

Ideal Community Care Solutions C.I.C.

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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection site visit for Ideal Community Care Solutions C.I.C. took place on 16 August 2017 and was announced. On 31 August 2017 we contacted people that used the service and their relatives via telephone so that we could obtain their views of the support they received.

The service was part of a non-profit organisation based in Brigg called The Carer's Support Centre, a charity to support carers in the community. The service, but not the charity, required registration with the Care Quality Commission, as it provided personal care and support to people living in their own homes whose carers needed a break. It provided a service to those that needed assistance because of living with old age, dementia, learning disability, autism, mental health, physical disability or sensory impairment. At the time of our inspection there were approximately 121 people receiving the service but only 59 of those received personal care. Other people received a sitting service, domestic calls or safety checks from Ideal Community Care Solutions C.I.C.

At the last inspection in April 2015 the service met all of the regulations we assessed and was rated as 'Good', but with one area (Safe) rated as 'Requires Improvement.' This was because risk assessments for some people were insufficiently developed to ensure that accurate information was available to help assistants keep them safe from harm.

At this inspection we found the service remained 'Good' but with a different area (Well-led) rated as 'Requires Improvement'. This was because the recommendations made in the 'Safe' section were now met, as risk assessments for people removed any risks of harm. However, there was no registered manager in post.

A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. A service that does not have a registered manager in place cannot receive a higher rating than 'Requires Improvement' in the well-led domain as the registered provider is in breach of the conditions of their registration. A new manager had been appointed and an application for them to become the registered manager was in progress.

We also found that the quality monitoring and assurance systems were insufficiently developed to always be effective. Therefore we made a recommendation regarding development of the quality assurance system. The quality monitoring and assurance systems included some audits of the service and issuing of satisfaction surveys. However, analysis of information was insufficiently developed as it had not resulted in action plans always being used to show how improvements would be made and there was no means of feeding back to stakeholders the findings and results of any action that was taken.

People told us they felt safe when supported by personal support assistants. The registered provider

(known as provider in this report) had systems in place to address safeguarding concerns. Assistants were appropriately trained in safeguarding adults from abuse and understood their responsibilities in respect of recording and reporting incidents. Risks to people had been assessed and plans put in place to protect them from harm.

People's living environments were assessed for any hazards to them or personal support assistants and risk assessments put in place if required to ensure everyone's safety. Assistants' numbers were sufficient to meet people's need and rosters were used to record who was on duty. Recruitment practices were safe and ensured assistants were suitable to care for and support vulnerable people. We found that the management of medicines was safely carried out.

People were cared for and supported by qualified and competent assistants that received regular supervision and had their personal performance annually assessed. People's mental capacity was appropriately assessed and their rights were protected.

People were supported to have maximum choice and control of their lives and assistants supported them in the least restrictive way possible. The policies and systems in the service supported this practice. Everyone that worked in the service had knowledge and understanding of their roles and responsibilities in respect of the legislation around capacity and they understood the importance of people being supported to make decisions for themselves.

Assistants were kind and provided compassionate care to people. They knew about people's needs and preferences. People were provided with information, encouraged to remain independent, involved in their care and always asked for their consent before assistants undertook care and support tasks. People's privacy, dignity and independence were monitored and respected.

Person-centred support plans reflected people's needs and were regularly reviewed. There was an effective complaint procedure in place and people were able to have any complaints investigated without bias. People had their relationships with relatives and friends respected.

The culture among the personal support assistants was inclusive and respectful and the management style of the service was positive. People had opportunities to make their views known through direct discussions and formal complaint and quality monitoring formats. People were assured that recording systems used in the service protected their privacy and confidentiality as records were well maintained and were held securely.

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 safe. Improvements had been made since the last inspection with regard to risk management.

People were protected from harm because the registered provider had systems in place to detect, monitor and report potential or actual safeguarding concerns.

Staffing numbers were sufficient to meet people's need and recruitment practices were carefully followed. People's medication was safely managed.

Good ●

Is the service effective?

The service remains Good.

Good ●

Is the service caring?

The service remains Good.

Good ●

Is the service responsive?

The service remains Good.

Good ●

Is the service well-led?

The service was not always well led.

This was because there was no registered manager in post. It was also because the quality assurance system, though effective, did not always include action plans to improve shortfalls or ensure people received feedback on any improvements made.

The culture of the service was inclusive and the management style of the management team was positive.

People had opportunities to make their views known and people were assured that recording systems in use protected their privacy and confidentiality. Records were well maintained and held securely in the premises.

Requires Improvement ●

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 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.

The inspection of Ideal Community Care Solutions C.I.C. took place on 22 and 31 August 2017 and was announced. The provider was given 21 hours' notice because the location provided a domiciliary care service and we needed to be sure that someone would be at the agency offices to meet with us. One Adult Social Care inspector carried out the inspection.

