

ISSAC Ltd

ISSAC

Inspection report

33/34 Wansbeck Work Space
Rotary Parkway
Ashington
NE63 8QZ

Tel: 01670719940

Date of inspection visit:

31 January 2020

04 February 2020

11 February 2020

14 February 2020

Date of publication:

03 March 2020

Ratings

Overall rating for this service	Good ●
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Is the service safe?	Good ●
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Is the service effective?	Good ●
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Is the service caring?	Good ●
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Is the service responsive?	Good ●
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Is the service well-led?	Good ●
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Summary of findings

Overall summary

About the service

ISSAC [Independent Specialist Support and Care] provides personal care to people living in their own homes. They supported both older and younger adults and those with a learning disability. At the time of our inspection, the service supported 30 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

People and relatives spoke positively about the service and the care provided. One person told us, "I would recommend this company 100% without a shadow of a doubt." We also received positive feedback from health and social care professionals. One health and social care professional stated, "Communication is key, and I couldn't expect any more from this provider. I literally have no negative feedback to report... All experiences involving myself and this provider have been great and feedback from clients also reflect their great work."

People told us they felt safe with the staff who came into their homes. This was confirmed by relatives. One relative said, "I feel comfortable in leaving my husband with the carers."

There were enough staff deployed to meet people's needs. People and relatives said us that care and support was provided by a consistent team of staff. Medicines were managed safely.

People were supported to eat and drink enough to maintain their health and wellbeing. Where required, staff assisted people to access healthcare services and receive ongoing healthcare support.

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.

People and relatives spoke positively about the care provided. Comments included, "The carers are fantastic – excellent. They helped me pack up for my move which was great" and "I have no worries, they ask my

mother what she wants. They have got to know her. They are absolutely brilliant, I couldn't ask for better."

People received personalised care which reflected their needs and preferences. People had a care plan in place which informed staff how to provide person centred care. Review meetings were carried out to check if any changes needed to be made to people's plan of care.

A complaints procedure was in place. Audits and spot checks were carried out to monitor the quality and safety of the service.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

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 support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

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

Rating at last inspection

This service was registered with us on 19 February 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on our inspection programme.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

ISSAC

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 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.

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.

Notice of inspection

We gave a short period notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 31 January 2020 and ended on 14 February 2020. We visited the office location on 11 and 14 February 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make.

We 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 also contacted Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public

about health and social care services in England. We used all of this information to plan our inspection.

During the inspection

We contacted eight people and five relatives via the telephone. We spoke with the registered manager, quality and compliance manager, care coordinator and the human resources and finance coordinator. We contacted 16 staff by email and received a response from nine care workers about what it was like to work at the service.

We looked at two people's care plans and recruitment checks for three staff members. We also reviewed training and supervision records, medicines administration records and records relating to the management of the service.

We emailed seven health and social care professionals for their feedback.

After the inspection

We continued to seek clarification from the registered manager to validate evidence found.

Is the service safe?

Our findings

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

- Risks were assessed and monitored.
- Medicines were managed safely. Management staff had recently changed the way that medicines were recorded to ensure administration and non-administration of medicines were clear.
- Staff had completed medicines training and competency checks had been carried out. Several staff stated that further medicines training would be appreciated. The registered manager told us that all staff would be enrolled on additional training.
- There was a system in place to record and monitor accidents and incidents. Action was taken when trends or themes had been identified. Advice was sought from health and social care professionals with regards to actions to be taken to reduce the likelihood of any reoccurrence.

Staffing and recruitment

- There were enough staff deployed to meet people's needs. There had been no missed calls. People and relatives told us that care and support was provided by a consistent team of staff. One relative said, "We are really lucky to have this company. The social worker stressed to them the need for continuity and they keep the same pool of carers for my mother." We passed several comments about the timings of calls to the registered manager for their information and review.
- Overall, safe recruitment procedures were followed. A full employment history had not always been obtained. The registered manager told us that this would be addressed.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to safeguard people from abuse. One health and social care professional told us, "If any safeguarding queries or instances occur, ISSAC reports all information within a timely manner and if issues arise out of hours, our out of hours duty team is contacted that evening and I am contacted by ISSAC the following morning to update me directly, which helps a great deal within my role."
- People told us they felt safe. This was confirmed by relatives. One relative told us, "They are absolutely brilliant I couldn't ask for better. I don't have to worry now if anything wrong they will let me know. I totally trust them, and I know my mother feels safe."

Preventing and controlling infection

- Systems were in place to prevent infection.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were cared for by staff who were trained and supported. One relative told us, "They are good lasses, and all seem well trained, certainly in how they manage my [relative]."
- Staff underwent induction training when they first started work. One person told us, "If a new carer comes, they have been great, and they soon get to know me and my ways. They are exemplary."
- Staff received regular supervision. They had not yet received an annual appraisal since they had not worked at the service for a year.

