

Ideal Community Care Solutions C.I.C.

# Ideal Community Care Solutions C.I.C

## 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	

### Overall summary

This unannounced inspection was carried out by one adult social care inspector over three days on 10, 13, and 14 April 2015. This was the first inspection of Ideal Community Care Solutions since it was registered in June 2014.

Ideal Community Care Solutions is a domiciliary care agency that is affiliated to the Carers Support Centre in Brigg. It is registered to provide personal care and support to the people of North Lincolnshire. Services range from sitting services for a few hours to 24 hours a day, and provision and personal care to people who use

# Summary of findings

the service. People who used the service included; older people, people living with dementia, learning disabilities, mental health needs, physical disabilities and sensory impairments. At the time of our inspection the service was providing a service for up to seventy people.

The registered provider is required to have a registered manager in post and on the day of inspection there was a registered manager in post. 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.

People were protected from abuse and avoidable harm by staff who knew how to keep them safe and recognise signs of potential abuse. Relevant checks were carried out to ensure staff were recruited safely and were suitable to work with vulnerable adults.

We saw that assessments of people had been carried out and that plans of support had been developed from these to ensure staff had information about their needs. We saw that risk assessments for some people needed to be further developed to ensure that accurate information was available to help staff, keep them safe from harm.

Staff received a range of training that was relevant to their role to ensure they were able to carry out their work. We saw evidence that staff completed an in-depth induction programme to the service and received ongoing support via team meetings and professional supervisions from their line manager.

Staff knew how to administer medicines safely. Medication Administration Records (MARs) seen had been completed accurately.

We observed staff interacted positively with people who used the service and involved them in making decisions about their support, to ensure they were happy with the way this was delivered to them.

People told us that staff treated them with kindness, dignity and respect at all times.

We saw that people were asked for their views about the service. Satisfaction surveys were sent out periodically. When information was received that could improve the service action was taken..

A complaints policy was in place that was provided to people at the start of their use of the service. We saw evidence that when complaints were received they were followed up, investigated and where possible resolved.

The registered manager understood their responsibilities and reported accidents, incidents and other notifiable incidents as required.

All but two of the people we spoke with or completed surveys about the service were very complimentary about the service and told us they very happy with support they received. The negative comments received concerned new staff not always clearly following instructions included within care plans, whilst the other related to a complaint that had not yet been resolved.

# 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 always safe.

Risk assessments for some people needed to be further developed to ensure accurate information was available to help staff keep them safe from harm

People were supported by staff who knew what action to take if they suspected abuse had occurred and staff had been recruited safely.

People's medication was managed and administered safely.

Accidents, incidents and safeguarding concerns were investigated and action was taken to ensure the safety of people who used the service was maintained.

People had their assessed needs met by appropriate numbers of staff.

Requires improvement



### Is the service effective?

The service was effective.

People were supported by staff who completed a range of training that was relevant for their role.

Staff completed an induction to the service and received on-going support and professional supervision to ensure they were aware of their roles and responsibilities in relation to the work they carried out.

People were involved in making decisions and choices about their support.

Good



### Is the service caring?

The service was caring.

People were treated with dignity and respect by staff.

People told us they had positive relationships with their care staff and that support was generally delivered by a regular and consistent set of carers who were flexible and familiar with their individual wishes and preferences.

Good



### Is the service responsive?

The service was responsive but could be further improved.

Some people's preferences in relation to their support should be further developed to help staff encourage them to be independent.

A complaints policy was in place. People knew how to raise a complaint to enable their concerns to be listened to and resolved as far as this was possible.

Good



### Is the service well-led?

The service was well led.

Good



# Summary of findings

A quality assurance system was in place to highlight shortfalls and make improvement when this was required.

People were encouraged to provide feedback about the care they received.

Staff told us the management team were approachable and were confident any concerns or issues they raised would be followed up and dealt with appropriately.

# Ideal Community Care Solutions C.I.C

## 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 registered 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 unannounced inspection was carried out by one adult social care inspector over three days on 10, 13, and 14 April 2015 and was unannounced. This was the first inspection of Ideal Community Care Solutions since it was registered in June 2014.

