

ICare Solutions Manchester Limited

# I Care Solutions Manchester Ltd

## Inspection report

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### Ratings

#### Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

### Overall summary

This inspection was carried out on the 2 and 4 of March 2015 and the first day was unannounced. This means we did not give the provider prior knowledge of our inspection.

I Care Solutions Manchester Ltd is a small domiciliary care agency, which is registered to provide personal care to people in their own homes. The agency provides support for adults with a range of needs.

We last inspected I Care Solutions Manchester Ltd on the 5 July 2014 and during that inspection we identified breaches in five regulations of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. We found peoples' needs were not always assessed to ensure the appropriate care could be provided and the agency did not have suitable arrangements in place to ensure staff received appropriate training that enabled them to deliver safe and effective care. In addition we

# Summary of findings

found the proper recruitment checks had not been followed to ensure unsuitable people were not employed by the agency and there were no systems in place to identify, assess and manage risks relating to the health, safety and welfare of people who used the service.

Following the inspection carried out in July 2014, I Care Solutions Manchester Ltd provided us with an action plan detailing how improvements would be made. During this inspection we checked to see these had been completed.

The agency had a registered manager who had been registered with the Care Quality Commission (CQC) since June 2014. 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. We were told by the registered manager they had returned to the agency on a full time basis in December 2014 following a period of extended leave. As required by regulation, the provider informed us of their leave.

During the inspection we found some improvements had been made. We saw recruitment checks were carried out to ensure suitable people were employed by the agency and training was provided to enable staff to deliver safe and effective care.

We found people were involved in assessments of their needs and care planning and relatives and people who used the service told us the staff were caring.

Staff were able to describe the procedures in place to report concerns if they were concerned someone was at risk of harm and abuse and people told us they felt safe when receiving care and support from staff.

However, we identified shortfalls in the arrangements for medicines. We also found shortfalls in the audit systems in place for medicines. You can see what action we told the provider to take at the back of the full version of the report.

# Summary of findings

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

We always ask the following five questions of services.

### Is the service safe?

The service was not safe.

Staff were able to explain the action they would take to protect people if they were concerned people were at risk of harm or abuse.

Recruitment checks were carried out to ensure suitable people were employed to support people in their own homes.

Arrangements for the safe administration of medicines were not robust.

**Requires Improvement**



### Is the service effective?

The service was effective.

Staff received training to enable them to deliver effective care.

People were consulted and involved in the planning and delivery of their care.

**Good**



### Is the service caring?

The service was caring.

People told us they were supported by staff who understood their needs and delivered support in a way that met them.

People were encouraged to maintain their independence and live as independently as possible.

**Good**



### Is the service responsive?

The service was responsive.

Peoples' needs were assessed to ensure support was planned to meet these.

Surveys were provided to encourage feedback and action was taken to improve the service if this was required.

**Good**



### Is the service well-led?

The service was not well led.

One of the quality monitoring checks in place did not identify errors which may place people at risk.

People told us the management of the service were approachable and attentive to their needs.

**Requires Improvement**



# I Care Solutions Manchester Ltd

## 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 was 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. We also checked to make sure improvements had been made since our last inspection.

This inspection was carried out on the 2 and 4 of March 2015 and the first day was unannounced. This means we did not give the provider prior knowledge of our inspection. This inspection was carried out by one adult social care inspector. Before the inspection we did not request 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. However we reviewed previous inspection reports, the action plan the provider had sent us following the last inspection, and notifications that we had received.

We spoke with the registered manager and we also spoke with the provider of the service. We viewed three care records and visited three people who had agreed to see us in their own homes. We visited one relative in their own home and also spoke with a further three relatives by phone following the site visit. We did this to ascertain their views of the service provided.

We also looked at six staff files and viewed a range of audits that had been completed by the care co-ordinator. The care co-ordinator explained their role was to co-ordinate the delivery of care and complete audits and supervisions with staff who worked at the agency.

We spoke with two staff during the inspection and also contacted five staff by phone after we had carried out the site visit. We did this to discuss their experiences of working at I Care Solutions Manchester Ltd.

# Is the service safe?

## Our findings

We asked people if they felt safe. We were told; “I feel very safe with the staff.”; “I trust them implicitly.” And “Yes I feel safe.” All the relatives we spoke with told us they considered the staff to be professional and that their family members were supported safely by staff.

At the last inspection we found not all staff were knowledgeable of who to report concerns to if they were concerned a person was at risk of harm or abuse. In addition we saw there were no contact details of appropriate safeguarding authorities available to staff, if they needed to report a concern. At the last inspection we had identified a breach in Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which related to safeguarding.

