

Icube Dalpro Limited

# iCube Dalpro Limited T/A iCareservices Group

## Inspection report

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## Ratings

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

# Summary of findings

## Overall summary

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.

### About the service

The service provides care and support to two people living in a supported living setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at personal care and support. Support is primarily provided to people with learning disabilities and autistic people. People live in a shared house.

The service is also a domiciliary care agency providing personal care to one person in their own flat at the time of the inspection.

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

The service was able to demonstrate how they were meeting the underpinning principles of right support, right care, right culture.

#### Right Support

The staff supported people to have the maximum possible choice, control and independence and they had control over their own lives.

Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. People were supported by staff to pursue their interests.

Staff enabled people to access specialist health and social care support in the community.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

#### Right Care

Staff spoke respectfully about people and treated them with compassion. Staff respected people's privacy and dignity. They understood and responded to people's individual's needs.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it.

People who had individual ways of communicating, using body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their treatment/care and support because staff had the necessary skills to understand them.

People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life.

People could take part in activities and pursue interests that were tailored to them. The service gave people opportunities to try new activities that enhanced and enriched their lives.

Staff and people cooperated to assess risks people might face. Where appropriate, staff encouraged and enabled people to take positive risks.

#### 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. Staff knew and understood people well and were responsive, supporting their aspirations to live a quality life of their choosing.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

The service enabled people and those important to them to work with staff to develop the service. Staff valued and acted upon people's views.

Staff ensured risks of a closed culture were minimised so that people received support based on transparency, respect and inclusivity.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

This service was registered with us on 23 November 2020 and this is the first inspection.

#### Why we inspected

We undertook this inspection to assess that the service is applying the principles of Right support, right care and right culture.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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.

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## **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

Two inspectors carried out the inspection.

#### Service and service type

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 a short period notice of the inspection because some of the people using it could not consent to a home visit from an inspector. This meant that we had to arrange for a 'best interests' decision about this. We also needed to be sure that the registered manager would be in the office to support the inspection

Inspection activity started on 28 June 2022 and ended on 11 July 2022. We visited the office location on 4 July 2022.

#### What we did before 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 us some key

information about the service, what the service does well and improvements they plan to make.

This information helps support our inspections. We used all this information to plan our inspection.

During the inspection

Due to the specific needs of the people, we were unable to visit them in their home. As people were unable to talk to us, we had phone contact with two relatives for feedback about the care their family members received.

We spoke with the registered manager, the deputy manager and one member of staff.

We reviewed a range of records. This included three people's care records and three medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one professional who regularly visits 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 for 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. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it. Staff told us, "I know how to report any concerns and I know I need to protect the people I am working with and make sure they are not at any risk of abuse. I know who I would go to and how to report any concerns."

Assessing risk, safety monitoring and management

- People, including those unable to make decisions for themselves, had as much freedom, choice and control over their lives as possible because staff managed risks to minimise restrictions. We saw evidence that restrictive practice had been reviewed, including details of the risk, restrictions and safeguarding applied. The decision-making process involved meeting with relatives and other professionals.
- People's care records helped them get the support they needed. Staff kept accurate, complete, legible and up-to-date records, and stored them securely. The registered manager told us, "I work closely with families and other health professionals when reviewing their care plans".
- Staff could recognise signs when people experienced emotional distress and knew how to support them to minimise the need to restrict their freedom to keep them safe. For example, staff told us they know what to say and how to manage a person's behaviour when they became anxious. The service provided a person with a trampoline as this helped with his anxiety levels.

Staffing and recruitment

- The service had enough staff, including for one-to-one support for people to take part in activities. One relative told us, "There's a good number of staff and they always have cover if someone calls in sick. The manager will often pick up shifts if he needs to."
- The numbers and skills of staff matched the needs of people using the service.
- Staff recruitment and induction training processes promoted safety. Managers told us, "We ensure all staff carry out their induction and continue to shadow until they are confident. Staff confirmed the induction had been extensive and offered an opportunity for shadowing which prepared them for their job."
- People's records contained a profile with essential health information, communication used, likes and dislikes to ensure new or temporary staff could see quickly how best to support them.