Before the inspection, we asked the registered provider to complete a Provider Information Return (PIR). This is a form that asks the registered provider to give some key information about the service, what the service does well and improvements they plan to make. Due to technical issues the registered provider was unable to submit the PIR as requested, but has since completed this as required. We

contacted the local authority safeguarding and quality performance team as part of our inspection process, in order to obtain their views about the service and whether they had any concerns. They told us they had no on-going issues with the service. We also looked at details we hold about the registered provider and looked at notifications submitted by them about significant issues affecting the people who used the service.

At the time of our inspection there were up to seventy people who received personal care from the service. During our inspection we made a visit to the registered provider's office and spoke to the registered manager, the Chief Executive Officer, a senior care coordinator, two senior team leaders and three care staff. We sent out surveys to fifty people who used the service and their relatives. We visited the homes of six people who used the service and subsequently spoke with two people and a relative by telephone. We looked at the care files belonging to five people who used the service, staffing records and a selection of documentation relating to the management and running of the service, such as quality audits, minutes of team meetings and performance reports.

# Is the service safe?

## Our findings

One person we visited in their home told us, “I feel 100% safe with my girls.” Whilst another person said, “The care workers treat me well.” A relative told us their wife was very nervous when not comfortable or at ease with people delivering personal support. They told us however, “She relaxes and feels safe with the staff and leaves it to them.” They commented, “It’s the best thing we did, it’s very reassuring, we have the same team of carers and they have adapted to suit her needs.” A member of staff told us they believed the most important part of their job was to ensure people were safe and well looked after.

Survey comments received included, “The service user is in the advanced stages of Alzheimer’s and as such it is impossible to ascertain what views if any, she has about the service and care provided by Ideal Community Care Solutions (ICCS.) All I can say is that they are generally very happy and comfortable with the care workers and shows no signs of distress.”

We found that assessments about known risks to people were developed by the agency at the commencement of their receipt of service, to ensure care staff knew how to support them safely and keep them free from harm. We saw the assessments included details about people’s home environment, medical issues, ability to mobilise safely and people’s communication needs, which the registered manager told us were reviewed and updated when required. We found a person with a learning disability who was supported by the agency to live independently in their home had epilepsy. Whilst the member of staff on duty told us they had received training about this medical condition, we found evidence that risk assessments for this person needed to be further developed. We were unable to find details concerning the management of this person’s condition, in order to ensure staff had clear instructions about what to do to support the person in the event of an epileptic seizure. We spoke with a staff in the local Community Learning Disability Team about this, who told us they had previously requested the registered provider improve record keeping about people’s medical issues. **We recommend the service seeks appropriate guidance about developing risk assessments for people with learning disabilities based on current best practice and their individual person centred care needs for care and support.**

We saw that some people who used the service were supported to take their medication. We spoke to two people who received support in this way who told us that staff were very careful and followed their prescription instructions carefully. We saw that Medication Administration Records (MARs) were used by staff to record when a people had taken or refused their medication. The people’s MARS we saw had been signed accurately and without omission by staff. There was evidence that training about the safe use and administration of medicines was provided before staff supported people to take their medication. We saw evidence that audits of people’s medication were carried out by office staff to check medication had been correctly administered and signed for. Where medication errors were found, investigations were completed by the registered provider in order to minimise them from happening again and enable learning to be gained.

We saw that a call monitoring system was used by the service, to ensure people received their support in a timely way and their calls were not missed by staff. People who used the service showed us how care staff used their phones to alert the office of when they had arrived for a call. People told us they received a very consistent service and that staff timekeeping overall was very good.

The needs of people who used the service were initially assessed by the local authority, when the service was commissioned by them or completed by the agency at the commencement of the service delivered. Suitable numbers of staff were found to be employed by the agency in accordance with people’s assessments. Staff we spoke with had a good understanding of people’s needs and received training on a range of health and safety issues, including emergency first aid and worked flexibly with people to ensure their wishes and feelings were respected. We observed that office staff maintained close communication with both people who used the service and staff, to ensure changes in people’s support could be appropriately accommodated.

