

Icare Solutions Stockport Limited

# ICare Solutions Stockport Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

### About the service

ICare Solutions Stockport Limited is a domiciliary care service providing personal care to people in their own home in the Stockport and Tameside areas of Greater Manchester. At the time of inspection the service was supporting 155 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.

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

Appropriate checks on new staff were not always undertaken before they started work and staff did not feel their induction gave them the skills they needed and felt unsupported when they started work. Staff understood the importance of raising concerns but we found policies relating to how these concerns were dealt with were not always followed. People told us staff used appropriate personal protective equipment to try and protect them from infection. People told us they felt safe.

Staff did not feel well trained and felt they had to learn on the job. People told us new care workers seemed to not always be sure what to do. People felt involved in deciding how they were supported and their support plans included advice from other health professionals. People were supported to eat and drink well.

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 using the service told us their regular care workers were kind, built good relationships with them and understood how they wanted to be supported. People's choices and diversity was respected. People told us how care workers protected their dignity and encouraged them to be independent.

People felt able to complain and that complaints were taken seriously and their concerns addressed. If people had communication needs, information could be tailored so they received the information in a way they understood. Processes were in place to enable people to be supported at the end of their lives if they chose to remain at home.

Some quality and audit processes were not being followed meaning the provider did not always have good oversight of the quality of the service being provided to people.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 16 June 2019 and this is the first inspection.

### Why we inspected

The inspection was prompted in part due to concerns received about care worker recruitment and training. 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 the safe, effective and well-led sections of this full report and the Enforcement section below.

### 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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to how the service dealt with safeguarding alerts, recruitment processes and the governance in the service. Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and 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 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 always safe.

Details are in our safe findings below.

**Requires Improvement** 

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** 

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** 

# ICare Solutions Stockport Limited

## **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 consisted of three inspectors 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.

### Notice of inspection

This inspection was unannounced. Inspection activity started on 9 February 2021 and ended on 1 April 2021. We visited the office location on 2 and 9 March 2021. There was a delay in visiting the office location as during the inspection some office staff were isolating and working from home.

### What we did before the inspection

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. 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 eight people who used the service and two relatives about their experience of the care provided. We spoke with 12 members of staff including the registered manager, the new service manager, the finance and training manager, a care coordinator and care workers.

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

We spoke with the local authorities for the areas the service provided support in and other healthcare professionals involved in people's support.

# 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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Safe recruitment practices were not always followed. Insufficient checks on the background of applicants and their suitability to work with vulnerable people had been made.
- Staff told us their interview and induction had been very brief and staff felt they had to learn on the job. One member of staff told us, "I didn't feel competent after the training. It was very basic." Another member of staff said, "You learn when you're thrown into it."
- The management team told us that new staff shadowed experienced staff to develop their skills, however systems did not demonstrate that new staff were supported and assessed as competent in their role. One staff member told us, "You're supposed to go out with staff who have been here for a while. I had only been here a month and new staff were out with me."
- Spot-checks on staff had not been completed during the pandemic to reduce the number of visits to people's homes but not alternative ways of assessing the quality of the service had been explored.

This was a breach of regulation 19 (Fit and proper persons employed) of the of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded during and after the inspection. They confirmed the process for making decisions about recruiting staff during the pandemic before all recruitment checks had been completed would now be made by a panel of senior people in the organisation rather than an individual.

### Systems and processes to safeguard people from the risk of abuse

- Systems and processes to protect people from abuse were not always followed by the management team.
- The service had a safeguarding policy in place but this was not always followed and some concerns had not been referred to the local authority and CQC in line with the policy.

We found no evidence that people had been harmed however, the processes in place had not been operated effectively to protect people from the risk of abuse. This was a breach of regulation 13 (Safeguarding service users from abuse and improper treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff were trained and understood their responsibilities to raise concerns.

### Assessing risk, safety monitoring and management

- Risks to people were assessed and managed by the service.
- People told us they felt safe. A relative of someone using the service told us, "I have seen nothing that makes me feel [my relative] is not safe."
- Records demonstrated risks to people had been assessed and measures put in place to mitigate the risks.

#### Using medicines safely

- People told us they received their medicines as they had been prescribed.
- Clear records were kept of the support people needed and received with their medicines.

#### Preventing and controlling infection

- Measures were in place to help protect people from the risk of infection.
- Staff wore personal protective equipment (PPE). One person we spoke with said, "[My carer] wears gloves, aprons and masks and uses [hand] sanitiser."
- Staff had been trained in the use of PPE and told us they had good supplies of them.
- Staff had access to regular testing for Covid-19.

#### Learning lessons when things go wrong

- The service learned from incidents to try and prevent them happening again.
- We saw how the service investigated incidents and identified actions to learn lessons.
- The local authority told us before the pandemic the service had worked well to improve by applying learning from incidents.



# 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.

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

- People received the care they needed in the way they chose.
- In order to minimise visits to people's homes during the pandemic, the service had based people's support plans on the plans done by social workers but had contacted people by telephone to obtain further information about how they wanted to be supported.
- People told us the care workers supported them in a personal way. One person commented, "They do things the way to suit me."