Using medicines safely

- The service ensured people's behaviour was not controlled by excessive and inappropriate use of medicines. Staff understood and implemented the principles of STOMP (stopping over-medication of people with a learning disability, autism or both) which was included in their training.
- Staff followed effective processes to assess and provide the support people needed to take their medicines

safely. This included where there were difficulties in communicating.

- People were supported by staff who followed systems and processes to prescribe, administer and record medicines safely. Staff did not support people with medicines until they had completed the required training; medication competency assessments were seen on staff files.
- Staff reviewed each person's medicines regularly to monitor the effects on their health and wellbeing and liaised regularly with health professionals. The manager told us, "I regularly discuss medication with the persons GP or psychiatrist."

#### Preventing and controlling infection

- The service used effective infection, prevention and control measures to keep people safe, and staff supported people to follow them. A relative told us, "Staff are always wearing PPE whenever I see them."
- Staff told us they had enough PPE available and what they were required to wear.
- Staff supported people to make their own decisions during the COVID-19 pandemic. There was a positive focus on informing people about risk, while enabling them to make their own decisions.

#### Learning lessons when things go wrong

- People received safe care because staff learned from incidents.
- The service managed incidents affecting people's safety well. Staff recognised incidents and reported them appropriately and managers investigated incidents and shared lessons learned. Staff told us "I know how to report an incident." The manager told us, "I speak to my staff during team meetings and supervisions and discuss any issues or incidents to share information with them."
- We reviewed one incident and saw it had been recorded with action taken and information shared with another organisation where error had occurred.



# 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

- Staff completed functional assessments for people who needed them and took the time to understand people's behaviours. Potential behaviours were described in the plan with guidance for staff on how to manage and record them.
- People had care and support plans that were personalised and reflected a good understanding of people's needs. Likes, dislikes and interests were listed and there was detailed guidance for staff on how to manage behaviours and health conditions such as epilepsy as well as detailed instructions on how to provide support with different aspects of daily living such as personal care and eating.
- People, those important to them and staff reviewed plans regularly together. A relative told us, "I speak to the manager all the time and we update the support plan accordingly."
- Staff ensured people had up-to-date care and support assessments, including medical, psychological, functional, communication, preferences and skills. Care plans and risk assessments were reviewed regularly. For example, the staff identified changes in a person's behaviour and the person was now receiving input from a behaviour therapist.

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant and good quality training in evidence-based practice. This included training in the wide range of strengths and impairments people with a learning disability and or autistic people may have, mental health needs, communication tools, positive behaviour support and all restrictive interventions. A relative told us, "I think staff have all the skills and training they need".
- Staff were knowledgeable about and committed to deploying techniques that promoted the reduction in restrictive practice. A relative told us, "Our family member is non-verbal and has very complex needs and both the staff and the manager do everything they can to calm them down. They are really supportive and are always willing to try different things to help."
- Staff received support in the form of continual supervision, appraisal and recognition of good practice. A member of staff told us, "my manager is very supportive and supervises me regularly. The manager also carries out spot checks."
- Staff could describe how their training and personal development related to the people they supported. A member of staff told us they had recently completed Prevention and management of violence and aggression training to ensure they were using the correct techniques to support the people they supported.

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

- People with complex needs received support to eat and drink in a way that met their personal preferences.

- People received support to eat and drink enough to maintain a balanced diet. A detailed nutrition and hydration care plan were seen in people's support plan.
- Staff tried to involve people in choosing their food and planning their meals. This was done weekly and there were picture cards to help people choose. A relative told us, "We plan the meals together with staff. My [relative] has access to snacks throughout the day and can make their own coffee."

