

Independent Care & Support Ltd

# Independent Care and Support Limited

## 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

The inspection took place on 19 and 21 December 2017. This inspection was announced.

This service is a domiciliary care agency based at an office in Strood. It provides personal care to people living in their own homes. This included older people, younger adults and people with complex health needs such as epilepsy, diabetes and physical disabilities. There were 84 people using the service at the time of our inspection.

The registered manager was employed at the service. 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 legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the last Care Quality Commission (CQC) inspection on 21 October 2015, the service was rated as Good in all of the domains and had an overall Good rating.

At this inspection we found the registered manager and provider had consistently monitored the quality of their service to maintain a rating of Good.

Independent Care and Support offered an inclusive service. The staff followed policies about Equality, Diversity and Human Rights.

The registered manager was consistent in measuring the quality of people's experiences and continued to work at putting people at the heart of the service.

The quality outcomes promoted in the providers policies and procedures were monitored by the registered manager. There continued to be multiple audits undertaken based on cause and effect learning analysis, to improve quality. Staff understood their roles in meeting the expected quality levels and staff were empowered to challenge poor practice.

The registered manager consistently understood their responsibility to comply with the requirements of the Mental Capacity Act 2005 (MCA).

People, their relatives and health care professionals had the opportunity to share their views about the service either face-to-face or by telephone.

There continued to be enough staff deployed to meet people's physical and social needs. Emergency backup systems continued to be operated to allow care to continue at all times.

The registered manager checked staff's suitability to deliver personal care during the recruitment process.

People's medicines were managed and administered safely.

The registered manager continued to train staff so that they understood their responsibilities to protect people from harm. Staff were encouraged and supported to raise any concerns. Staff understood the risks to people's individual health and wellbeing and risks were clearly recorded in their care plans.

People were consistently supported to eat and drink according to their assessed needs. Staff supported people to maintain a balanced diet and monitor their nutritional health.

Staff continually received training that matched people's needs effectively and staff were supported with supervision and with maintaining their skills.

Management systems were in use to minimise the risks from the spread of infection, staff received training about controlling infection and carried personal protective equipment like disposable gloves and aprons.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

<b>Is the service safe?</b> The service remains Good	<b>Good</b> ●
<b>Is the service effective?</b> The service remains Good	<b>Good</b> ●
<b>Is the service caring?</b> The service remains Good	<b>Good</b> ●
<b>Is the service responsive?</b> The service remains Good	<b>Good</b> ●
<b>Is the service well-led?</b> The service remains Good	<b>Good</b> ●

# Independent Care and Support Limited

## **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 was planned to check 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.

This was a comprehensive inspection. We re-inspect services that have been rated as Good within 24 months of the report publication date.

The inspection took place on 19 and 21 December 2017 and was announced. The inspection was carried out by one inspector and an expert by experience. The expert-by-experience had a background in social care, they made telephone calls to people who used the service. We gave the service five days' notice of the inspection site visit because we needed the registered manager and some staff to be available to interview at the office. We also needed to gather some pre inspection information to confirm who had consented to the expert by experience contacting them by telephone before we visited the office.

Before the inspection, we asked the provider to complete 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 also reviewed the information we held about the service including previous inspection reports. We looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

We spoke with nine people and one relative about their experience of the service. We spoke with five staff including the registered manager and four care workers. We asked for feedback about the service from three local authority commissioners.

We looked at records held by the provider and care records held in the service. This included five care plans,

daily notes; a range of the providers policies including safeguarding, medicines and the complaints policy; the recruitment and training records of ten staff employed at the service; the staff training programme and health, safety and quality audits.

# Is the service safe?

## Our findings

When asked about safety one person said, "Yes I feel safe, I just love the girls, ladies that come in. I think the world of them. They are very polite, do their job and make me laugh." Another person said, "Yes I do [feel safe] They [staff] are very helpful." All of the people we spoke with self-administer their own medicines but some people told us that staff do check and remind them if needed.

People were consistently protected from the risks of potential abuse. There were no identified concerns about safety. The provider had a comprehensive safeguarding policy that informed staff about their responsibilities to safeguard people and what constituted abuse. Staff received training in safeguarding, knew what signs to look out for and felt confident the management team would listen to and act on any concerns they raised. Staff told us they understood how abuse could occur and how they should report abuse. Staff clarified their understanding by telling us about scenarios of abuse they may encounter and how they would respond. For example, if staff noticed bruising or changes in people's behaviours. Staff we spoke with were confident they could challenge any poor practice within the service and report it appropriately. Staff had read and understood the provider's whistleblowing policy. There was one safeguarding issue recorded since our last inspection. This had been appropriately reported and investigated under the 'Multi-agency safeguarding vulnerable adults: Adult protection policy, protocols and guidance for Kent and Medway.' (This document contained guidance for staff and managers on how to protect and act on any allegations of abuse).

