ICare Solutions Wirral Ltd

Icare Solutions (Wirral) Ltd

Inspection report

31 Liscard Village
Wallasey
CH45 4JG

Tel: 01512715227

Date of inspection visit:
03 March 2022
10 March 2022

Date of publication:
25 April 2022

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

ICare Solutions (Wirral) Ltd is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 78 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
There had been improvements to the quality and safety of the service. The provider now had oversight of risks when providing care for people and steps to mitigate these risks. These improvements were recent since the previous inspection in June 2021 and needed to be embedded and sustained over a longer period of time.

Medicines were managed safely and records of administration were accurately completed, however some call times did not allow for assurance that medication was administered as prescribed.

Where people required support to take their medicines, staff supporting them were trained in medicines and their practice was checked by the provider during spot check visits .

People did not always receive support at the scheduled times, for the planned length of time. This had a negative impact for some people, on the quality of care they received.

People had individualised care plans in place that were used to assess the risks identified in their care. These had been updated since our previous inspection. However, we found that they did always provide staff with guidance on how to care for people safely.

Staff also received induction when they first started in post, and the provider ensured they were competent for their roles before supporting people on their own. This had been updated since our previous inspection.

People and relatives told us that the service had improved since the previous inspection. They described how the service was now more reliable and having regular staff had a positive impact on their care.

There were enough staff to support people, which minimised risks to people who had consistent support allocated. Most staff told us they felt supported in their roles and people and their relatives found staff competent and kind. This has improved since our previous inspection.

The provider had ensured safe recruitment practices were now being followed fully.

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 Inadequate (published 26 July 2021). At this inspection we found that although some improvements had been made, the provider remained in breach of regulations regarding the management of medicines, risk management and the governance of the service.

Why we inspected
We carried out an unannounced inspection on 3 and 10 March 2022 following on from breaches that were found at the previous inspection in July 2021. The provider completed an action plan after the last inspection to show what they would do and by when to make improvements.

We undertook this focused inspection to check improvements had been made and if the provider now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements. For those key questions not inspected, we used the ratings awarded at the last comprehensive inspection to calculate the overall rating. The overall rating for the service has changed from inadequate to requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for ICare Solutions (Wirral) Ltd 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, staffing and the governance of the service at this inspection. You can see what action we have told the provider to take at the end of this full report.

Follow up
We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures
The overall rating for this service is 'Requires improvement'. However, the service remains in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.
If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually

lead to cancellation of their registration or to varying the conditions the registration.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Inadequate

The service was not always well-led.

Details are in our well-led findings below.

Icare Solutions (Wirral) Ltd

Detailed findings

Background to this inspection

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

Inspection team
This inspection was completed 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.

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 unannounced.

During the inspection
We spoke with two people using the service and five relatives. We spoke with the nominated individual and three office support staff. We reviewed care records for eight people and multiple medicines records. We also reviewed service records, including staff records for six care staff, quality and safety monitoring records, as well as policies and procedures.

After the inspection
We spoke with six staff providing care to people in the community. We also reviewed further evidence provided by the nominated individual electronically. This included the service improvement plan, staff training records and other management records.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated 'inadequate'.

At this inspection this key question has improved to 'requires improvement'. This meant that safety measures had improved. However, many of the improvements were recent; they needed to be embedded and sustained to achieve a rating of good.

Assessing risk, safety monitoring and management

At the last inspection, the provider was found to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because risks to people were not always safely assessed and mitigated to maintain people's safety.

At this inspection, we found that improvements had been implemented recently, and the provider was still in breach of regulation 12.

● Peoples support needs were not always monitored accurately. For instance, we found that some daily care notes were not updated accurately with tasks marked as complete in the electronic recording system when these had been completed by relatives or completed with unrealistic time frames by the staff.
● Safety monitoring and risk management measures had improved. However, some risk assessments did not contain relevant information for some individuals and were not always person centred. For instance, we found that some information was generic and personal information was inaccurate including date of birth and a persons preferred name .

