

I & S Care

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## Inspection report

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### Ratings

Overall rating for this service

Good ●

Is the service safe?

**Requires Improvement**



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

This inspection took place on 16 and 23 January 2018 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be in.

I and S Care is a small domiciliary care agency, providing personal care and support to people in their own homes around the Essex area. At the time of our inspection the service was supporting 14 people.

At our last inspection in September 2016 we found the service to be in breach of Regulations 12, 17 & 19 of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. This was because the service failed to have systems in place to ensure the safe management of medicines and safe recruitment of staff. The registered manager did not have systems to monitor gaps in staff training. All breaches in regulation had been met at this inspection.

The service has a registered manager. 'A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

The service was not consistently safe. Medication practice required improvement to ensure that people received their medicines as prescribed. The service had a quality assurance system in place and except for one minor error in regards to medication management which was addressed at the time of inspection, was being effectively operated. The service had sufficient numbers of staff met people's needs.

The service was effective. People were cared for and supported by staff who had received training to meet their needs. The registered manager had a good understanding of their responsibilities in relation to the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards. Staff supported people to eat and drink enough to ensure they maintained a balanced diet. Referrals to health and social care services were made when required.

The service was caring. Staff cared for people in an empathetic and kind manner. Staff had a good understanding of people's preferences. Staff always worked hard to promote people's independence through encouraging and supporting people to make informed decisions.

The service was responsive. People and their relatives were involved in the planning and review of their care. The service reviewed care plans on a regular basis and when there was a change in care needs. Staff supported people to follow their interests and participate in social activities. The service responded to complaints received in a timely manner.

## 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 consistently safe.

People were still not always protected against the risks associated with medicines because the Registered Manager had not embedded appropriate systems in place to manage and monitor medicines safely.

People who used the service felt safe. Staff knew what to do if they were concerned about people's safety and welfare.

The recruitment process was robust which helped make sure staff were safe to work with vulnerable people.

### Is the service effective?

**Good** ●

The service was effective.

Staff received an induction when they commenced employment with the service and attended various training courses to support them to deliver care safely and fulfil their role.

Staff supported to meet their needs and their nutritional requirements were being met.

People had access to healthcare professionals as and when needed to meet their needs.

### Is the service caring?

**Good** ●

The service was caring.

### Is the service responsive?

**Good** ●

The service was responsive.

### Is the service well-led?

**Good** ●

The service was well-led.

The registered manager was still in the process of implementing quality assurance system. .

Staff felt valued and were provided with the support and guidance to provide a high standard of care and support.

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# I & S Care

## Detailed findings

### Background to this inspection

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

Inspection site visit activity started on 16 January 2018 and ended on 23 January 2018 and was carried out by one inspector. It included checking the service progress since the last inspection. We visited the office location on 16 and 23 January 2018 to see the manager and office staff; and to review care records and policies and procedures. As part of the inspection, we carried out home visits to people's homes to speak to them and ensure that information kept in people's homes was reflective of the records stored in the office. We also spoke to Skill for Care who we had been made aware of supporting the service to make the necessary improvements since the last inspection.

We looked at notifications received by the Care Quality Commission (CQC). A notification is information about important events which the service is required to send us by law. We also looked at safeguarding concerns reported to CQC. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect. Incidents had been raised to CQC, Local Authority or the police since our last inspection.

The provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with two people who used the service, three of their relatives, five staff and the registered manager. We looked at records in relation to six people's care, staff recruitment, supervision records and the systems in place for monitoring the quality of the service.

# Is the service safe?

## Our findings

At the inspection in September 2016, we identified Medication Administration Records (MARS) were not always completed correctly. We found unexplained gaps on the MARS, which indicated that people might not have always been receiving their medicines when they should have done and could result in people being seriously unwell. In response, the provider sent us an action plan describing how they planned to address and monitor improvements in this area.

At this inspection, we found that some improvements had been made and a monthly audit system had been implemented with the support of Skills for Care; however, the service was still to fully implement the system. We found gaps on one person's MAR chart. On further investigation, we were informed by staff and the registered manager that the omission had occurred when the person went into hospital for a period of time and on their return staff had recorded on the wrong days. We found people's medication to be stored safely in each of the individuals homes we visited, were required the service had obtained lockable safes to store controlled medication and the service had a procedure in place for the safe disposal of medication.

The registered manager said the service was continuously working to ensure all staff would report any omissions in recording and all documentation was clear and accurate. Although this was only an administration error and there was no impact to the person, the manager added that they would be reviewing all MAR charts when returned to the office at the end of each month. In light of our findings they would also be speaking to all staff that worked during that period to ensure they all had a clear understanding of the importance of reporting any omissions/gaps in recordings. Staff involved in the administration of medication had received appropriate training and competency checks had been completed in order for them to safely support people with their medications. People we spoke to informed us that they were confident with how the service managed and supported them with all of their medication.