There continued to be policies about dealing with incidents and accidents. Staff received training about how to report accidents and incidents to the registered manager. These were recorded, and investigated to reduce the risk of future incidents. The registered manager analysed the accident and incident reports to identify whether there were any patterns or trends. Records showed the registered manager took steps to reduce risk and understood situations that should be notified to us (CQC) and when they referred concerns to the local safeguarding authority.

People continued to receive their medicines safely to protect their health and wellbeing. Staff followed the provider's medicines policies and the registered manager checked that this happened by spot-checking staff when they were providing care. (Spot checks are unannounced supervisions of staff.) The majority of people were independent with their medicines. When staff assisted people with their medicines they followed an up to date medicines administration procedure. All staff were provided with training so that if they were asked to take on the administration of medicine's for people they could do this safely. Staff we talked with gave us details of how they supported people safely when dealing with medicines.

People were protected by staff who understood their responsibility to record the administration of medicine's. The medicine administration record (MAR) sheets showed that people received their medicines at the right times and as prescribed. The system of MAR records allowed for the checking and recording of medicines, which showed that the medicine had been administered and signed for by the staff. We sampled recent MAR sheets and these were being completed correctly by staff. The registered manager confirmed there was a policy regarding the safe management of 'As and When Required Medicines' (PRN), for example

paracetamol. Medicines were audited by the registered manager as part of their quality systems. Creams that were regularly applied by staff as part of people's hygiene routines had been recorded with date, time, type of cream and signed off by staff.

The registered manager continued assessing risks to people's individual health and wellbeing. For example, they assessed people's care needs, mobility, nutrition and communication. Audits of medicines and specific risk to people from the care being delivered were in depth and frequent to ensure people's safety. Where risks were identified, people's care plans described the equipment needed and the actions care staff should take to minimise the risks. Staff told us they followed risk assessments to maintain people's safety when they delivered care.

Staff were deployed with the right skills and in the right numbers to meet people's care needs. The provider's recruitment policy and processes continued to ensure risks to people's safety were minimised. This protected people from new staff being employed who may not be suitable to work with people who needed safeguarding. All applicants had references, full work histories and had been checked against the disclosure and barring service (DBS) records. This would highlight any issues there may be about new staff having previous criminal convictions or if they were barred from working with people who needed safeguarding.

Care plans and care records in the office were kept securely. Detailed daily visit records were kept by staff. Records included personal care given, well-being and food and fluids taken; when required. Staff understood their responsibility to maintain people's confidentiality.

The provider had continually checked that the work environment was safe for people and staff. Safe working practices and the risks of delivering the care were assessed and recorded to keep people safe. Environmental risks were assessed and equipment was checked by staff before they used it. For example, lighting and working space availability.

The registered manager continued to plan consistent care. People's care could continue if there was disruption to the service, for example in periods of extreme weather conditions. The registered manager used a system to assess and prioritise people who could not make other arrangements for their care if staff could not get to them. For example, most people had someone else living with them who could make them drinks and prepare food or telephone for help in an emergency. This meant that the service could focus its resources into getting staff to the people most in need.

People continued to be protected from potential cross infection. Staff received food hygiene and infection control training. Staff told us they always had access to personal protective equipment [PPE] when appropriate, such as disposable gloves and aprons.



## Is the service effective?

### Our findings

Staff understood people's needs, followed people's care plan and were trained for their roles. All the people we spoke with told us that their main carers were competent and skilled and did all that was required of them. One person said, "Yes I do feel they [staff] are trained, they are very polite." People told us that staff requested their consent before care was given. Another person said, "They [staff] are very professional and very friendly."

A relative said, "I deal with that, [medical appointments] but the staff lookout for changes in his body. [When they give personal care] they are very good at that."

The registered manager continued to carry out an assessment with people before care was delivered. The assessment checked the risks and the care and support needs of each person so the registered manager could make sure staff had the skills to care for the person appropriately. At the assessment stage people were encouraged to discuss their sexuality or lifestyle preferences as well as their rights, consent and capacity. The registered manager involved people and their family members in the assessment process when this was appropriate.

The initial assessment led to the development of the care plan. Individual care plans were detailed, setting out guidance to staff on how to support people in the way they wanted. Staff were required to record the care they had provided to people by recording how they had met people's needs in their care plan records. Staff told us they had all the information they needed within the care plan to support people well. People's nutritional risk and allergy needs were shared with staff if they prepared meals. This service was not providing food and drink to most people. However, where staff were helping people to maintain their health and wellbeing through assisting them to prepare meals, we found that people were happy with the food staff cooked for them.

