

Independent Community Care Management Limited

ICCM Ltd - Telford

Inspection report

Grosvenor House
Hollinswood Road, Central Park
Telford
Shropshire
TF2 9TW

Tel: 01952230006

Website: www.iccmcares.co.uk

Date of inspection visit:

15 May 2023

16 May 2023

26 May 2023

Date of publication:

04 July 2023

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?	Requires Improvement 

Summary of findings

Overall summary

About the service

ICCM Limited provides personal and nursing care within people's own houses and flats. At the time of our inspection 32 people, were using the service. This number included children. Not everyone who used the service received personal care. CQC only inspects where people receive personal and nursing 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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

The service was able to demonstrate how they were meeting underpinning principles of "Right Support, Right Care, Right Culture.

Right support: Staff supported people to have the maximum possible choice, control and independence to be independent where possible. People were supported by staff to pursue their interests.

Right care: Staff promoted equality and diversity in their support for people. They understood people's cultural needs and provided culturally appropriate care. People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Right culture: People received good quality care, support and treatment because trained staff and specialists could meet their needs and wishes. People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received compassionate and empowering care that was tailored to their needs.

The provider's governance was not entirely effective to identify when calls to 1 person had been missed. Or that 1 staff member had not received relevant training relating to a person's health condition.

People were protected from the risk of potential abuse because staff had skills to recognise abuse and to safeguard them from this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

People were cared for by staff who received regular supervision sessions. The provider's recruitment procedure ensured staff were suitable to work within people's homes.

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

Why we inspected

This service was registered with us on 13 July 2021, and this is the first inspection.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement 

ICCM Ltd - Telford

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

The inspection was carried out by 1 inspector, 1 specialist advisor 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 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. Inspection activity started on 15 May 2023 and ended 26 May 2023. We visited the location's office on 26 May 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider Information Return (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 used all this information to plan our inspection.

During the inspection we spoke with 2 people who used the service and 10 relatives. We also spoke with 1 care staff, 4 nurses, the registered manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We looked at the care records for 6 people. We checked the care people received matched the information in their records. We looked at 4 staff files with regards to staff recruitment. We looked at records relating to the management of the service, including audits carried out within the service.

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

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse.
- People told us they felt safe whilst receiving care and support. One person said, "The staff are always talking to me, and they are kind, and they are all well trained. That makes me feel safe."
- Staff told us they had received safeguarding training and the records we looked at confirmed this. Access to this training ensured they were provided with the necessary skills to safeguard people from the risk of potential abuse.
- We observed an 'Event Management Form,' which was completed regarding safeguarding referrals made, and provided information about action taken to safeguard the individual.

Assessing risk, safety monitoring and management

- People or their relatives were involved in managing risks and in making decisions about how to keep safe.
- Staff had access to detailed risk assessments to keep people safe and to promote their independence.
- Risk assessments were in place for the safe use of medical equipment, the environment, and other areas of potential concern.
- Personal emergency evacuation plans, provided relevant information about the support the person would require to leave their home in an emergency. The Herbert protocol was in place for a person who often went missing. This protocol is a simple risk reduction tool to be used in the event of an adult with care and support needs going missing.

Staffing and recruitment

- Staff recruitment and induction training processes promoted safety, including those for agency staff.
- People were involved in staff recruitment. One relative told us, "I was actively involved in staff recruitment to ensure staff are suitable to meet my child's needs. It was important to feel comfortable that they would be suitable for my child and the rest of the family."
- People told us staff arrived on time and always stayed their allocated time. The provider had a 'Rapid Response' team, who covered calls in an emergency. For example, holidays and sick leave. This team included highly qualified staff who had the skills to meet people specific health care needs. The team also included qualified nurses.
- People were cared for by sufficient numbers of staff to meet their assessed needs. People were assured staff were suitable to work with them. Appropriate recruitment safety checks were carried out. These included references and a Disclosure and Barring Service (DBS) check. DBS checks provide information

including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People were supported by skilled staff to take their prescribed medicines.
- Due to some people's health condition, they were unable to take their prescribed medicines orally. Staff were trained to administer medicine via percutaneous endoscopic gastrostomy (PEG). This is a procedure in which a flexible feeding tube is placed through the abdominal wall and into the stomach. PEG allows nutrition, fluids and/or medications to be put directly into the stomach, bypassing the mouth and esophagus.
- Staff competency in administering medicines via PEG was assessed and monitored by a qualified nurse.
- People told us they received their medicines as prescribed. Staff had access to information about people's prescribed medicines which was contained in the care plan. Written protocols were in place for the safe use of 'when required' medicines. These are medicines that are administered only when needed. For example, for the treatment of pain.

