

Icare Solutions Wakefield Limited

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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 well-led?

Inadequate 

Summary of findings

Overall summary

About the service

iCare Solutions Wakefield Ltd is a domiciliary care agency which provides personal care to people living in their own homes. At the time of our inspection there were 14 people using the service, this included older people and people living with physical disabilities.

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

Risks to people's safety were not adequately assessed or mitigated and risks associated with infection control were not effectively managed. Safe recruitment practices were not followed, and medicines were not always managed safely.

Staff did not receive a thorough induction. Staff received e-learning training, but not all staff had received the training they required to carry out their role. The assessment process was not effective as people's needs, and the support they required from staff, was not always clear.

Where there were systems and processes in place to monitor and improve the quality of the service, these were ineffective as they had not identified issues found at this inspection. The provider did not have a clear understanding of their regulatory responsibilities and failed to take enough action in response to the previous inspection, which led to ongoing breaches.

People and relatives told us the service was safe and they noted an improvement in staffing levels. Staff received regular spot checks and supervisions; they also spoke positively about the support they received. People and relatives were largely happy with the care they received and, along with staff, had noticed some improvements in the quality of the service in recent months.

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.

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

Rating at last inspection and update

The last rating for this service was inadequate (published 6 June 2022). The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

Why we inspected

We carried out an unannounced comprehensive inspection of this service on 23 March 2022. Breaches of legal requirements were found in relation to safe care and treatment, good governance, staffing and fit and proper persons employed. The provider completed an action plan after the last inspection to show what they would do and by when to improve.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Effective and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service has remained inadequate.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for iCare Solutions Wakefield Limited on our website at www.cqc.org.uk.

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 and will take further action if needed.

We have identified breaches in relation to safe care and treatment, good governance and fit and proper persons employed at this inspection.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

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

The overall rating for this service is 'Inadequate' and the service remains in 'special measures'. This means we will keep the service under review.

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 continue to take action in line with our enforcement procedures. 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?

Inadequate ●

The service was not safe.

Details are in our safe findings below.

Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

Is the service well-led?

Inadequate ●

The service was not well-led.

Details are in our well-led findings below.

iCare Solutions Wakefield 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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by two 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.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service a short period of 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 the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers 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 this information to plan our inspection.

During the inspection

We spoke with 4 people who used the service and 3 relatives about their experience of the care provided. We also spoke with 9 members of staff including, the nominated individual, who is also the registered manager, the branch manager, the interim operations manager and 6 care assistants. 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 4 people's care records and multiple medication records. We looked at 3 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 training data and a variety of records relating to the management of the service, including policies and procedures.

Is the service safe?

Our findings

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

At our last inspection we rated this key question inadequate. The rating for this key question has remained inadequate. This meant people were not safe and were at risk of avoidable harm.

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

At our last inspection the provider had failed to ensure systems were either in place or robust enough to demonstrate safety was effectively managed. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Risks to people's safety were not adequately assessed or mitigated.
- Systems were not in place to ensure staff understood people's risks. During this inspection, the branch manager told us no one had concerns with their skin integrity. However, we found one person had a wound and their care records did not provide any guidance for staff on how to support them with this safely.
- People's risk assessments lacked information for staff to support people safely. For example, we reviewed care records for 2 people and found risks associated with their moving and handling equipment had not been adequately assessed.
- People's care records and risk assessments also contained inaccurate information. For example, one person's care plan and risk assessment provided conflicting information for staff on how to meet their continence needs. This meant there was insufficient information for staff to meet people's needs safely.
- There was a system in place to record accidents and incidents. However, at the time of our inspection, we found 1 incident had not been recorded or investigated. The registered manager was unable to demonstrate how lessons learnt were shared with staff following incidents.

Systems had still not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

At our last inspection the provider had failed to ensure systems were in place to guarantee the proper and safe management of medicines.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Medicines were not always managed safely.
- One person's care records stated they required support with the administration of 2 different creams. However, they did not have an electronic Medication Administration Record (eMAR) and their daily notes did not document what creams were applied or where. When we discussed this with the registered manager, they told us staff should not apply creams for this person.
- We received further conflicting information from people and the registered manager about the support people required with their medication. For example, a person told us they received timely support from staff with their pain relief. However, the registered manager told us this person did not receive any support with medication and did not have an eMAR.
- Not all staff administering medication had their competence to do so assessed. This was identified as an issue at the last inspection and the provider had failed to address it in a timely manner.
- People's care records did not contain individualised guidance as to when a person may need their 'as required' medicines. This was identified as a concern at the last inspection and had still not been addressed.

Systems were still not in place to ensure the proper and safe management of medicines. This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager responded promptly during this inspection and provided evidence of individualised guidance for people's 'as required' medicines.

Staffing and recruitment

At our last inspection the provider failed to establish or operate safe recruitment procedures.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 19.

- Safe recruitment practices were not followed.
- When employing new staff, the registered manager had failed to complete thorough checks, to help ensure people employed were of good character and safe to work with vulnerable people. This included staff who had been recruited to senior management positions.
- We looked at 4 recruitment files and found the registered manager could not evidence they had interviewed 2 of those staff members, obtained references for 3 of them and completed Disclosure and Barring Service (DBS) checks for 2 of the staff members. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Following our inspection, the registered manager provided us with further recruitment records for these staff members, but we found they post-dated our inspection. This meant these records were not in place at the time of our visit to the service.

Safe recruitment practices were still not operated effectively by the provider. This placed people at risk of harm. This was a continued breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives consistently told us they had noted an improvement in staffing levels. Comments included, "The staff are the best they've ever had. I used to get anybody, but now, for the last three to four months, I get the same carers every day", "I like that I have the same two carers" and "I get the same people,

I know who to expect. The carers are a lot better now."

