

Innovate Complex Care Services Ltd

Innovate Complex Care Services

Inspection report

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Ratings

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

Summary of findings

Overall summary

About the service

Innovate Complex Care Services is a domiciliary care agency providing personal care and treatment to children, young people and adults in their homes. At the time of our inspection there were 18 people using the service.

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

Assessments were completed to identify risks that impacted on people's lives and well-being. Risk management plans were in place to provide staff with detailed and sufficient guidance on how to support people safely to reduce any risks.

Medicines were managed safely, and staff were trained to administer medicines to people. Medicine administration records (MARs) were completed when people were supported with the administration of medicines. Copies of MARs were audited on a regular basis and checked for accuracy.

Staff were recruited following safe processes and to ensure enough skilled staff were available to meet people's needs. Staff understood what abuse was and had completed safeguarding training. There were processes in place to report any safeguarding concerns.

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 supported this practice.

Care assessments took place with people to identify the support required to meet their individual needs. The manager routinely reviewed and monitored the service to ensure people received appropriate care. Care workers were routinely assessed to ensure they were safe to carry out their roles and to meet the provider's standard of care.

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 10 October 2020, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

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 well-led.

Details are in our well-led findings below.

Good ●

Innovate Complex Care Services

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

One inspector and an Expert by Experience carried out this inspection. 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. The provider had recently recruited a manager to the service and their employment was due to begin in the following months.

Notice of inspection

This inspection was announced. We gave the service 48 hours' 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.

What we did before inspection

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 used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We spoke with 3 people and 8 relatives of people using the service. We reviewed a range of records. This included 2 people's care records. A variety of records relating to the management of the service, including policies and the quality of the service were reviewed. We received feedback from 3 members of care staff.

Inspection activity started on 19 July 2023 and ended on 25 July 2023.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had a safeguarding policy and systems in place to help protect people from the risk of abuse. The provider's safeguarding policy guided staff to understand what actions they should take to keep children and adults safe from harm.
- The manager ensured all staff completed training in safeguarding and abuse. Staff understood abuse and what actions they should take to report concerns and to protect people. Staff said, "Safeguarding vulnerable adult courses taught us about the safety and wellbeing of all clients, patients, and service-users is by providing additional measures for those least able to protect themselves from harm or abuse" and "Protecting a person's right to health and safety and enabling them to live free from harm."
- There were safeguarding processes to investigate any allegations of abuse. Staff were confident the manager understood their responsibility to act on and share any allegation of abuse with the local authority safeguarding teams and the CQC.

Using medicines safely

- The medicines management system in place ensured people had their medicines safely as prescribed. A member of staff said, "I do administer medication daily and have received training on the procedure and had to be signed off and assessed to be able to administer medication at both my service users' homes" and "I have received training and supervision for administering." There was a policy in place for the administration of medicines.
- People were supported with their medicines when this was part of their package of care and support. People told us, "The staff give me all my medications and record them on their tablet. Repeats are done automatically, and they collect them", "Yes, [staff administer] portable oxygen, nebuliser, and her other drugs. They are very careful and accurate, recording everything they do" and "They collect my tablets for me, and I take them myself sometimes, but they do check and record them."
- The manager had systems in place to review people's medicines administration records (MARs). People's MARs were audited on a regular basis to ensure people had their medicines on time and staff were confirming they had administered medicines as required.

Staffing and recruitment

- Staff were recruited and safely deployed to meet people's specific needs.
- The provider recruited skilled care workers and registered nurses who had the knowledge and expertise to provide care and treatment to people using the services. Some nurses had specialist pediatric/children nursing experience which helped to provide support to children with complex care and health needs. All nurses had regular training were supported to maintain their registration with the Nursing and Midwifery Council (NMC) and support with their continuing professional development.

- The provider had a system to ensure enough staff were available at sufficient levels to meet people's individual needs. People told us, "They've got a very empathetic approach, they'll do anything to help" and "The team has really raised [my relative's] quality of life, they understand their needs."
- Pre-employment checks took place to ensure staff had the necessary knowledge and skills to support children and adults. The checks included the right to work in the UK and job references and a check from the Disclosure and Barring Service. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Assessing risk, safety monitoring and management.

