

Icare Solutions Wirral Ltd

Icare Solutions (Wirral) Ltd

Inspection report

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Ratings

Overall rating for this service

Inadequate 

Is the service safe?

Inadequate 

Is the service effective?

Requires Improvement 

Is the service caring?

Requires Improvement 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

ICare Solutions (Wirral) Ltd is a domiciliary care agency providing personal care to people in their own homes. 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. At the time of the inspection, 128 people were receiving support with personal care.

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

The systems in place to monitor the quality and safety of the service were not effective. They did not identify the issues we highlighted during the inspection and when actions were identified, it was not always clear if they had been addressed. This is a breach in regulation. The Commission had not been informed of all reportable incidents and events providers are required to inform us about.

Medicines were not always managed safely as records regarding administration were not completed accurately. Call times were not always scheduled to ensure medicines were administered as prescribed. Potential risks to people were not always assessed robustly or mitigated. These issues evidenced breaches in regulation.

There was not always sufficient staff to ensure people received support at the times it was scheduled and required. Staff were not allocated time to travel between calls and staff did not stay for the full duration of the planned calls. This is a breach in regulation.

Records showed that people were not always supported to have maximum choice and control of their lives, although staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Some systems were in place to record people's consent, but they were not always adhered to. We made a recommendation about this in the main body of the report.

Staff received regular supervision and training. New staff completed an induction, but this did not fully meet the best practice requirements of the care certificate, to ensure staff had the knowledge and competence to support people effectively. Staff completed regular training, but this did not include training to support people living with dementia. We made a recommendation about this in the main body of the report.

Safe recruitment practices were followed, and staff told us they were well supported and enjoyed their roles. People knew how to raise any concerns they had and told us issues were usually dealt with once raised. Positive feedback was received from people and their relatives, in relation to the care provided by care staff.

The provider and registered manager have taken responsive action since the inspection to start addressing the concerns raised. They are also working closely with the local authority who are monitoring risk regularly.

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 22/10/2019 and this is the first inspection.

Why we inspected

The inspection was prompted in part due to concerns received regarding the quality of care provision and infection control. A decision was made for us to inspect and examine those risks.

We have found evidence that the provider needs to make improvements. Please see full details in the individual sections of this full report.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We have identified breaches in relation to risk management, the management of medicines and the governance of the service.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The overall rating for this service is 'Inadequate' and the service is therefore in 'special measures'. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe and there is still a rating of inadequate for any key question or overall rating, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

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 not always caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

Icare Solutions (Wirral) Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection team included an inspector, an assistant inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

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 the service 24 hours' notice of the inspection. This was because we wanted to be sure somebody would be available in the office to support the inspection.

Inspection activity started on 9 December 2020 and ended on 11 December 2020. We visited the office location on 9 December 2020.

What we did before the inspection

We reviewed all the information we held about the service since it registered with the Commission. We also contacted the local authority and local safeguarding teams to gather their feedback.

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 took this into account when we inspected the service and made the judgements in this report.

We used all of this information to plan our inspection.

During the inspection

We spoke with four people who used the service and nine relatives about their experience of the care provided. We spoke with the registered manager, seven care workers and the nominated individual. 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 six people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at staff rotas, training data and quality assurance records. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated inadequate. This meant people were not always safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management

- Not all risks were safely assessed and mitigated to maintain people's safety.
- Records showed that risk assessments had not been completed for all people. When risk assessments had been completed, information was not always available to inform staff how to manage any identified risks.
- There were no accident or incident forms completed to enable incidents to be recorded and reviewed to ensure all appropriate steps were taken to keep people safe.
- Some relatives told us their family members did not have detailed care plans in place and that they had to contact the office to request these. One relative told us, "We didn't have a care plan, so staff had no idea about [relatives] needs."
- People told us they felt safe with the care provided by staff that knew them, but often received support from people who did not know them or what support they required. One person told us, "I feel safe with my regulars [staff] but some of the others just don't seem to know much."

Failure to assess and manage risks robustly is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- There was not always enough staff to attend people's scheduled calls at the planned times, or for the full duration.
- Although some people had established call times and regular carers, others did not. People told us, "I have had to ring in the past as no one has turned up", "The visit times are all over the place, so medication and meal times are all wrong" and "It is the timing of their visits that is the problem. Yesterday they arrived at 7:30am which is fine, but today it was 10:30am." Another relative told us one day there was only 20 minutes between the breakfast and lunch calls.
- Records showed that staff regularly did not stay for the planned duration of the call and people confirmed this. They told us, "They never stay much above 10 minutes", "They do all rush a bit to get things done and can be in and out in 10 minutes."
- Records showed that office staff regularly had to cover care calls, especially at weekends.