The concerns highlighted during this inspection were not systemic across the service as they had been previously. The provider was made aware of these concerns highlighted and was taking appropriate actions to address them. Although not widespread these concerns are related to the breaches of regulation at our previous inspection. This meant that although there had been improvements to the quality and safety of the service being provided; the service remained in breach of regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

● Lessons had been learned from our previous inspection and systems were now in place to help assess and monitor the risks in providing care and treatment for people with specific medical conditions. This helped ensure the appropriate guidance was in place for staff.
● Staff monitored and assessed people's support needs and areas of risk on a daily basis, any concerns were immediately addressed. We found risk assessments in place for nutrition, falls, mobility and skin integrity.
● Staff were aware of any health conditions that might impact on people's safety and knew what action to take to mitigate the risk.

Using medicines safely

At the last inspection, the provider was found to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because medicines were not always managed safely.

At this inspection, we found that improvements had been implemented recently, however the provider was still in breach of regulation 12.

● People's medication was not always managed safely .
● The provider could not always be assured that people were receiving their medication in a timely manner. We saw that some staff did not arrive to calls at the scheduled time.
● We saw that PRN (as and when needed) protocols were generic and needed to be more person specific.

The concerns highlighted during this inspection were not systemic across the service as they had been previously. Although not widespread these concerns are related to the breaches of regulation at our previous inspection. This meant that although there had been improvements to the quality and safety of the service being provided; the service remained in breach of regulation 12 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

● Staff had guidance available regarding people's medical conditions and the administration of their medication. This helped ensure people's medication was administered safely and as prescribed.
● Following the last inspection, additional staff training was immediately arranged, additional medicines competencies, face to face training, online training and regular spot checks completed.

Staffing

At the last inspection, the provider was found to be in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because there was not always enough staff to attend people's scheduled calls at the planned times, or for the full duration.

At this inspection, we found that improvements had been implemented recently, however the provider was still in breach of regulation 18.

● The provider could not be assured that staff were attending calls for the agreed times. We saw that some staff had calls added at short notice to their daily rota without being informed. This impacted the timings of calls and if the staff stayed on the arranged call for the agreed time.
● Most people told us that staff arrived on time. However, one person told us , "I haven't seen the carer for three days. They're no use to me if they don't come on time."
● There was enough staff to ensure most calls were undertaken at the planned times and for the full duration. However, we did see on that some calls were not at the planned time or for the duration planned.
● The provider had recently implemented a system to ensure staff had realistic time between calls. The provider developed a more efficient system for double up calls that had improved the overall efficiency of the service provided. However, we still found instances of staff having their schedules changed at short notice and not being informed. One member of staff told us that, "We get some extras when we are on shift or we have changes on the day. Hard to know sometimes."

The concerns highlighted during this inspection were improving across the service. The provider was aware of these concerns highlighted and was addressing these prior to the inspection. These concerns are related to the breaches of regulation at our previous inspection. This meant that although there had been

improvements to the quality and safety of the service being provided; the service remained in breach of regulation 18 of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

● The provider operated an on-call system and maintained an electronic oversight of staff attendance on the care calls on a daily basis.

Preventing and controlling infection

At the last inspection, the provider was found to be in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider failed to ensure infection prevention and control measures were adhered to in order to maximise people's safety.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 12 in relation to preventing and controlling infection.

● We were assured the provider was using personal protective equipment (PPE) effectively and safely. People confirmed staff consistently wore PPE whilst providing their personal care. One person said, "They always wear the right PPE."
● Audits of infection control practices took place each month. These showed what improvements had been made in order to help reduce the spread of any infections including COVID-19.
● Staff had completed infection control training. This had been updated since our previous inspection.
● Staff were supported to test regularly and the provider had a system to record staff lateral flow test results. This had been updated since our previous inspection.

Recruitment

At the last inspection, the provider was found to be in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because the provider had not ensured robust safe recruitment procedures were followed.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 19.