- People had assessments to identify risks to their health and well-being. Staff completed risk assessments and management plans with people following their initial care assessment.
- Risk assessments contained enough information about the management of people's known risks. For example, one person's risk management plan stated the child was at risk of deterioration in their health condition. There was sufficient guidance on the management plan for staff on how to manage and respond to this risk.
- People felt safe receiving care and support from the staff that visited them. We received comments such as, "Some carers have been with me from the start so I'm very comfortable with our relationship and the care I get" and "I really can't fault the care."

Preventing and controlling infection

- The provider had an infection prevention and control (IPC) process in place to manage the risks of infection and cross contamination for people and staff.
- Staff were trained to protect people from the risk of infection. Staff applied their knowledge learnt in their infection prevention and control training to reduce risks. Staff understood their responsibility to wear appropriate personal protective equipment (PPE).
- The manager understood how to support staff to follow guidance related to IPC measures. During spot check visits infection control and prevention practices were checked and monitored to ensure that was safe for people.

Learning lessons when things go wrong

- There was a system in place that identified learning opportunities for staff when incidents occurred or when things went wrong.
- Senior management had several weekly meetings to help them to monitor the quality of care being provided. Where there were any concerns, these were reported on and shared with staff to help improve the service.
- Each month any lessons learned were shared with staff. Each incident was reviewed, and actions shared with staff to reduce risk of recurrence.

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.

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

- People's needs and choices were assessed before they received a service from the provider. All needs were recorded including support needs related to their personal care, education, eating and drinking, moving and transferring and mental health support.
- Care assessments identified people's needs and a plan was put in place for staff to meet them. People told us, "I've recently renegotiated my care plan. I got what I wanted" and "We've got a plan with Innovate, another from school. Both are really detailed and accurate to meet my [relative's] needs. We review them regularly."
- People had regular reassessments of their needs when their needs changed to ensure care, treatment and support remained relevant. A relative told us, "[Care plan] it's reviewed but it has to remain flexible because her needs change as she grows" and "The family wrote the care plan together. Innovate gave us a tablet to keep in touch and to monitor the and care package."

Staff support, training, skills and experience

- The manager had a system in place to ensure staff were supported and trained to meet people's needs. Staff continued to support children and adults and completed specialised training to meet those specific needs. People told us, "I've never had any issues at all about the quality of my care. They're expert, well trained and we have a good relationship" and "Their caring and medical skills are great, it's what they're trained for."
- Care workers and nurses received training and developed their skills to carry out their roles in a safe way. The staff training programme included, safeguarding children and adults, medicines management and moving and handling. Staff told us, "I have to complete yearly mandatory training, manual handling, first aid and cardiopulmonary resuscitation (CPR)" and "Yearly mandatory training [is] provided, infection control, moving and handling, Basic Life Support (BLS), conflict resolution and safeguarding."
- There were systems of support in place for staff to enable them to carry out their roles. Each member of staff had supervision and appraisal meetings to discuss their daily work, performance, and any concerns they had in their role.

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

- People were supported to eat and drink enough to meet their needs, when this type of support was part of their package of care.
- Care plans recorded people's specific and individual nutritional needs with their preferred meals and favourite foods they enjoyed. People told us, "We're cooking together now" and "He's PEG fed so the question is really about their care, skills, hygiene and patience."

- Staff provided support to people for eating and drinking when they had specific nutritional needs to be met. This was recorded in their care records and staff had access to this current information. For example, staff supported people with using a percutaneous endoscopic gastrostomy (PEG) to meet their nutritional needs. Percutaneous endoscopic gastrostomy is when a tube is passed into a patient's stomach to provide a means of feeding when oral intake is not adequate. A member of staff said they had completed PEG and enteral feeding which helped them to support people safely.