Failure to ensure enough numbers of staff are available to meet people's needs in a timely way is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Records showed that relevant checks were undertaken to ensure staff were suitable for the role.

Using medicines safely

- Medicines were not always managed safely.
- Staff told us they completed medication administration records when they supported people with medication. However, there were no records available to show people's medicines were administered as prescribed.
- Records showed that people did not always receive their medicines safely as sufficient time was not allowed between calls, and people who required medicines at specific times, did not always receive calls at these times. We made a safeguarding referral regarding this.
- Staff completed medication training as part of their induction, but there were no formal records of competency assessments available to ensure they were able to safely administer medicines.

Failure to ensure the safe management of medicines is a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding policies and procedures were in place to guide staff in their practice.
- Staff had undertaken training and were aware of procedures to follow if they had any safeguarding concerns.
- A safeguarding log was in place, but this was not fully maintained to record all concerns and their outcomes.

Preventing and controlling infection

- Sufficient infection prevention and control procedures were in place, including those relating to Covid-19.
- Sufficient supplies of personal protective equipment (PPE) was available and staff knew how to wear and dispose of it safely.
- People told us they felt Covid-19 was managed well by ICare Solutions Wirral. One person told us they were, "Very happy with Covid-19 protection, carers always wash their hands, wear gloves and aprons and masks."

Learning lessons when things go wrong

- Systems in place did not allow for the monitoring and oversight required to evidence that lessons were learnt when things went wrong.

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 requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Systems to ensure staff are well inducted, trained and supported required further development. Staff completed an induction, but this did not cover all the standards required within the care certificate.
- Prior to providing care, staff undertook three days of face to face training, to help ensure they had necessary knowledge to maintain people's safety. Records showed however, that this did not include dementia training.
- Some relatives of people living with dementia told us they did not feel all staff had the necessary skills to support a person with dementia effectively.
- Staff received regular supervisions, but spot checks that had previously been undertaken, to monitor their practice, had not been completed recently due to Covid-19.

We recommend the provider reviews and updates its practice to ensure induction and training are in line with current guidance.

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.

- Systems were in place to seek and record people's consent. We found however, that they were not always adhered to.
- When able, most people had signed to reflect their agreement to the plan of care in place. When there were concerns regarding people's ability to consent to their own care, mental capacity assessments and best interest decisions were not completed to ensure care provided was in the person's best interest.

- One person's relative had signed to agree to their care, but there was no evidence that they had the legal authority to do so.

We recommend the provider reviews and updates its practice to ensure consent is always sought and recorded in line with the principles of the MCA.

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

- Best practice guidance regarding the safe management of medicines in the community was not embedded in practice.
- Plans of care were usually developed based on initial assessments, as well as assessments provided by other health and social care professionals.

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

- When people required staff to support them with meals and drinks, this was recorded in their plans of care.
- People were happy with the support they received with their meals. However, not all relatives were. One relative told us, "I think there are some training issues with some staff, especially regarding encouraging people to eat and drink. If the person says no, they just leave them. But [name] says no to everything and needs encouragement."

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

- Staff told us they supported people when needed, to contact their GP or seek other medical assistance if they were unwell and people agreed with this.
- The registered manager described examples of how staff had supported people to liaise with other professionals to ensure their needs were met.
- The registered manager worked closely with partner agencies to enable people to leave hospital quickly, with the right support in place.

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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Although people provided positive feedback about the staff that supported them, the provider's lack of effective systems in place to ensure the care was of a good quality, did not demonstrate a caring service.
- People who received support from a regular team of care staff were happy with their care. They told us, "I am treated how I would have liked my mother to be treated", "Super girls" and "[Name] is amazing and such a kind and caring person. Nothing is too much trouble." A relative told us, "They are very nice people and I don't believe a lot of the issues are their fault."
- We were provided with examples of how staff care and go beyond what is expected of them. For example, one staff member took a person's phone to be repaired as they were unable to get out and another staff member supported a person who was having difficulty with cold callers on the telephone.

