

(IECC Care) Independent Excel Care Consortium Limited

IECC CARE

Inspection report

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Date of inspection visit:
05 March 2020
09 March 2020
11 March 2020
16 March 2020

Date of publication:
22 April 2020

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:

IECC (Independent Excel Care Consortium) is a large domiciliary care agency which also operates three supported living housing schemes. It provides personal care and support to adults and older people living within their own homes. Not everyone using the service may receive the regulated activity; personal care. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection there were 94 people using the service.

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

People felt safe and their needs were being met. Relatives told us people were safe and raised no concerns over how staff supported people. Staff knew how to escalate issues and concerns and were aware of potential risks when providing support. Staff received regular training, supervision and appraisals.

Medicines were managed safely, and people received their medicines when needed. Staff received an induction and ongoing training and felt supported by the registered manager. Staff supported people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported to access healthcare services when required. People were supported by a caring and consistent staff team who supported them to maintain their independence and dignity. People and their relatives were involved in the planning and review of their care. Staff used care plans to ensure people received care in line with their preferences.

People felt well cared for by staff who treated them with respect and dignity and encouraged them to maintain relationships and keep their independence for as long as possible. People could maintain friendships and contact with families, and when needed had access to advocates.

People felt staff supported their individual needs and requirements. People received food and drinks as required and attended any medical appointments. People were supported in the least restrictive way possible and in their best interests.

Staff liaised with other health care professionals to ensure people's safety and meet their health needs. Where people lacked capacity, staff worked with the local authority to make sure they minimised any restrictions on people's freedom for their safety and wellbeing.

Staff spoke positively about working for the provider. They felt well supported and that they could talk to management at any time, feeling confident any concerns would be acted on promptly. They felt valued and happy in their role.

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

Rating at last inspection: The last rating for this service was Good (Report published 23rd September 2017).

Why we inspected: This was a scheduled inspection based on the previous rating.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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.

IECC CARE

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one lead inspector and an assistant inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. It also operates three supported living housing schemes.

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

This inspection was announced. We gave the service 48 hours' notice of the inspection visit because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection site activity took place on 05 March 2020 and telephone calls to people using the service, staff and relatives were made on additional days. We visited the office site location to see the registered manager and office staff and to review care records and policies and procedures.

What we did when preparing for and carrying out this inspection:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about and we sought feedback from the local authority and professionals who work with the service. We used information the provider sent us in the Provider Information Return. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us at least annually to give some key

information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During our inspection visit, we spoke with 10 people using the service and five relatives to ask about their experience of the care provided. We also spoke to 11 members of care staff, office personnel, the deputy service manager, operations manager, registered manager and the provider.

We reviewed a range of records. These included nine people's care and medication records. We also looked at 10 staff files including supervision records, records relating to the management of the service and a variety of policies and procedures developed and implemented by the provider. We looked at records relating to recruitment, training and systems for monitoring quality. After the first day of the inspection we spoke with staff and relatives by telephone to seek clarification and validate the evidence we found.

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Systems and processes to safeguard people from the risk of abuse

- The provider had robust policies, procedures and guidance in place that gave staff guidance on how to keep people safe.
- People told us they felt very safe. One person said, " Oh yes, I've got no complaints when they hoist me. They know exactly what they're doing, and they do it just fine."
- Staff had received training on how to safeguard people from the risk of abuse. Staff understood how to recognise the signs of abuse and how to report this.
- Staff helped people to understand how safeguarding issues could be reported to other agencies. For instance, one person said, "If I was really concerned about something, I would go make my concerns known either to the manager or to the police."

Assessing risk, safety monitoring and management

- Staff had good knowledge of the people they supported. They were aware of risks associated with people's care, how to monitor them and what action to take to reduce risks.
- People's care records contained risk assessments which had been reviewed regularly. For examples, risks relating to nutrition, behaviours that may challenge and any specific health conditions.
- Care plans were updated regularly and reflected the actions identified from the risk assessments. Care plans were comprehensive and individualised to meet the person's needs.
- Equipment was managed in a way that supported people to stay safe. One relative told us, "They are well trained and know how to use the equipment (hoist). [Relative] has never looked uncomfortable or like they are in pain when they (staff) help [relative]."
- Each person in the supported living schemes had a personal emergency evacuation plan (PEEP). This ensured there were arrangements in place to support people to evacuate the building safely in the event of an emergency.

Staffing and recruitment

- There continued to be robust recruitment procedures in place to ensure staff were suitable to work with people. These procedures included disclosure and barring checks (DBS), identity checks and references from previous employers. This meant only staff deemed suitable by the provider were employed to keep people safe.
- People and staff told us they thought there were appropriate staffing levels to meet people's needs.

Using medicines safely

- Processes were in place for the ordering and supply of medicines and medicine administration records demonstrated people received their medicines regularly.
- Medicines were regularly audited by the staff and service managers. The systems and processes in place meant any errors were identified and action was taken to address them.
- Staff received regular training in the administration of medicines and had their competency to administer regularly checks.