During this inspection we saw improvements had been made. We asked staff who they would report concerns to if they suspected people were at risk of harm and abuse. Without exception, all staff told us they could report these to the management of I Care Solutions Manchester Ltd and also to the local safe guarding authorities if required. They told us and we saw, that policies were in place to advise staff of the steps to take and these contained contact details of the local safeguarding authorities. This demonstrated to us that there were systems in place to enable staff to raise concerns.

We asked staff if they had received training in safeguarding. All the staff told us they had received this training and they had received a certificate to evidence this. All the staff we spoke with were able to describe the types of abuse that may occur and were also able to identify signs and symptoms that may indicate abuse was occurring. We also viewed seven staff files which confirmed safeguarding training had been carried out. We concluded improvements had been made as staff were able to identify, recognise and respond to symptoms of abuse.

At the last inspection we found not all staff were receiving appropriate recruitment checks to ensure suitable people were employed by the agency. We had identified a breach in Regulation 21 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which relates to the recruitment of staff.

During this inspection we checked to see improvements had been made. We asked staff if they had received an

interview, supplied references and completed a Disclosure and Barring Check (DBS) prior to working with people who used the service. They confirmed they had. We asked the registered manager to explain the recruitment process to us and they explained staff were expected to complete an application, attend an interview and references and a completed Independent Safeguarding Authority check (ISA) check would be received prior to the staff member starting to work with the service. They told us that until a completed DBS check was received the staff member would not work unsupervised and would be accompanied by another member of staff at all times. They also told us they clarified the staff member’s disclosure status at interview to ensure any previous convictions were verbally disclosed and discussed.

We viewed ten files which demonstrated staff had completed DBS checks in place and we saw one person had a completed ISA check in place. We were informed they were not currently working unsupervised and would not do so until their DBS check was received. We concluded improvements had been made.

Both the provider and the registered manager told us that at present two people worked in the office of I Care Solutions Manchester Ltd and this was to enable them to gain experience of office and domiciliary management. We were informed by the provider and the registered manager the members of office staff did not attend the office unless a member of senior staff was present and they had no access to information relating to individuals who received care from the agency. We asked if they had been recruited and DBS Checks carried out. The provider told us no recruitment processes had been followed as they were both well known to the provider and worked under direct supervision. The provider told us one person had received a DBS check and following the inspection this was provided to us. They told us the other person had not received a DBS check however they would ensure a DBS check was completed. The provider and the registered manager told us the office staff did not deliver care, or have contact with people who used the service therefore any risk to people who used the service was minimised.

We checked to see medicines were being administered safely. We asked the registered manager what recording arrangements were in place to ensure people received their medicines as prescribed in their own homes. The registered manager explained staff were required to sign a Medicines

## Is the service safe?

and Administration Record (MAR) to indicate when medicines were administered. They showed us a blank MAR and explained there were codes in place for staff to use on the MAR to record what support people received. We saw the codes included 'P'. The definition of P on the MAR was 'Prepared to take later' The registered manager told us this was used if a person required their medication to be given to them by staff so they could be taken at a later time. During the inspection we looked at MAR within peoples' homes to check staff were following the arrangements in place and found improvements were required. We saw one person's care plan instructed their medication was to be handed to them in the morning as they then took this without support at lunchtime. We spoke with the person who confirmed staff handed them their medicines to be taken by them at lunch and this was with their agreement. The MAR we viewed was signed at lunchtime to indicate the medicines had been administered and there was no code (P) to indicate this medicine had been left with the person. Records should accurately reflect the care and support people receive as this minimises the risk of inappropriate care being delivered.

We viewed a person's MAR in their own home and saw there were gaps in the record, therefore it was difficult to ascertain from these if medicines had been given as prescribed. We spoke with the person who confirmed they received their medicines. However medicine records should reflect the care delivered as inaccurate recording of medicines may place people at risk of inappropriate care and treatment.

We viewed another care record in another person's own home and saw their care plan instructed they required prompting and assistance with their medicines. We discussed this with them and they confirmed staff handed them their medication so they could take this themselves. They told us this had taken place for years. Although there were blank MAR within the care records, we could find no completed MAR within the records we viewed. We discussed this with the registered manager who told us they would address this with staff immediately.

We asked the registered manager to describe the processes in place for the safe management of medicines for a person. The registered manager could not demonstrate there were safe arrangements in place. There were no records of receipt, stock checks and the administration

records for the person the medicines related to. We requested these during the inspection but these were not provided to us. We considered the lack of systems in place to ensure the safe management of medicines placed the person at risk of care and treatment that did not meet their needs.