Staff continued to understand how to protect people's health and wellbeing in partnership with other health and social care professionals. When people needed referring to other health care professionals such as GP's or district nurses, staff understood their responsibility to ensure they passed the information onto relatives so that this was organised or they assisted the person to call themselves. Staff gave us examples of situations where they had acted appropriately in calling ambulances for people who were unwell.

The service was working in accordance with the Mental Capacity Act 2005 (MCA). Staff had received training in relation to protecting people's rights. This prepared them for any situation where they may think the Mental Capacity Act (MCA) 2005 needed to be considered as part of someone's care. For example, if people developed dementia and were no longer able to understand why the care was provided, or their safety at home could not be protected. People had recorded their consent to receive the care in their care plan and staff gained verbal consent at each visit. Gaining consent from people before care was delivered happened routinely. People were free to do as they wished in their own homes. Records demonstrated that the registered manager had a good understanding of the Mental Capacity Act (MCA) 2005. There was an up to date policy in place covering mental capacity.

Staff feedback about the standards of training and supervision was consistently good. Training was provided to staff to improve their skills and understanding of people's needs and how to deliver care. Since our last inspection, records showed staff had undertaken training in all areas considered essential for meeting the needs of people who needed personal care. This included statutory mandatory training, infection prevention and control, first aid and moving and handling people.

The registered manager supported staff to have the skills and support they needed to do their jobs well. Staff received a comprehensive induction when they started working for the service. New staff inductions included reading the service's policies and shadowing an experienced staff member to gain more understanding and knowledge about their role. Staff then started to work through the training to Care Certificate standards which was recorded in their staff files. The Care Certificate includes assessments of course work and observations to check staff met the necessary standards to work safely unsupervised.

The registered manager checked how staff were performing through an established programme of regular supervision (one to one meeting) and an annual appraisal of staff's work performance. Supervision is a process, usually a meeting, by which an organisation provide guidance and support to staff. Staff confirmed to us that they had opportunities to meet with their manager to discuss their work and performance through supervision meetings. Staff supervisions were monthly and recorded. Staff confirmed they had monthly supervisions. Staff were observed by a manager at work and were provided with guidance about their practice if needed. A record of the observation was kept on the staff members file and staff we spoke with confirmed they had received a spot check.

# Is the service caring?

## Our findings

People described their care positively. Staff we spoke with had the right attitude to care and were committed to delivering compassionate care. People told us that staff read their care plans and were kind, friendly and respectful. One person said, "Oh yes, yes we have a laugh and a joke." Another person said, "Very happy [with staff] they are not intrusive, you know what I mean."

The care people received continued to be person centred and met their most up to date needs. People's likes and dislikes had been recorded in their care plans. Staff encouraged people to be as independent as possible.

All of the people we spoke with told us they remained independent with most things. One person said, "First of all I try to deal with it myself. If I needed help they would help me." Another said, "Oh yes. I wash and dress myself. They are there if I want help. I am independent."

The provider had a range of policies setting out their approach to dignity, equality, diversity and human rights. These were accessible to staff at any time and included in people's initial assessments. Staff received training about the culture of the organisation in promoting dignity and human rights. Staff we spoke with told us how they delivered care respectfully.

Staff were tested on their attitude to care when they applied to work at the service. All of the staff we spoke with displayed a caring attitude. We found that people continued to be supported by caring staff that were sensitive in manner and approach to their needs. Staff described how they delivered friendly compassionate care. They told us how they made sure that people were comfortable and relaxed in their presence. Staff described how they made sure people had all they needed to hand before they left the care call. For example, drinks and snacks.

The registered manager continued to ensure people's individual records provided up to date information for staff on how to meet people's needs. This helped staff understand what people wanted or needed in terms of their care and support. People consistently told us that they had a care plan and that staff read and followed this. One person said, "Yes I have a care plan and the carers sign it every day." Another person said, "I know where the [care plan] folder is and I signed it."

## Is the service responsive?

### Our findings

People felt their needs were reviewed and kept up to date and this was confirmed in people's records and by staff. People told us that they had a care plan folder in their home with information in it about their care. All of the people we spoke with told us their care was reviewed at least once a year with a manager from Independent Care and Support. One person said, "Yes they do involve me when my care plan is reviewed." Another person said, "Yeah they let me know if there are any changes. We don't mind as they are really all nice people." Another person said, "Oh yes. They [a manager] comes here and talks it [my care] over with me."

Records showed that people had been asked their views about their care. People told us they had been fully involved in the care planning process and in the reviews of those plans. Reviews of the care plan could be completed at any time if the person's needs changed. We could see that care plan reviews had taken place as planned and that these had been recorded.