Staff support: induction, training, skills and experience

- Staff were not always trained and supported well.
- Staff told us they felt their induction was brief and that they had to learn on the job.
- Records showed care staff had supervision meetings but staff told us they didn't feel these were meaningful. One staff member commented, "I've had a supervision but didn't realise it was until I was told after that's what it was."
- The service was increasing the time supervisors spent in the community with care staff to improve the support available them.

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

- People were supported by staff to eat and drink well.
- One person commented, "They make me my dinner, they are good." Another person said, "They get my meals ready and just warm them up in the microwave, they are all right."
- People's care records reflected the support they needed to eat and drink.

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

- Staff worked with other agencies to help ensure people got the care they needed.
- We saw people's care records included advice from other professionals about the support people needed.
- Care workers told us they felt confident following advice from other professionals.

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.

- People's consent was obtained before they were supported by staff.
- People told us care workers checked they were happy to be supported before they started
- Where people lacked capacity, the service involved relatives in planning and agreeing the person's care to ensure the person was supported as they would wish.

# 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 told us they felt well supported by care workers that knew them well. One person told us, "They are all caring and [the regular care workers] have built a good relationship with mum." Another person told us, "[My carer] is always worried and thoughtful about me and my pet."
- Care workers told us they enjoyed supporting people. One care worker told us, "It's always nice when people are pleased to see you. You can chat to them as you help them. They're the best part of the job."
- People's diversity was reflected in the way they were supported by staff.

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

- People were encouraged to express their views and make decisions about their care.
- People told us the care workers respected their choices.
- Care records demonstrated that people using the service had been involved in creating them.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was protected. People were encouraged to be independent.
- One person told us, "Staff help me not to be embarrassed by the way they are. They don't make a big deal of things."
- One person we spoke with told us, "I asked them if I could go out for a walk to get me going, which they do." Another person confirmed, "I like to be independent and they help me."

# 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 had choice and control over how they were supported by staff.
- People gave us examples of how their support had been tailored to suit them.

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 and highlighted so information was given to them in ways they could understand.
- Translation services were available from the local authority should they be needed by the service.

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 were encouraged to maintain relationships and avoid isolation by the service as far as possible during the pandemic.
- People we spoke with gave us examples how the service had worked with them to ensure they left their homes in line with government guidance.

Improving care quality in response to complaints or concerns

- People's complaints were investigated by the registered manager and actions taken to address the complaints.
- People told us they felt able to complain but most people had not felt they needed to.
- One person said, "I have complained about specific care workers and those care workers don't come to me any more."

End of life care and support

- The service had processes in place to support people at the end of their life.
- Staff received training and support plans from other healthcare professionals would be followed if someone chose to be cared for at home at the end of their life.

# 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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The registered manager had not understood their regulatory requirements.
- Temporary guidance on recruitment during the pandemic had not been followed.
- Quality systems in the service had not identified the breaches of regulation identified in this report.
- Some quality checks had not taken place. Visits to people's homes had been reduced during the pandemic but alternative ways of monitoring quality had not been implemented.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The service did have a registered manager in post but they resigned during the course of this inspection. A new manager has been appointed.

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

- Management of the service had not created a supportive culture for staff.
- Staff told us they had difficulty in contacting office staff for support out of office hours. One member of staff commented, "Sometimes [the out of hours phone] just rings. When you do get through you can speak to them but you can't guarantee they will sort it out."
- People using the service gave mixed feedback about the culture of the service. One person told us, "The staff in the office are always ok." Another person said, "They are ok when you ring the office, they are as helpful as they can be but I am not sure they always know what to do."

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 provider understood their responsibilities and acted on the duty of candour.
- People using the service confirmed they were told by the management team when things had gone wrong and what had been done to try and stop things happening again.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service did not always engage people in developing the service.

- Some people we spoke with told us they did not feel involved in the service. One person commented, "We have not had a lot of discussion about care since we started. I talk to the carers informally and leave notes." Other people told us they did feel involved.
- Care workers did not feel engaged and felt office staff would only contact them to ask them pick up extra visits.
- We saw minutes of staff meetings where staff had been updated with a variety of issues. There was no evidence in the minutes that feedback from staff had been sought or that they had an opportunity to ask questions.

Continuous learning and improving care; Working in partnership with others

- Management staff in the service are taking steps to address the shortcomings identified in the inspection.
- The management team welcome the input from the local authorities to help them improve the service.
- An electronic care planning and rostering system was being implemented which should improve the consistency of information available to staff and people using the service.

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	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>Systems were not operated effectively to ensure safeguarding concerns were investigated and reported immediately on becoming aware of the concerns. Regulation 13(3)</p>

This section is primarily information for the provider

## Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes were not operated effectively to ensure compliance with regulations. Regulation 17(1)

**The enforcement action we took:**

A Warning Notice was issued to the provider.

Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed  Recruitment procedures were not operated effectively to ensure persons employed were of good character. Regulation 19(2)(a)

**The enforcement action we took:**

A Warning Notice was issued to the provider.