We saw that appropriate recruitment procedures had been followed, with checks carried out before new staff were allowed to start work with the agency. This ensured they did not pose an identified risk to people who used the service. We found pre-employment checks included obtaining clearance from the Disclosure and Barring Service (DBS) and were not included on an official list that

## Is the service safe?

barred them from working with vulnerable people. We saw that references of new applicants were followed up and checks made of their personal identity and past work experience, to highlight gaps in their history before an offer of employment was agreed.

People who used the service were supported by staff who had received training in relation to the safeguarding of vulnerable adults, which was carried out as part of their induction to the service. Policies and protocols were available to help guide staff when reporting safeguarding concerns, which were aligned with the local authority's guidance and procedures on this. There was evidence the

registered provider had appropriately notified the local safeguarding team and worked closely with them to resolve issues when required. The local authority told us they had no concerns about the service.

Staff who we spoke with were aware of the different types of abuse and their roles and responsibilities for reporting this, if they suspected it had occurred. Staff were clear about their duty to 'blow the whistle' about concerns or incidents of poor practice. They said they would raise concerns with the registered manager and were confident that appropriate action would be taken by them when required. One member of staff told us, "I definitely have no concerns about whistleblowing; I wouldn't want my grandma in that position."

# Is the service effective?

## Our findings

People who used the service told us they felt their staff were well trained and able to meet their needs. One relative told us, “Any combination of staff works well” whilst another commented positively on the vigilance and knowledge demonstrated by staff. They told us, “The staff spotted a potential problem and called the GP to rectify the issue.”

Survey comments received included, “In the preparation of meals the carers have the skills, training and experience to prepare and cook a variety of meals for a person in care who may have special dietary needs.” A member of care staff told us about the encouragement and support they provided to people living alone to enable them to maintain a healthy diet and ensure their nutritional needs were met. There was evidence in people’s personal care files that information about their nutritional status had been assessed, together with guidance for staff about action to take to ensure people’s needs and preferences were appropriately maintained in this regard.

Training on malnutrition and food safety was provided to staff to ensure they were aware of safe food handling techniques. Members of care staff we spoke with told us they provided support and encouragement to people to ensure they maintained a healthy diet to enable their nutritional needs to be met. We saw evidence that a range of training and support was provided to staff to ensure they had the appropriate skills to meet people’s assessed needs. We found the registered manager had signed up to a nationally endorsed voluntary scheme, known as the ‘Social Care Commitment’ to improve the quality of their workforce, by undertaking tasks to ensure good recruitment, supervision and training practices were provided. Staff training records contained evidence of completed courses on safeguarding vulnerable adults from potential abuse, safe handling and the administration of medicines, infection control, malnutrition and food hygiene, moving and handling, emergency first aid, fire awareness, effective communication, the Mental Capacity Act, and specialist training on living with dementia and issues such as epilepsy and management of percutaneous endoscopic gastrostomy (PEG) feeds.

We saw evidence staff received on going supervision and appraisals of their skills and received mentorship and

shadowing opportunities before being able to work with people who used the service alone. Evidence in staff files was seen of work undertaken to complete an induction to the service that was linked to the skills for care common induction standards. We saw work being prepared by the registered manager to ensure this was aligned to the Care Certificate that was introduced at the beginning of the month.

We observed personal care files contained evidence to demonstrate agreement had been sought for care plans, to enable people’s personal choices and independence to be promoted and encouraged.

Staff confirmed they were aware of the principles of The Mental Capacity Act 2005 and understood the requirement and importance of gaining consent and agreement from people about the support that was provided. People confirmed staff consulted and involved them in decisions about their support and said that staff were very helpful and showed consideration for their wishes and feelings. The Care Quality Commission is required by law to monitor the use of the Deprivation of Liberty Safeguards (DoLS). DoLS are applied for when people who use the service lack capacity and the care they require to keep them safe amounts to continuous supervision and control. In community settings DoLS do not apply and an application should be made to the Court of Protection, for people whose rights may be subject to need of this safeguard. The registered manager told us they would work with the local authority safeguarding team to identify people in relation to potential applications in this regard. Staff in the local authority told us they were currently in the process of awaiting a formal decision from a solicitor under this legislation, to ensure the rights of a person supported by the agency were properly protected.