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

- People had health action plans/ health passports which were used by health and social care professionals to support them in the way they needed
- The service worked closely with health and social care professionals to help support people to maintain their health and wellbeing. This included making referrals to healthcare professionals to ensure people had support for their anxiety.
- Staff had practical information to support people with their healthcare needs. Care plans contained prompts and guidance for staff on action to take, should a person become unwell.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Where a person lacked capacity, a meeting had been held to ensure decisions were made in their best interests. This included discussions around whether the person could safely leave the house on their own.
- Staff knew about people's capacity to make decisions through verbal or non-verbal means and this was well documented. Care plans listed in which specific areas of support decisions had been made for a person. This was in line with best practice as it advised staff that a person had capacity to make decisions in other areas.
- Care plans highlighted the role staff had in supporting people to manage risk. A person's care plan stated, "I do not have awareness of risk and require support to ensure I carry out day to day activities out safely."

# 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 who used positive, respectful language which people understood and responded well to.
- Staff were patient and used appropriate styles of interaction with people. A relative told us, "The staff here are very patient. They put in 100% effort every day and they are extremely caring and supportive."
- Staff were calm, focussed and attentive to people's emotions and support needs such as sensory sensitivities. A relative told us, "They know how to manage my [relatives] emotional needs and what to do when he is upset or anxious."
- Feedback from relatives and people was positive about how caring staff were. A relative told us, "Staff are consistent and know how to care for my [relative]. The manager is very caring and very attentive."

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

- People felt listened to and valued by staff. A relative told us, "My [relative] enjoys being out in the community and the staff make it happen. They take them out regularly and they love being out."
- Staff took the time to understand people's individual communication styles and develop a rapport with them. A relative told us, "My [relative] uses Makaton and I asked staff to start using this for communication. All staff understand how my [relative] likes to communicate and they take time to try and understand [relative]."
- People were enabled to make choices for themselves and staff ensured they had the information they needed. Photos and gestures were used by staff to help people make choices. For example, a social story book was created for outings to help people understand what the activity involved.
- People, and those important to them, took part in making decisions and planning of their care and risk assessments. A relative told us, "I feel at ease with my [relative]. I don't have to visit very often because I know I can trust the service. We work together when making decisions and planning their care and activities."
- Staff supported people to maintain links with those that are important to them. The manager told us, "We work very closely with the families. They are an important part of our service. I ensure they are involved with all decision making and I speak to them regularly."

Respecting and promoting people's privacy, dignity and independence

- People had the opportunity to develop and gain independence. The manager told us, "[Person] used to only go out to the park and now he goes out in the car and the staff also take him swimming and shopping."
- The service had ensured people's confidentiality was always respected. Records were kept securely. Each staff member had their own login details to any information stored electronically.

- Feedback from relatives was positive about how caring staff were. A relative told us, "Staff know my [relative] really well as a person and know how they react to things."

# 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

- Staff provided people with personalised, proactive and co-ordinated support in line with their communication plans, sensory assessment and support plans. People's care plans contained in depth information about their needs, including an introduction for new staff with essential information relating to health, communication, likes and dislikes.
- People were supported by a staff team who knew them well and how they like to be supported. A relative told us, "The same staff regularly support [relative]. They are always consistent, and this is important for my [relative] and it allows staff to have a good understanding of their support needs."
- 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. A relative told us, "They bought [relative] a trampoline and gym ball to help with his anxiety."

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 had individual communication plans/ passports that detailed effective and preferred methods of communication, including the approach to use for different situations.
- Staff had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something. A relative told us, "they are able to communicate with [relative] in various ways". For example, staff explained how a person uses a sign when he wants a biscuit, and this has been documented in the care plan.
- There were visual structures, including photographs, use of gestures which helped people know what was likely to happen during the day and who would be supporting them. Files included activity planners in picture format. We saw a pictorial social story of a person going to a takeaway restaurant.

