that required them to prove their competencies many times; there were systems in place to ensure that staff got the experience they needed either by shadowing other teams or visiting clinical placements in clinics and hospitals to gain the experience they required.

The provider matched the needs of the people receiving care to the skills and competencies of their staff team. People described their staff teams as "excellent" and "very caring and skilled". The provider maintained comprehensive records of staff training and when staff required updates. The provider had a training facility which was well equipped and run by experienced clinical trainers. Staff had access to a library of books relating to nursing, clinical conditions, human rights and books which highlighted people's experiences of living with medical conditions.

Staff received supervision from nurses and managers for their respective teams. One member of staff told us they felt supported in their role, "I feel I can ask anyone everything, they make themselves available to be able to discuss any questions." Staff also held regular team meetings which provided peer support and learning opportunities. Staff were enabled to participate in further training in care work to gain a qualification and enhance their work skills. Good team work and practice was recognised by the provider in the form of awarding 'Team of the month' and 'Good performance Certificate'.

People received care and support from care staff that had received the training they needed to do their job and ensure that the support provided was in people's best interest. Staff were aware of their responsibilities under the Mental Capacity Act 2005 (MCA 2005) and applied that knowledge appropriately. There was a Mental Capacity Act policy and procedure for staff to follow to assess whether people had the capacity to make decisions for themselves. People were involved in decisions about the way their support was delivered and staff demonstrated that they understood the importance of obtaining people's consent when supporting them with their daily living needs.

People's care plans contained assessments of their capacity to make decisions for themselves.

Staff had received the training and guidance they needed in caring for people that may lack capacity to make some decisions. Staff had a good knowledge of people's individual personal care needs that enabled them to consistently provide effective care tailored to the needs of each person.

People were regularly assessed for their risk of not eating or drinking enough to maintain their health and well-being. Staff followed detailed care plans that mitigated identified risks and followed health professionals advice and guidance. Staff received training in the risks of choking, nutrition and food hygiene. Where people received their nutrition by a PEG (Percutaneous Endoscopic Gastroscopy) tube staff ensured that the prescribed regimes were followed and they worked closely with the community nutrition team. Staff received training in the care of PEG tubes and the procedures and protocols required to ensure safe administration of food and fluid.

All the people receiving care had complex health needs. Nurses monitored the clinical progress of people and linked with external healthcare services to ensure appointments were made and information was shared to maintain the stability of each person's health. Staff enabled people to attend their healthcare appointments, clinical decisions were recorded and incorporated into their plans of care. People's care plans were kept up to date; this

Good

Is the service effective?

assisted visiting health professionals to monitor people's conditions closely. When people's condition warranted urgent medical attention, staff called for emergency care promptly.

Good

Is the service caring?

Our findings

People described how the relationships with their staff team were therapeutic and provided them with the confidence to be independent and achieve their goals. One person told us "my team helped me to achieve. I wanted to cook for my family, and [staff] gave me the support to do so".

People told us how staff really listened to what they wanted and they were involved in planning their care and staff respected people's choices and preferences. One person said "we agree on things, I can speak for myself." Staff demonstrated how they thought creatively to provide support for people to achieve their goals, such as travelling abroad. As staff had been recruited to 'match' to each person, people were able to enjoy their pastimes such as going to football matches because staff were able to join in.

Where people were unable to speak for themselves, their families expressed their appreciation for the professionalism and skill of their staff team. One relative told us how the staff could communicate well and understand their relative's needs; they described staff as "absolutely great".

Although the skill of the staff, the risk assessments and care plans provided people with the care they required to meet their complex health needs, people and their relatives spoke mainly about how the care teams provided the means for people to live their lives as they wished. Staff told us that their "key role was to provide support for people to lead their lives, and where possible the care should be invisible, we are there to provide support without looking like a carer." This had been demonstrated by people being empowered to attend university, work and holidays. People told us they could make plans about their futures and felt confident that their own staff team would work with them to achieve their goals.

People said their staff team were 'respectful'. One person told us they "couldn't ask for anything better" as staff supported them to live their life as they wished to do so. One relative told us that "the staff are fully trained, they are kind and always respectful".

Good

Is the service responsive?