Staff knew how to keep people safe and protect them from harm. Staff were able to identify how people may be at risk of different types of harm or abuse and what they could do to protect them. The service had a policy for staff to follow on 'whistle blowing' and staff knew they could contact outside authorities, such as the Care Quality Commission (CQC) and social services. Staff were certain that their concerns would be taken very seriously by their managers. One member of staff said, "We have received training on how to keep people safe. During our training we were informed how to raise a concern and who to contact if we think abuse has occurred." The registered manager had a good understanding of their responsibility to safeguard people and dealt with safeguarding concerns appropriately. The provider's policies and procedures were in line with local procedures and they worked closely with the local safeguarding team.

Staff had the information they needed to support people safely. Support plans and risk assessments had been recently reviewed in order to document current knowledge of the person, current risks and practical approaches to keep people safe when they made choices involving risk. For example, a risk assessment was in place for one person, in relation to their environment which detailed how staff would ensure the safety of person when assisting them to transfer with a hoist. There were robust systems in place to reduce the risk of people being harmed, while at the same time ensuring that people were supported to lead full and

satisfying lives. Any potential risks to each person had been assessed and recorded and guidelines put in place so that the risks were minimised with as little restriction as possible to the person's activities and independence.

People told us that care call times vary from time to time, on some days staff will be on time however some days mainly at the weekend and bank holidays or when there has been bad weather staff can be late. People informed us that someone from the office would always call to let them know of the delay.

Staffing rotas showed us there were sufficient staff on each day to meet people's assessed needs. The registered manager informed us that staffing levels were based on the Local Authority's funding arrangements for each person. However, the registered manager and staff informed us that should people's needs change they could deploy additional staff to meet the needs whilst waiting for a new assessment from the Local Authority. People's care records we looked at confirmed this.

An effective system was in place for safe staff recruitment. This recruitment procedure included processing applications and conducting employment interviews. Relevant checks were carried out before a new member of staff started working at the service. These included obtaining references, ensuring that the applicant provided proof of their identity, and undertaking a criminal record check with the Disclosure and Barring Service (DBS).

# Is the service effective?

## Our findings

At this inspection, we found staff had the same level of skills, experience and support to enable them to effectively meet people's needs. People continued to have freedom of choice and were supported, with their health and dietary needs if this was needed.

People and their relatives told us that they found staff to have a good knowledge of their needs, which meant they received good quality care. One person told us, "The management team and the staff look after me very well and seem to have got to know my needs very well." A relative added, "Staff are well trained and have a good knowledge of how to care for people in the service."

Staff we spoke with confirmed that they had completed an induction and that it had included opportunities where they shadowed a more experienced member of staff. This was so that they could learn how to support people effectively and understand the specific care needs of people using the service.

People were cared for by well-trained staff. Staff records showed us that they had received a wide range of training appropriate to their role. One staff member said, "The training is good we cover a range of interesting subjects that helps me to do my work." Another said, "Most of the training is in-house such as moving and handling, first aid and fire safety." Some staff told us they had completed a national qualification this being National Vocational Qualification in Care and other staff held professional qualifications as nurses and social workers.

Staff felt supported by team meetings, formal and informal supervision and they had a structured opportunity to discuss their practice and development. One staff member informed, "The manager makes the team feel welcomed, we can ask them anything and they will always support us and involve us in decision making." During the inspection, the registered manager informed that they were currently in the process of reviewing and planning staff's annual appraisals for the next year, we found that appraisals had been completed in the past 12 months.

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.

One member of staff told us, "Some of the people we support are not able to make a decision about their safety, so we support them to make decisions and ensure their safety all of the time in line with the MCA guidelines." Where people had been assessed as, lacking mental capacity to make an informed decision the service had care plans and risk assessments in place to manage the risk ensuring that people's wishes and feelings were being respected.

People said they were supported to have enough food and choice about what they liked to eat. One relative



told us, "Every week I go through the shopping list with staff to ensure that I and my relative have enough food in the freezer as I am not always able to go out to do our shopping." Staff added that during each call they ensure they leave people with food and fluid of their choice, and monitor and record how much each person has eaten, and drank.

People's healthcare needs were monitored and supported through the involvement of a range of relevant professionals such as General Practitioner (GP) and nurse specialists. We found that people received appropriate healthcare support to meet their diverse needs. People and most relatives were happy with the level of healthcare support provided and told us that they were kept informed about people's health and wellbeing. Information we reviewed showed us that the service always contacted healthcare professionals when there was a change in people's needs. For example in one person's care record we saw that the service had contact a community nurse when the person had reported feeling general unwell.