Supporting people to live healthier lives, access healthcare services and support

- People's care records contained details of medical conditions and contact information for health care professionals and services where known.
- People had support from health care professionals to help them maintain or to improve their health and well-being. Staff liaised with health and social care and education professionals, including children's specialist nurses, respiratory team staff, physiotherapists and occupational therapists (OT) for additional advice and support when required.
- The provider understood people's individual needs and took action to improve people's health care experiences. For example, some children receiving care had a tracheostomy. A tracheostomy creates a surgical opening into the trachea to help air and oxygen reach the lungs. The management of the tracheostomy site can be challenging for some children. In response the provider had commissioned a teddy, named Brave Tracheasaurus, also with a tracheostomy and these were given to children for support, to be comforted by their new friend, reduce fear and to help relieve some distress they experienced. Using the support of the teddy means children gain a better understanding of the management and procedure of the tracheostomy.
- Staff were skilled to support people with health care needs when these changed. People said, "I can rely on them if I have an emergency" and "My carer was great, she got the paramedics in and I was in hospital very quickly, my carer sorted it fast."
- People who had complex health care conditions were cared for by staff who knew their individual health care needs and how to seek additional support when this was required.

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.

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- The provider was aware of their responsibilities around the MCA and staff supported people to consent to their care and treatment where able.
- People's care records contained information on whether they were able communicate their needs to staff. A person commented, "While I have a close relationship with everyone in the team, they never take any liberties with me and always as ask me or tell me what's going on" and a relative said, "I do know that they

always talk to [my relative] and tell her what's going on. [My relative] loves everyone on her team so I'm not worried."

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 of this newly registered service. We have rated this key question good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives were involved in making decisions about how they wanted to receive care and support. Care and support were provided in the way that people wanted to meet their specific needs.
- People including children were supported to express their views about how they wanted to receive their care and support to meet their care and treatment needs. For example, care plans contained information when people required care visit times to be flexible. This arrangement helped children to attend school or an appointment.
- The provider gathered detailed information about people's lives, including their interests and things they enjoyed doing before receiving care. A range of health and social care professionals were involved in people's care and these details were recorded.

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

- People received support from caring and consistent staff. A relative told us, "It's down to [my relative's] relationship with them. She accepts and trusts her carers and I know they've never let her down."
- The manager and staff respected people's equality and diversity needs. If people had any specific cultural and religious needs these were discussed, and a plan developed with the person to meet those individual needs.
- People felt well treated and supported by staff because of the respect and kindness shown. A relative told us, "I really can't fault the care, [my relative] is in safe hands. Her carer has been fantastic and made a huge difference."

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of maintaining people's privacy and dignity when supporting them.
- Staff encouraged people to be as independent as possible. People were supported to go out in their local community. For example, one person was supported to take part in a charity event, this helped them gain some control over their lives.

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's care needs were assessed before using the service. This assessment helped staff to understand people's individual needs and whether staff at the service could meet those specific needs.
- Assessments included collecting information about people's needs in a person centred way. Relatives and health and social care professionals were involved or contributed to each assessment.
- Assessments looked at people's care and support needs, mental health, educational needs and their activities and hobbies they enjoyed. Staff understood the importance of getting to know people well and record people strengths and things they wanted to do to improve their lives. A member of staff told us, "I always read the care plan/risk assessment when starting a new package to make sure I have a full and good understanding. Once in a package we have full access to the care plan online. We have an excellent clinical lead who always updates us to any changes made to care plans medication." Care and support plans were developed following this assessment.
- Care plans were personalised and person centred they detailed the support people required to meet their individual needs. All staff who visited people recorded when they had completed their visit with clear details of how they supported people.

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

- Staff supported people to follow their interests if this was part of their care support. This support helped adults and children do things they enjoyed doing which helped to maintain relationships with others.
- Staff supported people in the way they chose which met their individual needs and requirements on how they wanted to receive their care. People had a variety of activities they took part in, and this information was recorded in their care records. For example, staff provided care and support for children to enable them to continue to attend school safely. Relatives told us, "My [relative] has very complex needs. Really, they do everything for her, including at school" and "The team deliver meds in the morning, and at school – all safe, all double checked and recorded."
- Staff enjoyed supporting people to be as independent as they could be to avoid social isolation. Staff supported people to plan and organise holidays.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in

relation to communication.

- The service was meeting the Accessible Information Standard. They understood what the Accessible Information Standard was and the potential impact on people using services.
- Information on people's care records was provided or available in alternative formats to meet people's communication needs. Care records used photographs, pictures and symbols to help facilitate people using the service accessing their information.