● There was a system in place for ensuring staff were suitable to work in health and social care and that staff were recruited safely.
● New staff had to complete pre-employment checks such as Disclosure and Barring Service (DBS) checks, right to work and identification checks. DBS check includes a criminal record check which supports the providers to make safer recruitment decisions. New staff also had to undergo an interview and an induction programme.

Systems and processes to safeguard people from the risk of abuse
● The provider had ensured that appropriate safeguarding referrals had been made. Records of any safeguarding referrals and what steps had been taken to help ensure people were safe were clear and easy to understand.
● Staff had received training on and were knowledgeable about safeguarding adults who may at risk of abuse. They knew what action they would take if they thought a person was at risk of abuse.

Learning lessons when things go wrong

● Accidents and incidents were recorded and reviewed.
● The provider reviewed incidents and accidents identifying any lessons learned to improve the service. For example, they reviewed how they recorded people's risks around falls to provide more information for staff.

Inadequate

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 the last inspection this key question was rated as inadequate. At this inspection this key question has remained the same. Although the provider had made improvements, many were recent and they needed to be embedded and sustained to achieve an improved rating.

Continuous learning and improving

At the last inspection, the provider was found to be in breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was because systems in place to monitor the quality and safety of the service were not effective.

At this inspection, we found that sufficient improvements had not been made and the provider was still in breach of regulation 17.

● Although the provider had a range of new audits, they could not always be assured that some scheduled calls were being met at the agreed time.
● We saw that some calls were changed at short notice. Staff told us that, "We are quite crammed with our calls and we have some extras…sometimes we have no time to get them done and sometimes we have to leave early. We have told the office, but they have not changed anything with our calls."
● Despite recent improvements, there were still failings within the service and several repeated breaches of regulation identified, such as those relating to risk management, medicines management and staffing.

The concerns highlighted during this inspection were not systemic across the service as they had been previously. The provider was aware of the concerns highlighted and was taking action following our inspection to address them. Although not widespread, these concerns are related to the breaches of regulation at our previous inspection. This meant that although there had been improvements to the quality and safety of the service being provided; the service remained in breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (regulated Activities) Regulations 2014.

● The provider had made improvements in oversight of the service since the last inspection, which had led to improvements in the quality and safety of the service being provided.
● Audits identified areas of improvement and resulted in changes being made that helped ensure the service was starting to deliver a better quality of service and met people's needs. Examples include, care plan, risk assessment and medication competency audits. These were all recently implemented audits and showed that some improvements had been made since the last inspection, although further improvements were still required.

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

regulatory requirements; Working in partnership with others

● The Commission had been informed of reportable incidents and events providers are required to inform us about. Updated policies and procedures were in place to help guide staff in their roles.

● The service improvement plan addressed high-level development needs and the day to day quality and safety improvements directly affecting people's care. For example, issues around care and medicines documentation or recording systems. These were being addressed with timescales identified of what needed to be done and by when to achieve it to ensure good outcomes for people.

● The provider has been working in partnership with other agencies to help improve the service. On inspection we saw the provider had worked with the local authority to achieve improvements within the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● The culture of the service had improved since our previous inspection.

● People and relatives told us that they felt the service had improved and they felt safe. One person said, "I absolutely feel safe" and a relative told us, "We are more than satisfied. Hand on heart."

● Staff consulted with people, sought their feedback and shared any concerns. We saw that staff responded to and supported people with outcomes that were important to them. For example, one person told us, "They go above and beyond. We've even had carers pick up shopping."

● Staff told us that there had been improvements since the last inspection. Most the staff described the office team as approachable and fair.

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 was open and candid and aware of their responsibilities in this area and a policy was in place to support this.

● Records showed that people's family members were informed if any incidents occurred.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Risks to people were not always safely assessed and mitigated to maintain people's safety. The provider could not always be assured that people were receiving their medication in a timely manner.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Systems in place to monitor the quality and safety of the service were not always effective.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider could not be assured that staff were attending calls for the agreed times.