

iSupport Services Ltd

# iSupport Services Ltd

## Inspection report

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Date of inspection visit:  
08 March 2023

Date of publication:  
26 June 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

iSupport Service Ltd is a service providing support for people in their own homes. The service was supporting 2 people at the time of the inspection.

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

There was limited service improvement in place and audits did not always document actions taken.

We were assured the recruitment of staff was managed safely. The provider involved staff through regular communication through supervision meetings and regular team meetings.

Staff had enough time to provide care and travel to care visits. Staff and the management ensured risks were regularly reviewed to ensure information was up to date. The provider had a robust system to record safeguarding concerns.

Care plans were detailed and included assessments of people's needs and information about how people wished to receive care and support. Staff were up to date with training. Staff received supervision and regular spot checks of their competence.

People and their relatives were satisfied with the care provided. People were supported by staff they knew and had developed supportive relationships with.

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

### Rating at last inspection

This service was registered with us on 28 October 2021 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Enforcement

We have identified a breach in relation to good governance.

Please see the action we have told the provider to take at the end of this report.

### Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

# iSupport Services Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people and staff.

#### Inspection team

The inspection was carried out by an inspector and an Expert by Experience. An Expert by Experience is 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 service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave a short period of notice of the inspection in order for the registered manager to provide us with the documentation we needed to look at.

Inspection activity started on 4 March 2023 and ended on 15 March 2023.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, 2 relatives and 3 members of staff.

We reviewed a range of records. This included 2 people's care records. We looked at 2 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.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as phone and video calls to enable us to engage with people and staff, and electronic file sharing to enable us to review documentation.

# 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 requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Recruitment was not managed safely. There were gaps in recruitment records For example, there was no references from previous employers or document checks.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate safe recruitment. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There were enough staff working within the service to meet people's needs. Care was delivered on time and as planned. One relative said, "They have a team of 3 carers who always arrive on time and have never missed a call."
- At the time of inspection, staff calls were being monitored by the registered manager via audits.

### Assessing risk, safety monitoring and management; Lessons learnt when things go wrong

- Risks to people's safety associated with their health conditions were assessed and recorded. Risk assessments were detailed so staff could follow instructions to reduce risks.
- Risks were regularly reviewed and updated to ensure staff were working with the latest information about people's lives.
- There was an accident and incident log in place. The log included actions taken to reduce the risk of similar incidents in the future.
- Learning was shared with staff. The registered manager confirmed information was shared with staff through emails, supervision and team meetings.

### Systems and processes to safeguard people from the risk of abuse

- People were safe. Relatives told us their family members were protected by staff. One relative said, "My [family member] feels extremely safe with the carers. We are absolutely thrilled with them."
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- The provider had a robust system to record safeguarding concerns. Although there had been no safeguarding concerns raised since the service registered. The registered manager showed us how safeguarding concerns would be managed. We found no evidence of unreported safeguarding.

### Preventing and controlling infection

- Staff received training in infection control and understood their responsibilities. Relatives told us, "They always wear PPE."

- The provider's infection prevention and control policy was up to date and included information about Covid-19.

# 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

- People and their relatives, where appropriate, were involved in assessing, planning and agreeing the care and support they received.
- Care plans provided information about how people wished to receive care and support.
- Assessments of people's needs considered their physical and emotional needs.
- People's protected characteristics under the Equality Act (2010), such as religion and disability were documented as part of the assessment process. The provider documented these discussions with people and their relatives.

Staff support: induction, training, skills and experience

- Staff told us they received supervision and regular competence checks. One staff member said, "We get one to ones monthly, how do I feel, support and feedback. If I am struggling with anything."
- Staff were up to date with training. There was a training matrix in place for oversight which included dates of completion.
- Staff received an induction and shadowing with more experienced staff when they started with the provider.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support

- People had been regularly referred to health care professionals to support their well-being and help them to live healthy lives. One relative told us, "If other care is needed like the GP then the staff make sure those are contacted."
- The provider worked with other agencies to ensure people had effective care. For example, the district nurses produced a care plan to manage pressure ulcers for one person which staff followed.
- People were supported to eat, drink and prepare meals where this was identified as a need in their care plan.

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

- The staff were working within the principles of the Act, and undertook mental capacity and best interests' assessments.
- Staff could explain how they sought consent before providing care.

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

- Relatives were satisfied with the care provided by staff. One relative said, "The staff are always very kind, compassionate and caring."
- People were respected and included as much as they wanted to be in care decisions. One relative said, "The carers always get [their] agreement before providing care."
- Relatives confirmed that staff encouraged and supported people wherever possible to make their own decisions and their views were acted on by staff and recorded in their care records.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us the staff treated their family member with dignity, were polite and respectful and adapted their approach where needed to meet individual needs. They described how staff were considerate of modesty and privacy. One relative said, "They do everything [family member] needs in the bathroom and observe [their] privacy, dignity respectfully."
- People's care records included guidance for staff on respecting people's dignity, privacy and confidentiality. The care records included the areas of their care people could do themselves and where they required support including how staff could best encourage this.

# 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

- Individual support plans provided personalised information detailing what was important to the person. Staff were knowledgeable about people's specific needs and preferences which included their goals and aspirations.
- People were supported by a consistent staff team who they had developed supportive relationships with. One relative said, "There are a team of 3 staff who provide consistent care."
- People's visits were planned and there was clear guidance on the person's routine and how they wanted to be supported by staff.
- Care plans showed detailed information on how to care for people and support their preferences.

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.

- The provider understood the need for information to be made available to people in an accessible format.
- Care plans identified people's communication needs. Care plans were detailed and stated if people needed aids to help communication for example glasses or hearing aids.

Improving care quality in response to complaints or concerns; End of life care and support

- Systems and processes were in place to respond to people's concerns and complaints. Relatives stated they knew how to complain, "We have no complaints as a family and if we did, we would speak to the manager."
- At the time of the inspection no one using the service was in receipt of end of life care. People's end of care wishes were not evident in their care plans.
- Staff received training in end of life care as part of the care certificate.

# 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; Continuous learning and improving care

- There was limited service improvement in place. Following the inspection, we saw evidence the provider had implemented a service improvement plan however this was yet to be embedded.
- There were various audits in place, however the provider was not consistently documenting actions taken from audits.

We found no evidence that people had been harmed. However, systems were either not in place or robust enough to demonstrate good governance. This placed people at risk of harm. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The management and staff structure provided clear lines of accountability and responsibility, and staff understood their roles and responsibilities and when to escalate any concerns.

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

- The provider involved staff through regular communication. Staff stayed in touch with the registered manager through individual supervision meetings and regular team meetings. One staff member said, "Yes, we have team meetings, generally monthly."
- The service sought feedback from people and their relatives. The service completed regular surveys. One relative said, "I have regular meetings with the manager and provide feedback monthly."
- Relatives knew who the registered manager was. A relative said, "The family members know the manager well as she also provides some brilliant care."

Working in partnership with others; 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 service worked with other organisations and health care professionals to provide appropriate support to people. There was evidence of partnership working with other professionals such as GPs and the district nursing team.
- The registered manager understood the duty of candour. The registered manager was able to give various examples of when the service had applied the duty of candour to practice. The duty of candour is a legal

duty for providers to act openly and honestly, and to provide an apology if something goes wrong.

This section is primarily information for the provider

## Action we have told the provider to take

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

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>The was limited service improvement in place. |