Preventing and controlling infection

At our last inspection the provider failed to ensure Government guidance around the management of COVID-19 was followed.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12

- Risks associated with infection control were not always effectively managed.
- Infection risks for people were not adequately assessed. For example, records for 2 people did not include an assessment of the risks associated with their catheter or provide guidance for staff on how to monitor the signs and symptoms of infection.

Systems were still not in place to ensure the risks associated with infection prevention and control were effectively managed. This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and their relatives consistently told us staff wore personal protective equipment (PPE) when supporting them with personal care. PPE was available for staff.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt the service was safe.
- Staff we spoke with could describe and identify different forms of abuse and were aware of their responsibility to report concerns immediately.

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained 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

At our last inspection the provider had failed to ensure all staff had received appropriate support, training, professional development, supervision and appraisal as is necessary to enable them to carry out their role.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- Staff completed several e-learning training modules. However, the provider could not evidence all staff providing people with support with their medication or catheter care had received training.
- Staff who joined the service did not receive a thorough induction. We looked at 3 staff recruitment files and found no evidence that an induction had been completed.
- Staff received regular spot checks and supervisions; they also spoke positively about the support they received. Comments included, "I have had a supervision and an appraisal with [care co-ordinator], I feel supported by them" and "I feel very supported by [branch manager], they are always there."

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

- The provider had a process in place to ensure people's needs were assessed prior to their care and support commencing. However, the assessment process was not effective as people's needs, and the support they required from staff, was not always clear.
- Care was not always delivered in line with standards and guidance. For example, the provider's system for administering medication did not follow NICE guidelines.
- Care records we reviewed contained guidance for staff around people's daily routines. They also contained people's life histories and backgrounds, as well as their sexuality and religion.

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

- Care records showed health and social care professionals were involved in people's care and support. However, we found a person had said they felt unwell on several occasions, but there was no evidence staff sought medical advice in a timely manner for this person.
- People and relatives told us, "The carers would definitely call a GP for me and any problems I have are shared with the District Nurse" and "[Relative] gets frequent UTIs and, especially the morning staff will notice. They pick up on any changes."

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

- Not everyone required support with eating and drinking. People that did were happy with the support they received with food and drinks. One person told us, "The carer makes sure I eat and will bring my soup in. At teatime, they warm my tea up for me."
- People's care records contained information about people's needs around nutrition and hydration, but there were limited details about people's food and drink preferences.

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 MCA 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 were supported in accordance with the principles of the MCA.
- Care records demonstrated people's capacity was considered by the service and staff we spoke with had a good understanding of the principles of the MCA.

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.

At our last inspection we rated this key question inadequate. The rating for this key question has remained 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to establish and operate effective governance systems and processes.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Leaders did not have the necessary skills, experience and training to deliver a safe service.
- We found the registered manager, who is also the nominated individual, had little oversight of the day to day running of the service. The registered manager told us he was unsure of his responsibilities as a registered person and had an over-reliance on senior staff members to run the service, despite them having not been safely recruited.
- Following our last inspection, the provider submitted an action plan indicating they would meet the regulations. In July 2022, the provider again assured us they had taken appropriate action in response to the inspection findings. However, at this inspection, the provider remained in breach of the regulations relating to safe care and treatment, good governance and fit and proper persons.
- The provider failed to establish their own quality assurance processes and did not maintain effective oversight of the service. The branch manager had implemented, and was responsible for, a system of audits since the last inspection. However, they were not comprehensive, lacked detail and had not identified the issues we found during this inspection. For example, the registered manager and branch manager were unaware of the concerns associated with risk assessments, which was also a concern at our last inspection.
- The provider had implemented a system to oversee staff training. However, it was not effective. For example, we found one staff member had only completed 3 modules of e-learning training out of a possible 25 but was providing care to people on their own. Following our inspection, the registered manager sent us training records for this person, but they were dated after our visit to the service.
- There was a system in place to oversee accidents, incidents and safeguarding events on a monthly basis. However, there was no evidence this information was analysed, in order to learn from these situations and drive improvements in the service. Furthermore, we were aware of safeguarding events that were reported to CQC which were not recorded in this log.
- The provider's policies and procedures were still not specific to the service and referred to different care companies. This was identified at the last inspection, yet no improvements had been made.

People were at risk of harm as governance systems and processes had still not been fully established or operated effectively. This was a continued breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The culture of the service had improved since the last inspection.
- People and relatives we spoke with were largely happy with the care they received and had noticed an improvement in the quality of the service in recent months. Comments included, "I would recommend the service the way it is now. It has improved in the last few months. I am happy with the service I get now", "I would recommend the service. It has got better since the [branch manager] joined" and "Things have been better since [branch manager] took over. [Branch manager] is approachable and listens."
- Staff told us communication had improved with the office and they too had noted an improvement in the service, which they felt benefited people. Comments included, "The office staff work the rota quite well. We always know where we are and what we're working in advance. They work around our availability" and "People have care plans in their homes, the phone is answered and if the staff member is late, they are informed about it. It's small things but they are not actually small, things like that matter to people."

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

- The service recently engaged with people and their relatives through satisfaction surveys, and feedback had been largely positive. People were also asked for feedback during spot checks of staff.
- There were now systems in place to engage with staff. For example, through supervisions and team meetings. One staff member told us, "Team meetings tend to be once per month. The content of the meeting is good, it gives us a chance to get anything off our chest and things do get dealt with."
- The service worked alongside local authority commissioners, as well as health and social care professionals involved in people's 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 provider had a suitable policy in place, although it was not tailored specifically to the service.
- The registered manager, who is also the nominated individual, told us there had been no incidents which required them to follow their duty of candour policy.