Preventing and controlling infection

- Staff had undertaken training and were aware of their responsibilities to protect people from the spread of infection.
- People told us staff helped them to keep their home clean and tidy. One relative said, "There's one, who is just excellent, she has become our really close friend and can't do enough for [relative]. She really goes the extra mile, she cooks for [relative], she cleans the house and when I say clean, I mean bottom to top every room, hoovering all sorts. She's really lovely."
- Staff told us they were provided with personal protective equipment (PPE) to protect them and reduce the risk of infection.

Learning lessons when things go wrong

- Accidents and incidents were recorded with appropriate actions taken to reduce the risk of re-occurrence.
- There was a culture of continuous learning when things went wrong. The management team carried out regular evaluations of accidents and incidents to identify themes and trends.
- Staff told us how they reflected on their practice and held regular meetings to share concerns and issues to ensure improvements were continually made to the care provided. Staff told us they could liaise with colleagues, share experiences and request support should they need to.

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

People's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People's needs were assessed before the service began to provide support and people and their relatives confirmed this. One person very enthusiastically showed us their care plan and the picture of their face on the front.
- Care was planned, reviewed and delivered in line with people's individual assessments.
- Staff understood people's methods of communication and supported them to make their needs known.
- Assessment information included consideration of any characteristics under the Equality Act 2010 such as age, religion, disability and sexual orientation. This sought to promote people's independence and opportunity by providing the right support. For example, supporting people to maintain independence in relation to shopping, cooking, domestic tasks and accessing the community.

Staff support: induction, training, skills and experience

- People received effective care and treatment from competent, knowledgeable and skilled staff who had the relevant qualifications to meet their needs. The provider had a good system to monitor all staff and had regular and refresher training to keep them up to date with best practice. Training methods included face to face and competency assessments. Staff told us they have completed training in safeguarding, medicine administration and mental capacity.
- We found that staff completed the care certificate as part of their initial training. This is an agreed set of standards that sets out the knowledge, skills and behaviours expected of people working in the care sector.
- Staff felt well supported and had regular supervision and an annual appraisal to discuss their further development.
- New staff had completed a comprehensive induction which included shadowing opportunities.

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

- People and their relatives were happy with the support they had with meals and accessing drinks. One relative told us, "The staff do try and promote healthy options, I can't fault them"
- People were actively involved in planning and choosing their meals. One person told us, "Yes they ask what I want then we look at my list and pick one and they make me whatever I want."
- Staff understood people's dietary needs and associated risks were planned for. For example, allergies, special diets or risks such as choking.

Staff working with other agencies to provide consistent, effective, timely care and supporting people to live

healthier lives, access healthcare services and support.

- Staff monitored people's health care needs and would inform relatives, senior staff members and healthcare professionals if there was any change in people's health needs. One relative said, "They keep us well informed, I'm made aware of any changes relating to [relative]".
- Staff told us they were confident that changes to people's health and well-being were communicated effectively.
- Relatives told us people were supported to attend routine health appointments such as GP, optician and dental visits.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. We checked whether the service was working within the principles of the MCA.

- Where people did not have capacity to make decisions, they were supported to have, as much as possible, choice and control of their lives and staff supported them in the least restrictive way possible.
- People were asked for their consent before they received any care and treatment. For example, before assisting people with personal care and getting dressed. Staff involved people in decisions about their care and acted in accordance with their wishes.
- Records reflected appropriate assessments of people's capacity to make decisions about their care had been carried out and recorded. Where people were unable to consent to their care this had been recorded and explained so that staff were aware of acting in people's best interests.

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

People were supported and treated with dignity and respect; and involved as partners in their care.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- People were very positive about the support they received from staff. Comments included, "They are all lovely. Always polite, they come in and say hello to my mum and they're kind to her. Really great. Another person said, "They are truly excellent. When they've helped me with all that, they ask me what I want to eat and then they get that for me. Nothing is too much for them. They're really good girls."
- Staff had good knowledge of people's likes, dislikes and history. This enabled staff to develop relationships with people that were respectful, supportive and caring.
- People were actively encouraged to maintain relationships with their friends and families and to make new friends.
- Staff were motivated about the care they provided to people. One staff member told us, "I love the job I do." Another said, "I'm very comfortable supporting people, they are like my extended family."

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

- There was a commitment to involving people in making decisions about their daily lives and care. People lived their lives as they wanted and chose to. People gave us examples of the choices they made daily such as, decisions on their daily living routines, meal times, activities and accessing the community.
- People's choices were well documented, and staff were able to tell us about these, with one staff member telling us, "We are very person centred here we work closely with the people and they are involved in care planning. We look at what's important and personal to that person."
- Staff supported people to make decisions. One staff member said, "We ensure we promote independence and empower people to live fulfilling lives."

Respecting and promoting people's privacy, dignity and independence.