People’s care plans provided evidence of support that was provided to ensure they had access to healthcare professionals when required, such as GP’s dentists and opticians. People told us about arrangements in place to ensure they were supported by care staff to attend hospital appointments when required.

Care staff told us they enjoyed their work and, “Knowing and seeing a difference” they were able to make to people’s lives. Staff told us that support provided for them and communication was good and that they “Never felt they were left out there on their own.”

# Is the service caring?

## Our findings

People who used the service told us they had developed positive relationships with their care staff and were treated with kindness and compassion. People told us care staff were considerate of their needs and that support was generally delivered by a regular and consistent set of carers who were flexible and familiar with their individual wishes and preferences.

We were told by people, “Staff stay the correct time and don’t rush.”

One relative commented in a questionnaire, “As daughter I am always advised of any concerns the carers have when visiting and I feel we are all part of a team [xxxx, carers and me] ensuring a safe environment is provided for xxxx to continue living at home, we would both be lost without the carers.”

There was evidence the registered provider placed a high importance on the promotion of people’s dignity and that staff training was provided on the provision of person centred support and staff values such as the maintenance of personal respect.

Care staff we spoke with were positive about their work and told us they, “Loved their jobs”. We observed care staff interacted positively with people who used the service and demonstrated a good understanding of the need to ensure their confidentiality was appropriately upheld.

We saw that people’s care records contained assessments about a range of their needs, together with information about what assistance was required with tasks such as personal care and support to enable their independence to be promoted. We saw this included details about their personal histories and individual preferences to ensure their dignity and wishes were upheld.

People told us that staff listed involved them in making decisions about their support and encouraged them to wash and dress where this was possible and offered choices about things like what clothes they wished to wear. We saw evidence of a recent relative letter that stated, “Whoever it was that came were always polite, patient, courteous and professional, once again a big thank you for helping to make what turned out to be the last days of their life as pleasant and comfortable as possible.”

People who used the service confirmed they were provided with a range of information about the agency to enable them to know what to expect and who to contact in emergency situations if this required.

# Is the service responsive?

## Our findings

People who used the service told us they were overall very satisfied with the service. One relative told us they were, “Very pleased with the support we get, the staff are all very friendly and caring and knowledgeable.” They told us that staff, “Do over and above what they need to do and will stay if I need them to.” People told us they knew how to raise a complaint about the service if this was needed. They told us that overall they were confident that action would be taken to resolve issues, if this was required. One person told us, “I wouldn’t have a word said against my girls.”

Comments received from people to a questionnaire included, “ICCS have been very person focused right from the start and have gone to great lengths to ensure that the care is tailored to the service user's needs. They are also very sensitive to the feelings of the on-site family carer. We have been pleased and relieved that they have successfully minimised the number of different care workers on our rota.”

Whilst one person told us “There is no doubt that Ideal Community Care Solutions makes a positive difference.” However, they did go on to indicate improvements could sometimes be made in relation to staff following details included in their care plans. They commented, “One issue would be ensuring that instructions which are written in the folder are adhered to, in particular when there is a change of personnel.”

We found that assessments and plans of support for people’s needs were carried out at the commencement of their service by senior members of staff, to ensure the agency was able to meet their needs. We were told by people they were encouraged to be actively involved in the development of their plans of support to enable their wishes and feelings about this to be upheld.

We found information about people’s needs was recorded in their personal care files, together with details about their individual strengths and personal histories to enable staff to support their wishes for independence and self-control. People told us staff involved them in making decisions with things like routines for bathing, choices about food,

involvement of others in personal care and how they liked to be addressed. Whilst we saw people’s support plans were personalised with details about their preferences for support, we saw these could be further developed. For example we saw that care plans for a group of people with learning disabilities and were supported by the agency to live together in a group home would benefit from more details for staff about the promotion of their independence.