In addition we saw care records did not contain instructions to inform staff who was responsible for the ordering, collection and disposal of medication. This is important as care records should accurately reflect the responsibilities and agreements made with people to ensure medicines are safely managed and the risk of errors is minimised.

We therefore found that the registered person had not protected people against the risk of inappropriate care and treatment. This was in breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We asked the registered manager how they ensured sufficient numbers of staff were available to meet peoples' needs. The registered manager told us rotas were prepared and given to staff in advance to ensure people who received care in their own home did so at a time agreed with them. This was confirmed by talking to staff. All the staff we spoke with told us they did receive their rota in advance and they were also allocated enough time to drive from location to location. This enabled them to deliver support at a time agreed with people who used the service. We asked people if they were happy with the staffing arrangements in place and everyone we spoke with confirmed they were. We were told; "They're always on time."; "They can't be one hundred per cent but they are usually on time." And; "Time keeping is outstanding." People also confirmed they received support from a consistent team of staff. It is important that people receive care and support from staff who know them as this helps ensure care is delivered in way that meets peoples' needs and has been agreed by them.

In the care records we viewed we saw risk assessments were completed when required. We saw assessments were carried out if people required support to mobilise, if

## Is the service safe?

equipment was required to support their needs and if support was required to enter or leave people's homes. This demonstrated steps were taken to identify and minimise the risk of harm.

# Is the service effective?

## Our findings

People told us they believed they received effective care. We were told; “They help me stay at home, they do everything they should.”; “They’re excellent. They remember everything.” And “I know the care I need and so do they. The staff are great and do what they should.” Relatives we spoke with also told us they were happy with the service the agency provided. Comments we received included; “They always give the help we agreed.” And “They give (my family member) a lot of support and I’ve no worries at all. They keep me informed if anything changes and I’m very pleased with them.”

We asked staff to explain their understanding of mental health capacity and how this affected the care and support they provided. The staff we spoke with were able to explain how they would respond if they felt a person lacked the mental capacity to make an informed decision and told us they would seek further guidance to ensure people were protected from harm, whilst promoting their rights.

People we spoke with told us they were consulted before care was delivered. All the people we spoke with were clear that staff asked them what they required before beginning to support them. One person told us; “They never presume you know and if I don’t want to have (personal care) they respect what I say.” A further person said; “They ask what I want first and they all do that.”

We asked staff to explain what they would do if a person refused care. All the staff we spoke with told us they would record this in the daily communication sheets and if they were concerned they would discuss this with the person and the office. One staff member told us; “It’s their absolute right to refuse care but if I thought they were at risk because of it I would tell them and ring the office as well.”

Another staff member said; “I’m there to support them and their rights so I would respect them unless I was worried they were unwell and needed help. I would try to talk to them and would let the office know what was happening.”

During the last inspection we found the agency did not have suitable arrangements in place to ensure staff received appropriate training that enabled them to deliver safe and effective care. This was a breach of Regulation 23 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010. At this inspection we asked two people we spoke with if they considered the staff to be competent and confident when carrying out care interventions. Comments we received included; “Yes, they use all my equipment well.”; “The staff that I see are very good. They know what to do to help me and I’ve always found them to be really confident, yes.”

We asked the registered manager what training was provided to staff who worked at I Care Solutions Manchester Ltd. We were told that prior to starting to work with people who used the service, staff completed an induction which included medications awareness, safeguarding procedures, moving and handling and health and safety. We looked at staff records and saw this training had been provided. We also spoke with five staff who confirmed they had received recent training in these areas. One staff member told us; “It’s improved since the last (Care Quality Commission) inspection. We have training now and the registered manager does this with us.” All the staff we spoke with confirmed they had received supervisions. They told us they received both face to face and telephone supervisions and they found these useful as they could discuss their training requirements. One staff member told us they had recently started further vocational training as a result of this. We also viewed a sample of staff supervision records which evidenced supervisions took place. We concluded the necessary improvements had been made.

# Is the service caring?

## Our findings

All the people we spoke with told us they considered the staff to be caring. People described the staff as; “Staff are brilliant. They go above and beyond the call of duty.”; “Staff are excellent. I can’t fault them.” And; “Superb girls. Really good.” Relatives we spoke with also told us they considered the staff to be caring. We were told; “They have gone to great lengths to see (my family member) is comfortable.”; “The ladies are so kind.” And “They’re so very caring. They are simply great and very loving.”