Preventing and controlling infection

- People were protected from the risk of avoidable infections.
- Staff told us they had access to essential personal protective equipment (PPE). People told us staff always wore PPE and frequently washed their hands in between tasks. One person told us, "I have no concerns about staff's hygiene standards."
- Staff told us they had received infection prevention and control training and the records we looked at confirmed this. Access to this training should ensure staff had the skills to avoid the spread of infections.
- The provider had an infection prevention and control (IPC) lead in place. An IPC lead is the person responsible for control of cross-contamination and infection.

Learning lessons when things go wrong

- The service managed incidents affecting people's safety well.
- During the course of the inspection, 1 person raised concerns with us which, we shared with the registered manager. At our site visit we found the registered manager had taken prompt action to investigate the concerns and to put measures in place to avoid a 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

- Care plans reflected a good understanding of people's needs, including relevant assessments of people's complex medical needs and specialist equipment in use.
- People told us prior to receiving a service a detailed assessment was carried out to find out what support was required.
- Information obtained during the assessment process, including discussions with the person, their relatives and other healthcare professionals enabled the provider to develop a detailed care plan.

Staff support: induction, training, skills and experience

- People were supported by staff who had received an induction and training.
- New staff were provided with a shadow shift training plan that was adapted to the specific needs of the person using the service.
- Staff received supervision where their work performance, training needs, strength and weakness were discussed. Some supervision sessions were themed. For examples, topics relating to the Mental Capacity Act, safeguarding, restricted practices etc.
- Staff were provided with training with regards to people specific healthcare needs. For example, how to support people with their tracheostomy, ventilator, and other specialist medical equipment. One relative told us they had requested staff who had childcare experience to care for their child and this was provided.
- Staff had received the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. The nominated individual told us due to the nature of the complexity of care, staff undertake additional clinical modules. Staff competence assessments were carried out to identify staff skills in various areas. This enabled the provider to identify what staff were suitable to work with individuals with specific health conditions. This also showed when further training was required to maintain competence.

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

- People received support to eat and drink enough to maintain a balanced diet.
- One person told us, "The staff prepare my meals, and I can feed myself. I always choose what I want."
- Some people required nutrition via percutaneous endoscopic gastrostomy (PEG) and staff had received the relevant training to support people with their PEG.
- Where necessary people were supported to access a dietician, or a speech and language therapist and this

information was identified in people's care plans.

Staff working with other agencies to provide consistent, effective, timely care

- The provider worked closely with other healthcare agencies to ensure people received a seamless service. These included GPs, dieticians, speech and language therapists, specialist nurses amongst others.
- Discussions with a parent confirmed staff worked closely with their child's paediatric nurse.

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

- The service ensured that people were provided with joined-up support so they could travel, access health centres, education and social events.
- One person was supported by staff to access day care services; another person told us staff supported them to attend medical appointments.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- The registered manager and the staff we spoke with had a good understanding of the Mental Capacity Act.
- At the time of our inspection visit the registered manager told us no one had a Court of Protection order in place. Where children had a guardianship order, a copy of this was in place.
- People told us staff always asked for their consent before carrying out any tasks. One relative told us, "[Person's name] is unable to speak but staff always explain to them what they are going to do."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People received kind and compassionate care from staff.
- A relative told us, "The staff are passionate about their work." Another relative said, "[Staff's name] is fantastic, they go above and beyond. They know how to use all the medical equipment; they are always on time and never in a rush to leave.
- A different person told us "I feel equality and diversity is included in the care planning. Another relative said, "[Person's name] is very comfortable with staff.
- A relative told us, "This is the first company we are happy with, the carers are passionate, and they have good training. [Person's name] care needs are complex, emotional, and physical and staff have a good bond with them. The management are very supportive to the whole family. I would highly recommend ICCM to other families."
- One relative told us their relative "Gets the best care." They said, "[Person's name] is cared for in bed, they have no pressure sores, their skin is perfect and that's how I know they are doing a good job."

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

- People felt listened to and valued by staff.
- People told us they are actively involved in making decisions about their care. "One person told us, "I am involved in all aspects of my care and direct the staff."
- A parent of a child said, "I am involved in my child's care."

Respecting and promoting people's privacy, dignity and independence

- People could be confident their rights to privacy and dignity would be respected by staff.
- People who use the service and relatives told us staff always respected their right to privacy, dignity and promoted their independence.
- A staff member who supports a child told us how they encouraged them to switch off their medical device when needed and to attend to their own personal care needs in a private area. The child's mother was very complimentary about the staff members approach in encouraging their child to be independent and live a full and active life.
- A person who used the service told us, "Staff support me to be as independent as possible."