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

- Customer satisfaction surveys were issued to people when their care package commenced. A small number of these had been returned and the provider told us they were in the process of improving this to gather feedback more frequently.
- The registered manager told us care plans were reviewed annually to ensure they still met people's needs and we saw an example of this. They also told us calls were made to people to check they were happy with the support. These calls had not been recorded but will be in the future.

Respecting and promoting people's privacy, dignity and independence

- ICare Solutions Wirral worked with other agencies to provide short term support packages to people, to assist with rehabilitation and help people to regain their independence.
- Staff could describe how they worked in ways to ensure people's dignity and privacy was maintained when they provided personal care. One person told us, "They do everything I need but don't stop me being independent" and a relative said they had, "No concerns with respect or dignity" and "They are always very respectful and conscious of her dignity."

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 requires improvement. This meant people's needs were not always met.

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

- Care plans varied in detail regarding people's needs and preferences. Some people's plans included information such as drinks they preferred and their hobbies, whilst other plans had only basic information regarding care to be provided at each call.
- Some people told us the care provided met their needs and preferences well. One person said, "They know me very well and I couldn't ask for better." However, other people's preferences were not always met. One person told us, "They do come earlier than I would like at night, it's supposed to be after 8pm but they turn up about 7pm. I don't mind this in the winter as I can sit in the house in my pyjamas, but it does restrict me in the summer."
- People did not routinely receive notice of which staff members were scheduled to visit. One person told us, "I wish I knew in advance who to expect." Another relative told us it would be useful to know who was due to visit, as if it was not a regular carer, they could check on their relative later to ensure they had everything they needed.

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.

- The Accessible Information standard was being met.
- People's communication needs had been assessed and care plans reflected if they had any visual or hearing impairment, so staff could support them effectively.
- Care plans could be provided in different formats, such as large print if needed.

Improving care quality in response to complaints or concerns

- Records showed that people had raised complaints with the service. The registered manager told us all complaints were fully investigated, which people confirmed, but there were no records to reflect this and no formal responses provided to complainants.
- People we spoke with told us when they had raised a complaint, it had been addressed and the service they received had improved. Comments included, "Having spoken to them, we now have a care plan in place and 4 consistent carers who understand her needs so much better" and "I did have to complain a bit initially, but things have been sorted and much better now."

End of life care and support

- Staff worked closely with health professionals to facilitate people returning home from hospital and to ensure people's needs were met at the end of their lives.

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 inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Continuous learning and improving care

- Systems in place to monitor the quality and safety of the service were not effective.
- They did not identify the issues we highlighted during the inspection, such as those relating to staffing, medication management and risk management. There were no audits in place to monitor care plans, accidents or safeguarding incidents.
- When audits did identify areas for improvement, it was not always clear if they had been addressed. For example, an audit of one person's medication administration chart identified gaps in recording. There was no evidence of actions taken to address this.
- There was no evidence of provider oversight. The provider told us they held regular manager meetings and visited regularly to ensure they were up to date with the running of the service, but this was not recorded. They told us this had been impacted on due to Covid-19.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The registered manager and nominated individual did not demonstrate clear knowledge of regulatory requirements or relevant best practice guidance.
- CQC had not been informed of all notifiable incidents, such as safeguarding concerns.

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

- Staff told us they enjoyed their jobs and were well supported in their roles and could raise any concerns they had with the registered manager.
- People's continuity of care was not always prioritised to ensure it was person centred and promoted good outcomes for people. Comments included, "Some of the new girls are often late and then have no idea what to do" and "So many different people can turn up so there is little continuity."
- However, people that received support from regular staff and at regular times, were happy with the service they received. They told us, "I am lucky I think they all come about on time and I am very happy" and "There has been a significant improvement in the past 6 weeks. We now have mostly regular carers which has made a huge difference to the standard of care."

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 told us there had not been any recent occasions when the service had to act on its duty of candour. However, they were aware of their responsibilities in this area and a policy was in place to support this.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service worked in partnership with the local authority commissioning team and social services to assess and support people in the community.
- Staff meetings were held to enable staff to share their views regarding the service and receive updates regarding the organisation,
- Some systems were in place to gather feedback from people regarding their views of the service they received, but these could be further developed.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risk to people was not always robustly assessed and mitigated. Medicines were not always managed safely.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to monitor the quality and safety of the service were not effective.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing There was not always sufficient staff to ensure people received support at the times required or planned.