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 participate in their chosen social and leisure interests on a regular basis. We saw pictures which highlighted the people taking part in activities of their choice. A relative told us, "Staff take [relative] out regularly."
- Staff were committed to encouraging people to explore new social, leisure and recreational interests. The

manager told us, "One person hadn't been out for nearly a year during the pandemic and since then we have been arranging personalised activities depending on what the person likes or engages well with".

- People were supported by staff to try new things and to develop their skills. A relative told us, "[Relative] often visits a social club and a trampoline park which they really enjoy".

#### Improving care quality in response to complaints or concerns

- People, and those important to them, could raise concerns and complaints easily and staff supported them to do so. The complaints procedure was available in easy-read format. Families confirmed they were aware of the procedure, "If I needed to, but I've never had to raise a complaint."

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole team and the wider service. We found examples where people had complained informally to the manager and what action had been taken to resolve the complaint.

- There was a process for complaints to be logged on the system and the manager audits these on a monthly basis.

#### End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.

- There was limited information in the care plans we reviewed relating to people's end of life wishes.

We recommend the provider seeks advice and guidance from a reputable source, about supporting people to express their views and involving them in decisions about their end of life care.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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 and enabled them to develop and flourish.
- Management were visible in the service, approachable and took a genuine interest in what people, staff, family, advocates and other professionals had to say. A member of staff said, "I am always supported by my manager. They always listen and is very approachable." Families said the service was open to suggestions. A relative told us, "The manager is amazing and tries really hard. I can't fault them for their efforts. They are very enthusiastic, down to earth and passionate about their job."
- Managers worked directly with people and led by example. Staff told us, "My manager used to be a carer so knows the job really well. They are always here to help us if we need the support."
- Staff felt able to raise concerns with managers without fear of what might happen as a result. Staff told us they were aware of the whistle-blowing procedures but had not needed to escalate issues; one said, "If I ever do have any concerns, we just work through them. The manager always listens."

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

- The registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs/ oversight of the services they managed. There was an effective quality audit system including a medication audit which correlated to medication records.
- Governance processes were effective and helped to hold staff to account, keep people safe, protect people's rights and provide good quality care and support. There was a clear team structure in the home with the deputy and lead support workers assigned an area of responsibility such as supervisions.
- Staff were committed to reviewing people's care and support on an ongoing basis as people's needs and wishes changed over time. The manager had regular contact with health professionals and updated support plans accordingly.
- The provider invested in staff by providing them with quality training to meet the needs of all individuals using the service. In addition to the mandatory training, there was service specific training to meet the needs of those in the home which included positive behaviour support.

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.

One relative told us, "I've got a very good relationship with the manager". One said "I always share suggestions with the manager, and they listen. We work really well together, and this puts me at ease knowing I am being listened to."

- The provider sought feedback from people and those important to them and used the feedback to develop the service. Annual surveys were sent to families and whilst not all could remember being asked for feedback, the high level of ongoing communication suggested families felt a more formal approach was unnecessary.
- Staff meetings were held monthly. We reviewed minutes and saw they included updates about each person as well as reminders about health and safety, training etc and updates on recruitment. Staff told us, "We all get on really well here. We have regular team meetings where managers keep us informed of any changes."

Continuous learning and improving care; Working in partnership with others

- The registered manager had a passion for sharing learning across the management team and service. Team meetings were used to share good practice and encourage staff to speak up about their concern.
- The provider kept up to date with national policy to inform improvements to the service. The manager received weekly CQC newsletters and shared details with staff.
- The provider invested sufficiently in the service, embracing change and delivering improvements. One health professional told us 'They are a very proactive service and respond to any recommendations very quickly. The manager is always willing to listen and meets with his team regularly. We are overall very happy with the service they are providing.
- 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.
- The service worked well in partnership with health and social care organisations. We saw referrals made to other services. For example, a psychiatrist referral was recently made to review a person's PRN medication.