Our findings

The provider met and assessed people's needs before they joined the service to understand their goals and aspirations. Detailed assessments and care plans were devised to assist staff to provide care and support that would meet people's needs and expectations.

People were involved in planning their care. One person told us that they had been involved in the planning of their care, they said "I have a voice". They went onto explain that their goal was to pick up their child from school, and their care team helped them to achieve this. People and their families were helped to set long term goals by planning small steps towards meeting their long term goals. We found that some people had achieved some of their goals as they had been enabled to become more independent, such as attending school, university or work.

People's care needs were detailed in care plans which were reviewed and updated regularly or when their needs changed. The care plans provided care staff with the information they required to manage people's complex medical needs. Each plan of care was person centred and provided detailed information for staff on how to provide care and support. People's life experiences and backgrounds were reflected in the planning of care to enable staff to have meaningful conversations and provide person centred care.

The nursing staff attended workshops and lectures on relevant topics relating to people's needs; they worked closely with organisations that supported people who used the service, this provided up to date information within fields of care, for example the Spinal Injuries Association. The clinical leads maintained a high level of clinical knowledge; for example one had actively contributed to 'the national guidelines on compliance with long term therapies' and 'the withdrawal of ventilation in Neuromuscular disease.'

People had the opportunity to feedback about the quality of their care in regular meetings with the locality managers, during assessments with nurses and formally through surveys. Where people could not complete a survey, staff or relatives assisted people to complete the questions, and parents completed forms on behalf of their children. The results of the most recent survey in July 2015 showed that most people were happy with all aspects of their care. Where people had expressed dissatisfaction about their care, the provider had put in measures to improve the service for example deploying locality managers to oversee the duty rotas, skill mix of staff and communication with people and their families.

People had their comments and complaints listened to and acted on, without the fear that they would be discriminated against for making a complaint. A complaints procedure was available for people who used the service explaining how they could make a complaint. The provider had responded to people's complaints promptly and taken action to resolve them and shared the outcome with the complainant. The organisation had used any complaints as an opportunity to learn and improve the service, such as improving staff skill mix and improving communication.

Good

Is the service well-led?

Our findings

There was effective management and leadership of the service. The registered manager had management qualifications and experience in providing care and support to people with complex needs. The management team also comprised of staff with clinical and management qualifications.

The management promoted an open and honest culture within the organisation. Staff told us that they were able to approach management about any issues and they were listened to.

The ethos of the service was that staff supported people to lead their lives by goal setting and enabling. All of the processes within the organisation were geared towards this ethos, from recruitment, training, local management to staff providing the care. The recruitment officer demonstrated the lengthy processes they took to try and find the right staff for each person. The training was personalised to each person's needs and the locality managers facilitated people to set and achieve goals by providing the right staff and skill mix to support their lives.

The management understood that staff retention was important to people to have a stable care team in order that they could achieve their goals. The provider had engaged with staff to understand what they needed to remain with the service. The managers had implemented closer working relationships between staff, line managers and clinical leads to provide a closer working relationship with each other and the people using the service. They provided training packages and support from clinical staff which gave them skills, competency and confidence to carry out their roles. Staff received rewards for good working practices and good team work.

The service was a learning organisation; they took every opportunity to learn from problems, situations and complaints to learn and improve the service. We saw evidence of the lessons learnt being shared with all staff and changes made to working practices to improve care, such as improving communication. For example they had set up a 'Skills and behaviours framework' for all staff and managers to work to, including taking personal responsibility for their own behaviours, working as a team and improving communication.

The provider had introduced a comprehensive governance structure whereby the clinical lead and heads of departments met monthly to discuss the risk registers, new policies, problems and proposed solutions. This demonstrated the provider's ability to understand the risks for example in dealing with ventilators. Results of quality audits were reviewed and actions were set to improve the quality and safety of the service. They allocated people to complete action plans and share this information to all staff; to ensure that staff understood and followed the procedures and protocols designed to keep people safe. Governance newsletters were published for all staff to access on the organisation's intranet.

The provider had forged closer working relationships with healthcare organisations and supported their clinicians to take an active part in national initiatives.

The service provided care for people throughout England, liaising with over 20 different clinical commissioning groups and six local councils. The manager had a good working relationship with the commissioners of care and communicated effectively with them when people's needs changed.