Staff told us they read people's daily reports for any changes that had been recorded and the registered manager reviewed people's care notes to ensure that people's needs were being met. When we spoke with staff they showed that they knew people well and what was important to them. This was evidenced by the knowledge and understanding they displayed about people's needs, preferences and wishes. The staff were able to tell us how they provided people with care that was flexible and met their needs. For example, they told us how they assisted people with physical care needs, emotional needs and their nutritional needs.

People continued to receive personalised support which met their specific needs. Each person had an up to date care plan which set out for staff how their needs should be met. Care plans were personalised and contained information about people's likes, dislikes and their preferences for how care and support was provided. Where changes were identified, people's plans were updated promptly and information about this was shared with all staff.

There continued to be a system in place for people to raise concerns if they were unhappy about the service they received. People we spoke with felt at ease to raise concerns with care workers or any member of the management team. People felt that any issue raised would be resolved quickly and efficiently. One person said, "I have made a couple of complaints a couple of months ago about some carers. They were changed and the manager put in other carers for me."

The provider had a comprehensive complaints policy that included information about how to make a complaint and what people could expect to happen if they raised a concern. The complaints procedure was sent to people at home. The policy included information about other organisations that could be approached if someone wished to raise a concern with an external arbitrator, such as the local government ombudsman. There had been one complaint received in the last twelve months. This complaint had been dealt with in line with the provider's policy. The service staff had also received ten recorded compliments in the last year.

## Is the service well-led?

### Our findings

People who used the service and their relatives spoke positively of the staff and management team. One person said, "They are very efficient. But if there was a problem I would call them and sort it out." Another person said, "You know I can't think of anything better they can do. They are always really nice people and are happy to come in and do the job." When asked if the service could do anything better one person said, "Not that I can think of anything actually. They are excellent really; they are willing to help me with anything."

Staff we spoke with told us that the management in the service expected staff to do a good job. They told us they felt well supported by the managers in the organisation. All the staff we spoke with told us how much they enjoyed their job. Staff said they felt well supported by the management team. Staff told us they felt listened to and described the management team as approachable. One staff told us, "All the managers are approachable."

The management team met weekly. They discussed the operational effectiveness of the service and any issues or concerns arising with the service they were providing to people. The registered manager provided leadership in overseeing the service and provided support and guidance where needed. They also delivered care shifts which gave them good levels of contact with people and staff. One person said, "Well I know the manager. I see her sometimes when she does my tea if they are short staffed."

The provider had clear values which was promoted by the registered manager to all staff. The culture of the service was open and inclusive. Staff we spoke with consistently demonstrated the provider's values to help people regain their confidence and continue to live independently or with little support. Staff told us they went through the care values of Independent Care and Support during their induction and this was followed up at supervisions so that they understood them.

Feedback from staff, people and relatives had been sought via surveys, meetings and telephone calls. One person said, "I get a young lady that comes around sometimes and asks me if I have some problems or any difficulties." The responses about the quality of the service were indicative of a well led service. People told us about how managers from the office kept in touch with them. The service delivery schedules were detailed and clear for staff to follow. The registered manager provided leadership in overseeing the care given and provided support and guidance where needed.

The registered manager had carried out quality audits of the service. These audits assisted the registered manager to maintain a good standard of service for people and to consistently meet the legal requirements and regulations associated with the Health and Social Care Act 2008, and Care Act 2014. The registered provider continued to monitor the quality of service provision. We saw that spot checks took place. These were unannounced visits from a member of the management team, to people's homes to assess the quality of the support provided. They checked that staff were dressed appropriately, wearing personal protective equipment such as gloves and aprons. The checks also included looking at people's care records to ensure these were fully completed and meeting people's current needs. It was also an opportunity for a member of

the management team to talk with people who used the service and gather their feedback.

We looked at the arrangements in place for quality assurance and governance in all areas. Quality assurance and governance processes are systems which help providers to assess the safety and quality of their services. We saw the registered manager checked people's care plans, risk assessments and daily logs to ensure they were up to date and completed to a good standard. This meant that the delivery of care to people's assessed needs could be checked and monitored.

There were systems in place to check the staff training records to make sure staff training was up to date and staff were equipped to carry out their role and responsibilities and any training needed was booked. These were effective. Records showed that all staff training was in date.

We reviewed some of the registered provider's policies and procedures and saw these were updated on a regular basis to ensure they reflected current legislation. However, we noted that, in places they needed to refer to the terminology used in new Care Act 2014. We discussed this with the registered manager and they told us that the provider was in the process of making these changes. The registered manager was aware of their responsibility to inform the CQC about notifiable incidents and circumstances in line with the Health and Social Care Act 2008. The policies and procedures were available for staff to read and staff were expected to read these as part of their training programme.

It is a legal requirement that a provider's latest CQC inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. We found the provider had shared their last rating and displayed this on their website.