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

- Support focused on people's quality of life outcomes and people's outcomes were regularly monitored and adapted as a person went through their life.
- People who used the service, relatives and parents of children told us, care and support needs were frequently reviewed and adapted where needed to ensure they received a safe and effective service.
- The registered manager frequently discussed the service delivery with people to obtain their views and opinions and to ensure they were able to have full control of their life's.

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.

- Staff ensured people had access to information in formats they could understand.
- The registered manager had a good understanding of the Accessible Information Standards.
- Some people who use the service were unable to use verbal communication. However, staff told us they understood people's body language and facial expressions. One person communicated by writing or by using their electronic tablet. One relative told us, "Some staff will go out of their way to understand and communicate with [Person's name]" A staff member told us about a child who used the British Sign Language (BSL). They told us they were also able to communicate with the child by using BSL.

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 access leisure services within their local community.
- Staff worked closely with family and the parents of children in providing a service to meet the individual's needs. A number of people had been using the service for 10 years or more and had forged a good relationship with staff.
- One person told us staff supported their relative to attend day care services.
- Staff supported people to have a positive presence within their local community. For example, during the Corona virus pandemic, 1 person assisted in delivering food parcels to vulnerable people within their community. The same person was supported to access beauty parlours. Another staff member supported a child to get ready for school each morning.

- Staff were aware of people's cultural and religious needs and this information was also detailed in care plans.

Improving care quality in response to complaints or concerns

- People could be confident their complaints would be listened to, taken seriously and acted on.
- We observed complaints had been recorded and showed what action had been taken to resolve them.
- All the people we spoke with were aware of who to contact if they had any concerns. One person told us they had raised concerns about staff's professional conduct. Discussions with the registered manager identified they had taken the appropriate action to address the concerns.
- A relative told us, "I have not made any complaints; I have confidence with the manager, and they are keen to satisfy the client."

End of life care and support

- People were supported at the end of their life by skilled staff.
- At the time of our inspection 3 people were receiving end of life care. Care plans provided staff with detailed information regarding the care and support the individuals required to ensure their end of life was pain free and comfortable.
- The provider worked with other healthcare agencies to ensure the care provided at the end stage of people's lives was effective.
- End of life care planning was thorough and showed empathic understanding of people's wishes.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement.

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

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

- The provider's governance was not entirely effective. For example, monitoring systems had not identified 1 person's care calls had been missed for a week. We shared this information with the registered manager who carried out an investigation and took immediate action to avoid this happening again.
- Monitoring systems had also not identified 1 staff member had not completed essential training relating to a person's health condition. This placed the person and the staff member at risk. The registered manager told us training had been scheduled for this staff member in the very near future.
- There was a governance team in place who provided an overview of the quality of the service provided. The team were also responsible for reviewing the completion of assessments and to identify any shortfalls.
- The provider operated 'The voice of the Customer,' this was a set of questions to find out if people were happy with the service they received. This form was sent out every 4 months to people who used the service. Information obtained from this form was used to improve the service delivery where needed. This form also gave people the opportunity to make comments about the staff who supported them. Positive comments about a staff member led to them receiving a letter from the provider congratulating them on their work.
- People told us they routinely received welfare calls from the management team to find out if they were happy with the service they received.

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

- The registered manager worked hard to instil a culture of care in which staff truly valued and promoted people's individuality, protected their rights to enable them to live a fulfilled lifestyle.
- The registered manager provided a positive culture where people were encouraged to be involved in their 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 registered manager had a good understanding of the duty of candour and was able to tell us action they had taken when things had gone wrong.
- We shared concerns with the registered manager regarding shortfalls identified during the inspection. The registered manager was open and transparent in acknowledging systems and processes had failed and they

took immediate action to resolve them.

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

- People, and those important to them, worked with managers and staff to develop and improve the service.
- People who used the service, relatives and parents were actively involved in their care.
- People were actively involved in staff recruitment, giving them the opportunity to choose who they wish to care for them.

Continuous learning and improving care

- The provider had a clear vision for the direction of the service which demonstrated ambition and a desire for people to achieve the best outcomes possible.
- Care staff told us where people's care needs had changed, this information would be shared with the management team, who would swiftly reassess the person and adapt their care records.

Working in partnership with others

- The provider worked closely with other healthcare professionals and external agencies to ensure people received safe and effective care. Discussions with staff and the records we looked at identified people had access to various agencies to ensure their assessed needs were met. This joint working meant continuity of care for people using the service.