- Staff actively supported people to achieve increased independence. One person told us, "I really like the cinema and staff help me."
- Staff respected people's privacy. One staff member said, "When I give personal care, I make sure I close the door and explain everything to them. I maintain confidentiality and I wouldn't talk to anyone about people I care for out of work."
- People were supported to remain in touch with their families and friends thus maintaining links with people that were important to them and enhancing their quality of life.
- Confidential information was securely stored and protected in line with General Data Protection Regulations (GDPR). This showed people's sensitive and private information was not unnecessarily shared

with others.

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; 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 supported to maintain relationships and partake in a variety of hobbies and interests. Examples included people being supported to go out on trips to the cinema and daily walks.
- People told us they did a range of activities which they enjoyed doing. One person said, "I like Westham football club." Additionally, people were supported to go to college classes.
- People were supported to develop relationships and maintain links with family and friends.
- We observed in one of the supported living schemes staff engaged with people in a calm caring way. People responded positively to the way the staff were supporting them.
- Assessments of support were based on personal needs such as mental health, personal care, finance, communication and medicines. Assessments regarding people's mental health were comprehensive and covered their emotional wellbeing.
- Care records showed people were actively encouraged to plan and decide what sort of care and support they felt they wanted. Where appropriate, their relatives were involved in care planning.
- Staff had handover meetings at the start of each shift. These meetings were an effective way to ensure key information about people's wellbeing and care needs were passed on to staff coming on duty.

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 support plans detailed their communication needs. They described how people communicated, and the best ways for staff to offer choices and provide support.
- Information was made available for people and others in easy read picture formats.
- People's needs were identified, including those related to protected equality characteristics. For example, reasonable adjustments were made where appropriate; and the service identified, recorded, shared and met the information and communication needs of people with a disability or sensory loss, as required by the Accessible Information Standard.

Improving care quality in response to complaints or concerns

- The complaints policy was available in an accessible format for people to understand.
- Staff gave examples of how they had supported people to make complaints when they had not been satisfied with a service they received.
- There were no current open complaints. The provider has systems and processes in place to monitor any complaint and they were viewed as learning opportunities to continually develop the service.

End of life care and support

- The service was able to provide care to people at the end of their lives and staff had received relevant training.
- Care records showed staff had explored people's preferences and choices in relation to end of life wishes. Records included preferences relating to each person's protected characteristics, cultural and spiritual needs. Staff were mindful and trained in the sensitivity around approaching this subject with the people they supported.

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

The service was consistently managed and well-led. Leaders and the culture they created promoted high quality, person-centred care.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same.

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

- The registered manager promoted person-centred care within the staff team, to ensure positive outcomes for people. We saw examples of how the service had successfully worked with people to achieve their goals. One professional said, "I think they provide good care, they follow advice well. They are contactable and sorts things out."
- The management team regularly visited people in their homes. They knew the people well and staff were aware of the roles and responsibilities of the management structure.
- The atmosphere in the supported living services was warm, friendly and welcoming. Our observations and discussions identified that there was an open and supportive culture towards people and staff.
- Staff and people spoke highly of the manager team. Staff told us they could speak to them at any time. One staff member said, "I think it's a great team with a good skill mix of staff. We all work well together."
- The provider had implemented new systems to monitor the service delivery and was piloting a new computer system at the time of the inspection. This once completely set up would monitor staff visits, medication administration and the times of all visits. The system would be linked to a secure app on staff phones. Additionally, the provider had provided all staff members with a car to use and had a fleet which were fully maintained and serviced well.

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 and management team all understood their legal responsibilities. They submitted statutory notifications to the Care Quality Commission as required by law.
- Records of incidents and accidents were analysed at a local and corporate level. Information and learning from incidents were shared with the staff team to raise awareness and to reduce the likelihood of reoccurrences.
- The registered managers understood the duty of candour requirements and ensured information was shared with the relevant organisations when concerns were identified. They were responsive to the feedback we gave during this inspection.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Working in partnership with others; Continuous learning and improving care.

- Suitable and sufficient quality assurance systems were in place; various members of the management team conducted several audits to ensure quality of care and health and safety standards remained high.
- There was a clear staffing structure in place led by the registered manager. Staff told us they always had access to management support.
- The registered manager and management team had good knowledge of their regulatory responsibilities.
- Staff had good relationships with health and social care professionals.

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

- People were provided opportunities to give their views and opinions about the services and how they could improve. People's views were sought through reviews of their care and support needs, meetings and surveys.
- Staff's views about the service were sought through supervision and team meetings.
- Staff confirmed they had regular staff meetings. Minutes of staff meetings showed staff were informed about changes to the service and their views and ideas were sought on how to improve people's quality of life.
- We saw cards and letters from relatives complimenting the staff for the care and support they had provided for people. One relative said, "They are really very good. They are always on time, they always come in twos and they always stay the time they should. We were with a different company before we moved and they weren't so good, so we really notice the difference now."