Everyone we spoke with told us they considered their dignity was upheld. We asked people if they could give examples of this and one person described how staff supported them with personal care. They told us; “Being me isn’t easy at times and the staff are aware of that. They never do anything without closing the curtains first; making sure everything is ready before they start to help me and passing me my clothes quickly.” A further person said; “My experience with the staff is overwhelmingly positive. I don’t feel embarrassed or self-conscious at all because they do everything they can to put me at my ease.” Our conversations with people and relatives showed us the service was caring.

The records we viewed were written in person centred way. We saw most of the information was detailed and described the preferences of people who received support. In addition we saw the care record contained information about the life history of the people. This is important as it

enables staff to gain an understanding of the person’s life and also enables the person to communicate any important information they would like the staff to have knowledge of.

We asked people if they felt staff promoted and enabled their independence. The people we spoke with confirmed they did. One person described the impact their condition had on them and told us the staff encouraged them to complete the actions they could. The person told us; “If it wasn’t for them I’d have given up.” Another person told us their ability to care for themselves fluctuated but the staff helped them to remain independent by providing support only when this was required. They told us at other times the staff encouraged them to care for themselves. This is important as people should be encouraged to maintain their skills and independence to enable them to live as independently as possible.

All the people we spoke with told us they felt the staff knew them and supported them in the way they had agreed. They told us staff demonstrated they were caring in different ways, for example by spending time with them listening to what they had to say, asking if they were happy with the care they received and by taking an interest in them as individuals. The staff we spoke with were able to describe the likes and dislikes of people they supported and they told us; “I enjoy helping people stay in their own homes, they put an immense amount of trust in us”; “We make a big difference to peoples’ lives and we need to know people well to do that so they’re happy.” And “Knowing what people want is really important because everyone is different.” The feedback from people we spoke with showed us the service was caring.

# Is the service responsive?

## Our findings

We asked people if they were involved in the assessing of their needs and the development of a care plan. We were told; “They arranged to visit me and talked to me about the equipment I need, what I need and when and we agreed the care plan together and yes, the staff do follow it.” And; “I drove the whole process. They assessed me as a person.”

All the relatives we spoke with also confirmed they had been involved in the development of a care plan. One relative said; “We met with them and talked about what was right with (my family member) and they’ve always delivered that.” Another relative told us; “From the beginning they took the time to talk to us about what we wanted.”

At the last inspection we identified that people’s needs were not always assessed and care planned to ensure the care they received was in accordance with their individual needs. We had identified a breach of Regulation 9 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2010 which relates to the care and welfare of people who use the service. At this inspection we found improvements had been made.

We saw documentation that showed us people’s needs were assessed and plans were developed to inform staff of the care and support people required. We saw if mobility equipment was required this was included within the care plan and we asked two of the people we spoke with if they had been involved in the assessing of their needs. Both the people we asked confirmed they were. The feedback from relatives and people who used the service showed us that the agency carried out assessments to ensure effective care was delivered in accordance with assessed needs. We concluded improvements had been made.

We asked to see the agencies complaints procedure and saw a policy was in place to ensure any complaints were effectively addressed. We also saw the complaints procedure was present in the peoples’ care records at their homes. The registered manager told us they welcomed feedback from people who used the service as this was an opportunity to improve. All the people we spoke with told us they were happy with the service provided and had no

reason to complain. They also told us they were confident that if they wished to make a complaint, this would be addressed. One relative told us they had spoken with the provider regarding an issue they wanted to be discussed. They told us they had received a quick response, which they were happy with.

We viewed the complaints log at the office of I Care Solutions Manchester Ltd and saw one verbal complaint had been made. We saw the agency had responded to this and the registered manager also contacted the person who raised the concern to ensure they were now happy with the service provided. We considered there was an effective system in place to ensure complaints were addressed.

We discussed the complaints procedure with the provider as we noted a director was responsible for investigating complaints if they could not be resolved. The provider told us this was a clerical error as the person identified within the procedure was not a director and had no responsibility for investigating complaints. The provider told us they would correct this error.

At the last inspection we found there were no systems to enable people to provide feedback to the registered manager on the service provided. We had identified a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which relates to quality monitoring. During this inspection we saw a survey had been provided to people and their relatives and feedback had been received. We viewed thirteen surveys and saw most of the responses were positive. We saw that if people had identified an area of improvement this was addressed and action taken to improve the service offered. For example we saw one comment related to the consistency of staff. The registered manager told us they had addressed this with the person by identifying a specific member of staff to provide support in the event of unplanned leave being taken. In addition the people we spoke with told us the office staff at the agency also contacted them to ask if they were happy with the service provided, and they confirmed they had received a survey to complete. This demonstrated I Care Solutions Manchester Ltd sought the views of people to inform the service provided. We considered the necessary improvements had been made.