Improving care quality in response to complaints or concerns

- People knew who to contact if there were concerns about the quality of care and support received. The complaints policy and guidance provided clear details for people on how to make a complaint and what actions were involved in the complaint process, including a time frame for a response.
- At the time of the inspection no complaints had been received about staff, the service or the quality of care. A person told us, "[We've] never had an issue. If there was ever a problem, then we'd sort it. The lead nurse comes from time to time, especially if there's a problem."

End of life care and support

- At the time of this inspection people did not require end of life care.
- If people required specific support at the end of life staff would ensure this detail was recorded in people's care records.

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 and

- The provider has clear management arrangements in place in the absence of a registered manager at the service. Members of staff told us, "The company is very organised by giving staff responsibility in order to meet organisational, professional and personal objectives which together promote the best outcomes for our patients" and "Good communication lines with management, regular training updates [and] good support from team leaders/co-ordinators."
- The senior leadership team provided support in maintaining a good service for people. The provider has a workflow organisational chart which had the name of each member of staff, their responsibilities and who to contact when required.
- There were systems in place to monitor and review people's care and support plans. There were regular audits of the service to ensure the care met the provider's standards.
- The manager understood their legal responsibilities to inform the Care Quality Commission of incidents and events that occurred at the service.

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

- The provider had systems in place to gather feedback from people and their relatives about the service. People told us, "The manager rings me about once a week, so I know him quite well. He's very nice, we discuss any issues, and he fixes things" and a relative told us, "We do two-way feedback every week. We've got a very good working relationship, if there are any issues on either side, we'll fix it."
- The provider sought feedback from people about quality of the care. People and their relatives provided feedback through, video calls, telephone calls and an online questionnaire. A person told us, "They ask us regularly what we think of the support about once a month they do listen to us and make changes if needs be."
- Staff and senior managers had meetings which were used to share information regarding people's needs, and feedback on care delivery. All staff were encouraged to discuss, ask questions and share positive news with colleagues.

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

- There was a positive staff culture which helped to achieve good outcomes for people. The manager told us, "During the time with no manager, the directors and other senior colleagues have been supporting staff."

We have a very supportive team and staff can contact us anytime."

- The manager supported people to share news about their lives and their achievements. Each month managers met with people using the service to discuss what things they have enjoyed doing. This information is captured in the Your Best Life document. People shared things they enjoyed, this included celebrating birthdays, attending special events, growing vegetables, doing charity work and going on trips to the seaside. People were supported by staff to plan, organise and achieve things they enjoyed and take part in new activities.
- The provider had a clear vision of the service that was open and inclusive, these values were embedded in the service. The feedback we received from people, relatives and staff supported this view.
- The provider had systems in place that showed they valued staff. Nominations for staff employee of the month took place. Staff were recognised for their work and contributions to the service, in meeting peoples needs and by going over and above their role.
- Care staff told us they were proud to work for the service and to provide care to people. A member of staff said, "I feel the service is well led, this is because Innovate are a company that care about service users and their staff. It helps that the clinical leads and care coordinator go above and beyond listening to us the ones out doing the job."

Continuous learning and improving care

- The provider had a commitment to continuous learning and service improvement. The senior management team drove improvements to be the best they could be including seeking new ways to improve current and future quality of care provided.
- The provider was developing new ways of working to improve the experiences of children and adults who used the service. The manager told us, "Following on from the success of Brave Tracheasaurus [teddy with tracheostomy], we have decided to partner up with an animation company to build a suite of animation videos for anyone we are supporting with care.
- The provider had future plans for the development of the service including, client champions, Christmas choir, summer ball/gathering, coaching and advice videos and a podcast covering a variety of topics, meeting and talking with consultants, families and other stakeholders.
- There was a strong focus on continuous improvement and equipping staff to take responsibility and contribute to the service. For example, the provider had developed specific roles for staff to take responsibility in the role of a champion. Staff champions were allocated to be the main staff contact who had specialist knowledge and skills in a particular area of care including client and carer forums, audits and oral and foot 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 manager understood their responsibilities in relation to duty of candour.
- The manager told us that they operated in an open and transparent way and knew they had a legal responsibility to share information with the local authority and the CQC when things go wrong.

Working in partnership with others

- Staff worked in partnership with colleagues from health and social care services so people could have access to consistent care and advice when required.
- Records showed that staff frequently contacted people's health and social care professionals for advice and support when people's needs had changed.