**We recommend the service finds out more about current best practice, in relation to encouragement of people with learning disabilities to develop their independence and lead fulfilling lives to be active citizens in accordance with their wishes and aspirations.**

We found that risk assessments had been developed to minimise the likelihood of known risks to people concerning issues such as mobility, falls and people’s medication needs. We saw that reviews of people’s support were carried out on a periodic basis or after a change in their needs. We saw evidence of communication with people who used the service after the commencement of their service to ensure they were happy with how their support was delivered. Staff told us that information about this was used as part of their ongoing professional supervision and appraisals, to ensure issues of concern could be addressed and acted on.

The registered provider had a policy that gave information in relation to making a complaint about the service to ensure people’s concerns were acted on and listened to. We found this included acknowledgement and response times as well as what action to take if the complainant was not satisfied with the outcome of a complaint. Information about how to make a complaint was supplied to people in their welcome pack at their commencement of their use of the service. There was evidence the provider took action to follow up concerns that were received and used complaints or feedback as an opportunity for learning and improving the service. We spoke to a person as part of the inspection, who was unhappy about an issue concerning the service and had spoken to the registered provider and gained their assurance they would try to resolve this as far as was possible.

# Is the service well-led?

## Our findings

There was a registered manager in place who was aware of their responsibilities under the Health and Social Care Act 2008 to report incidents, accidents and other notifiable events occurring during the delivery of the service. We saw evidence notifications were submitted to the Care Quality Commission (CQC) in a timely way as required. The registered manager had a wealth of experience and was a qualified trainer and had worked in health and social care for a number of years.

There was evidence the registered manager was supported by a range of both professional care and ancillary office based office staff who had clear lines of accountability and managerial responsibility. We saw evidence the registered manager had a 'hands on' style of approach and took their job seriously. Staff told us the registered manager was, "Very approachable and always there for them" and that they, "Did not feel alone and felt well supported." Care staff told us that management feedback to them was provided in a positive and constructive way.

We saw evidence of regular meetings and communication with staff to ensure they were aware of their professional roles and responsibilities. A whistle-blowing policy was in place to enable staff to raise any concerns about the service and we saw evidence that appropriate managerial action was taken in relation to issues in this respect. Members of staff we spoke with all said they could raise any concerns and felt the service's management team were approachable and fair.

The Chief Executive Officer told us about improvements that had been made, including a decision to no longer provide fifteen minute time limited calls to ensure people who used the service were not rushed and that staff had appropriate time to meet their needs. They told us they were currently working on plans in relation to improving staffing conditions.

We found there were internal governance systems in place to enable different aspects of the service to be monitored and reported on. We saw for example; care planning reviews, medication, staff training and general satisfaction audits were carried out to enable the quality of the service delivered together with action taken to improve the service when this was required. We were told in a comment in a questionnaire that a person was uncertain of which carers were due to visit to their home, but subsequently saw evidence of timetables that were now issued to people to enable them to gain reassurance on this issue. A call monitoring system was in place to enable office staff to know when staff had arrived on a call and that prompt action was taken to ensure shortfalls that were noted were addressed. We saw that a system was in place to enable spot checks to be carried out to ensure that staff were on time, dressed appropriately and personal care tasks completed as required.

There was a range of core training provided to staff to ensure people who used the service were treated with dignity and respect, have their independence and choices supported, and enabled to have their personal aspirations fulfilled by staff who were knowledgeable about people's individual needs.

There was evidence that people who used the service were encouraged to provide their views on the level of service provided and suggest any improvements in relation to the service they received. Stake holder surveys were sent to people, relatives and relevant professionals periodically, together with a six monthly newsletters to keep people informed about developments with the service.

There was evidence that staff individual skills and abilities were recognised and valued by the service. We saw copies of staff certificates on display in the service in relation to their personal achievements.