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.

- Staff followed the legal requirements of the MCA. One health and social care professional told us, "In my experience and involvement with ISSAC, mental capacity is upheld and people's rights to make choices and a private life is respected...any concerns are reported within an adequate timeframe and advice is sought and provided accordingly."
- At the time of our inspection, the service did not support anyone who was deprived of their liberty.

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

- People were supported to eat and drink enough to ensure their health and wellbeing. One person told us, "The carers always ask me what I want to eat or drink. They are excellent."

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

- Staff supported people to access healthcare services and receive ongoing healthcare support when

required. One health and social care professional told us, "Any issues or queries that require support from multiagency services, for example referring to health professionals (community psychiatric nurses, nurses or GPs) is done in a timely manner and all provider actions are reported to myself directly, so I am aware of all current situation/issues with regards to my client."

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

- People's needs were assessed following best practice guidelines before they started to use the service. People and relatives, where appropriate, were involved in this assessment. One relative told us, "When we first started, the manager talked to me about my mother's care as I had cared for her a long time. She said we will take the lead from you."

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People were treated with kindness. People and relatives spoke positively about the service and the care provided. One person told us, "My carers are excellent, they are like a breath of fresh air. I would hate to be without them." A relative said, "We have three regular carers and I hear them talking to my husband about fishing and working down the mine. It is lovely to hear him trying to chat."
- One relative explained that they had been away on holiday and their family member had become poorly whilst they were away. They said the care workers popped in to see their relative in between their usual visits to check they were alright. The relative told us, "They went over and above...I'm not just saying that, the girls are so caring."
- Staff told us about the things they did to increase people's sense of wellbeing. Comments included, "We do a lot of small things which make a huge difference to our clients, from popping their clothes or nightwear on a radiator to warm them up before they get dressed to popping into a shop for bread or milk on our way to the call or down to even a simple chat and a cup of tea" and "We try every day to make our clients smile. Whether we sing old songs together with them or share funny stories with them. We celebrate their birthday with them and anniversary too."
- Staff had received training in equality and diversity. There were policies and procedures in place to help ensure people were not discriminated against in relation to any of the protected characteristics identified in The Equality Act (2010). The registered manager told us, "No client or member of staff is discriminated against in any way."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy, dignity and independence.
- People's care plans described what a person could do independently and what they needed support with.

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

- People were involved in their care. One care worker told us, "I carry out my duties to the best of my ability and feel I make a difference as I am prepared to go that extra mile. I talk to my clients, I find out their likes and dislikes, I hope I make them feel that they can talk to me. We laugh, we sometimes even cry, I'm sympathetic, approachable and confident with both myself and what I do."
- Review meetings were carried out to help ensure that people's plan of care met their needs. One person said, "When I started, a lady from the company came to talk to me and my daughter about my needs and she makes regular visits to see if everything is fine."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People received personalised care which reflected their needs and preferences. People had a care plan which informed staff how to provide person centred care.
- Care plans were reviewed and updated if there were changes in people's care needs.

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 recorded in their care plans. The registered manager told us if information was required in a different format then this would be provided.

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

- People's social needs were met. Staff monitored people's wellbeing. They reported any concerns to management staff, such as increased feelings of loneliness, to find out whether additional support was required. We read that staff had supported several people to attend events in the local community to help increase their sense of wellbeing.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place. One complaint had been received. Actions taken to resolve the issues raised were recorded.

End of life care and support

- End of life care was provided. Staff liaised with health care professionals to ensure people received care which met their needs. Staff were undertaking additional end of life training. The quality and compliance manager was going to contact their local palliative care team from the local NHS trust to look at making their documentation around end of life wishes more person centred.

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.

This is the first inspection for this newly registered service. This key question has been rated 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; 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

- Management and staff were clear about their roles and responsibilities. The registered manager had submitted the required statutory notifications to CQC.
- A range of audits and spot checks were carried out to monitor the quality and safety of the service. One person told us, "The manager comes quite often to check the book the carers sign and to see if all is okay. I find them outstanding."
- The registered manager understood their responsibilities in relation to the duty of candour.

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

- The service had an enabling and inclusive culture.
- We received positive feedback from people, relatives, health and care professionals and staff about the service. One person told us, "ISAACs are well organised and I would certainly recommend them." Comments from staff included, "We are a great team who put the individual we support at the centre of the care we provide" and "I find them a good, honest and caring company to work with and if I have any problems be it work or personal, [name of registered manager] is always there to listen and help."

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

- People, relatives and staff were involved in the running of the service. Meetings and surveys were carried out.
- Lessons learnt were identified following specific incidents or safeguarding concerns and action was taken to help prevent any reoccurrence.

Working in partnership with others

- The service worked with health and social care professionals to make sure people received joined up care.
- Management staff attended various forums including those held by the local authority and Skills for Care, to build on their knowledge and skills and share good practice.