# Is the service well-led?

## Our findings

All the relatives and people we spoke with told us they found the management staff of I Care Solutions Manchester Ltd were approachable. We were told; “I could speak to them about anything and they would bend over backwards to sort it out.”; “I speak to the registered manager, provider or deputy and all of them are equally good.” And “I have no problem talking to the registered manager or provider. They’re excellent.”

At the last inspection we found systems were not in place to assess and monitor the quality of services provided. For example, we found no checks were carried out to ensure care records were accurate or medication was safely administered. This was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 which relates to quality monitoring.

We discussed the management structure at I Solutions Ltd. We were told that in addition to the registered manager, two care co-ordinators were employed to ensure the care that people required was effectively arranged to meet their needs. We spoke with both the care co-ordinators who told us they met with people to discuss the care and support they required and arranged staffing provision to meet people’s needs and preferences. In addition the care co-ordinators both told us they carried out spot checks of care delivery and provided supervision to staff to ensure standards of care were maintained.

We spoke with the registered manager and were told one of the care co-ordinators carried out audits of medicines and care records. We were told all care records and MARs were returned to the office once a month and checked for accuracy. The care co-ordinator confirmed this was the case. We asked to view the audits and noted the audits did not always identify errors within the MARs.

We asked to see a medicines audit for January 2015. This was provided to us. On viewing the record we saw the person had received a medicated gel twice a day on 19 occasions, but the MAR instructed the person should receive this medicine once a day. We discussed this with the registered manager, care co-ordinator and provider who were unable to confirm how often the person should receive the gel. We concluded the medicines audit was ineffective as the error had not been identified.

We looked at another medicines audit for a further person which was completed in November 2014 and saw there were gaps in the MAR. This has not been identified on the audit. We discussed this with the registered manager and asked how they knew if shortfalls were being actioned and improvements being made. The registered manager told us they did not review the completed audits to ensure accuracy or to maintain an overview of the audit process. They acknowledged they should do so. We found that the registered person had not implemented effective systems to assess, monitor and improve the quality and safety of the services provided to people who received care and support from I Care Solution Manchester Ltd.

We saw there were gaps in the MAR, therefore it was not clear if the person had received their medicines as prescribed. We also saw parts of the MAR were incomplete. The person’s surname, date of birth, GP or known allergies was not recorded. We asked the care co-ordinator what action they took to ensure shortfalls were actioned. The care co-ordinator told us they would speak to staff to remind them of the importance of completing records accurately. We asked if this had taken place with regard to the medicines audit we viewed and they told us they could not recall in this instance. We looked at the audit record and saw the only error identified was “informed all staff not to write in blue ink only black.” We considered the audit was ineffective as the errors had not been identified and there was no evidence of any action planning to seek improvement.

We concluded this was a breach of regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010, which corresponds to Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because the medicines audit system in place was ineffective and placed people at risk of receiving care and treatment that did not meet their needs.

We asked the registered manager how they ensured people received their care at a time agreed by them. The registered manager told us the care co-ordinator carried out spot checks by visiting people when they were receiving care and during the visit they also sought feedback from people who used the service. We viewed records which confirmed this and the people we spoke with told us. This demonstrated there was a system in place to monitor the time keeping of staff and the quality of the care received by people.

## Is the service well-led?

The registered manager also told us they completed a sickness audit. We viewed the audit for January and February 2015 and saw it identified if unplanned leave had been taken. The registered manager told us they completed this audit to identify any trends that may impact on the ability of I Care Solutions Manchester Ltd to deliver care as agreed with people who used the service. They also told us that if they identified a trend they would investigate this. This demonstrated to us the registered manager monitored the attendance of staff to ensure shortfalls were identified and actioned.

We asked the registered manager to explain the procedure in place to document accidents and injuries. The registered manager told us there had been no accidents or injuries,

but the procedure was that staff would report in writing, any accidents to the office. The registered manager told us they would then review the incident and carry out further investigations and risk assessments as required.

During the inspection we asked staff to describe their experiences of working for I Care Solutions Manchester Ltd. Staff told us the registered manager and the provider were approachable and they had attended meetings at the office to discuss any changes that were taking place. They told us; “We work as a team, it’s a lot better now.”; “Communication has really improved, we get constant calls and updates and I think that can only be a good thing.” And “The on call system is really good, I’ve never had to wait if I’ve needed advice.”

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

### Regulated activity

### Regulation

Personal care

Regulation 12 HSCA (RA) Regulations 2014 Safe care and treatment  
Medicines were not always managed safely.  
(Regulation 12 (1) (g).) This placed people at risk of care and treatment that did not meet their needs.