## Is the service caring?

### Our findings

At this inspection, we found people were as happy using the service as they had been during our previous inspection. The rating continues to be Good.

People told us they received a good service from kind and caring staff. One person told us that the staff are always very positive and always seemed have the person's interests to heart. The person also said they found most of the care staff to be respectful and care for them in a dignified way.

The service had a very strong, person-centred culture that was acknowledged by everyone we spoke with. Care plans were personalised to each individual's needs. The service worked closely with all professionals and relatives to undertake specific ways of providing care for all the people using the service and this was recorded in the care plans.

Staff knew people well, their preferences for care and their personal histories. People and their relatives were aware of their support plans and had review meetings with the management team to identify any needs or wants they may have, along with their overall well-being. A relative told us, "The manager is very approachable and always communicates with us when there is a change in our relative's needs and we do so as well." This confirmed that relatives and people had good communication with the manager.

People were supported and encouraged to maintain relationships with their friends and family this included supporting trips into the community to do their own shopping. One person informed us, "At least once or twice a month staff will take me into the high street so I can do some shopping and then bring me back home and help me unpack my shopping."

People confirmed that they were involved in their care and support and participated in care planning reviews. The registered manager informed us that where people did not have support from friends or relatives they would request advocacy services to support them. An advocate is someone who supports a person to have an independent voice and enables the person to express their views when they are unable to do so for themselves.

## Is the service responsive?

### Our findings

At this inspection, we found people were as happy using the service as they had been during our previous inspection. The rating continues to be Good.

People's care and support needs were well understood by the staff, relatives and people receiving support. This was reflected in detailed support plans and individual risk assessments and in the attitude and care of people by staff. Staff encouraged choice, autonomy and control for people in relation to their individual preferences about their lives, including friendships with each other and interests.

The registered manager held conversations with other health professionals, the person and relatives to plan and discuss people's care before the service commenced. This ensured the service could meet the needs of the person. Staff regularly communicated with people and their relatives to ensure the information held in the care plans was accurate and correct and also as a tool to make improvements to people's care plans. Support plans were reviewed and changed as staff learnt more about each person. Staff used a range of means to involve people in planning their care, such as trying different ways of delivering care such as watching people's responses to their care.

Relevant incidents were recorded and monitored. It was clear people's support was provided flexibly based on their changing needs. Each person's care plan included information on how to respond to situations, moods, specific behaviours, and any changes were communicated with the person and social services. Care plans were regularly reviewed as and when required.

People were involved as much as possible in reviews of their care. Communication with the service was said to be good. Relatives told us they were always kept appropriately informed and attended review meetings. Staff were able to identify and represent people's views from their knowledge of their communication methods.

The service had policies and procedures in place for receiving and dealing with complaints and concerns received. The information described what action the service would take to investigate and respond to complaints and concerns raised. Staff, people and relatives knew about the complaints procedure and that if anyone complained to them they would try to either deal with it or notify the manager.

## Is the service well-led?

### Our findings

At our inspection in September 2016, we found the service had not established effective systems and process, which assessed, monitored or mitigated risk to people using the service. We found that sufficient improvements had been made since our last inspection.

The registered manager was actively looking for ways in which to improve the service. Bar one error during our inspection, which was addressed immediately, the service now had an effective quality assurance system in place. The manager informed us that the service was being supported by Skills for Care as part of a pilot programme to help services improve. We wrote to Skills for Care, who confirmed that they had been supporting the service and had helped them to write and implement a new action plan highlighting concerns we previously raised and how the registered manager was going to resolve them.

People benefited from a staff team that felt supported by the registered manager. The ethos to enhance the wellbeing of the people using the service was put into practice by value-based training and a robust induction process. Staff received regular supervision from the management team and a yearly appraisal, which was documented within individual staff files. Staff received positive feedback, encouragement and motivation from their management team.

People and relatives felt at ease discussing any issues with the manager and staff. One relative said, "The manager and staff will regularly communicate with us about the wellbeing of our relative and will asks us if there is anything we would like to change or improve". The manager told us that their aim was to support both the person and their family to ensure they felt happy using the service. The manager informed us that they held meetings with relatives and the people using the service as this gave the service an opportunity to identify areas of improvement and give relatives an opportunity to feedback to staff; be it good or bad.

The registered manager was open, transparent and highlighted their own errors and areas, which needed to improve, to ensure the service was running smoothly and continually improving the care delivered to people. People felt that staff and the management team were approachable.

Personal records were stored in a locked office when not in use. The manager had access to up-to-date guidance and information on the service's computer system which was password protected to help ensure that information was kept safe.