Information was gathered before the inspection from notifications that had been sent to the Care Quality Commission (CQC). Notifications are when registered providers send us information about certain changes, events or incidents that occur. We also requested feedback from local authorities that contracted services with Ideal Community Care Solutions C.I.C. and reviewed information from people who had contacted CQC, to make their views known about the service. We requested a 'provider information return' (PIR) from the registered provider. A PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We spoke with five people that used the service, two relatives and the registered manager. We spoke with three personal support assistants that worked at Ideal Community Care Solutions C.I.C. We looked at care files belonging to three people that used the service and at recruitment files and training records for four personal support assistants. We viewed records and documentation relating to the running of the service, including the quality assurance and monitoring, medication management and premises safety systems. We also looked at equipment maintenance records and records held in respect of complaints and compliments. We observed personal support assistants providing help to two people when we visited them

and observed the interactions that took place.

Is the service safe?

Our findings

People told us they felt safe with the personal support assistants that visited them. They said, "I have confidence in their trustworthiness" and, "I have no concerns about the staff that come to help me, as they are all very reliable, lovely people."

People's safety was assured by the service with regard to safeguarding systems and practice, risk management, staffing levels, recruitment and selection and supporting people with their medicines. People's home environments were assessed to ensure they were safe for people and the personal support assistants that visited them.

The provider had systems in place to manage safeguarding incidents and staff were trained in safeguarding people from abuse. Staff demonstrated knowledge of their safeguarding responsibilities and knew how to refer suspected or actual incidents to the local authority safeguarding team. Records were held with regard to any referrals made: the last four having been in 2016. Appropriate action had been taken to safeguard people and to remove the risks involved. We were informed of these using the formal notifications system.

Other concerns raised and passed to North Lincolnshire Council, but not referred as safeguarding issues, included one in 2017 and two in 2016. The management team were keen to report all incidents in a timely manner.

Risk assessments completed for people's environments helped to remove the risk of harm to people from, for example, falls, poor positioning, moving around their homes, inadequate nutrition and hydration, use of equipment and taking medicines. They also removed risks for assistants visiting people.

There was a staffing hierarchy, which included the manager, care co-ordinators, senior personal support assistants and personal support assistants. The number of assistants was determined by the number of people requiring support packages and the extent of those packages.

A robust recruitment procedure ensured assistants were suitable for the job and involved completing job applications and obtaining references and a Disclosure and Barring Service (DBS) check before assistants started work, which we evidenced from their files. A DBS check is a legal requirement for anyone applying to work with children or vulnerable adults. It checks if they have a criminal record that would bar them from supporting these people and helps employers make safer recruitment decisions to prevent unsuitable people working with vulnerable groups. Assistants confirmed the process they had followed to be verified as suitable for their roles.

The organisation's premises were covered with regard to safety measures as they were regularly checked regarding health and safety, fire safety and access and egress issues. The premises and the organisation had appropriate employer's and public liability insurance and the provider had cover with The Carer's Support Centre charity, which was registered with the Information Commissioner's Office for the protection of data held in the offices.

Medicines support provided to people that used the service was safe and only personal support assistants trained in safe management of medicines carried out this responsibility. People tended to obtain their own medicines in good time so that they did not run out of them. They had responsibility to safely store their medicines, but assistants ensured safety measures were followed. Where assistants were responsible to administer medicines they told us they completed domiciliary medication administration records, which were regularly audited by the management team.

Is the service effective?

Our findings

People told us that personal support assistants were very capable and supportive. They said, "They mostly know what they are doing, though some are better than others", "The assistants are very knowledgeable and competent at their job" and, "The girls that visit me are very good because they do what should be done when needed. They are helpful and understanding and use a holistic approach."

People were assured an effective service was provided because personal support assistants completed appropriate initial training and refresher training to maintain their competence in their roles. Requirements of the Mental Capacity Act 2015 (MCA) were adhered to so that people's rights were respected and their consent to receive support was obtained. People were supported to eat well and look after their health and wellbeing.

The provider used several training methods to ensure assistants were appropriately trained: internal face to face instruction with the organisation's trained personnel or with external training providers, e-learning and course workbooks.

A training plan was seen for the service along with personal support assistants' training records and certificates and all of the up-to-date information about training was held on a training matrix (central record). This showed that training was mostly up-to-date with a need for three of the 33 listed (assistants and senior assistants) to renew their three-yearly medicines management courses (although two of these were not currently administering medicines).

Two assistants needed to update health and safety, three to update moving and handling practical, three food hygiene, one safeguarding adults, two managing anxious behaviour in people living with dementia and four mental capacity. The matrix showed a rolling system of refreshing training and we were told these missed updates had been as a result of the registered manager having been absent for a while. Work was underway to remedy this. Assistants were keeping up with all other training refreshers and completing training relevant to the support they provided to people, as well as being regularly competence assessed regarding their skills.

Interviews with personal support assistants confirmed the training opportunities they received and the courses they had completed or refreshed. Evidence was seen of personal support assistants' induction, supervision and personal development. Supervision records evidenced that topics for discussion included practice issues, development, people's particular support needs and checks on understanding of policy and procedure. Where appropriate, new assistants completed the Care Certificate.

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 interest 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 interest and legally authorised under the MCA. The application procedures for this with regard to people living in their own homes included Court of Protection orders. We were informed the acting manager had not needed to request a Court of Protection order for anyone and there were none in place already that required review and renewal.

Personal support assistants were fully conversant with the requirements of the MCA and told us they always sought consent from people before commencing with any support or care. They explained their understanding of MCA and best interest decisions. One assistant said, "There is absolutely no mileage in trying to force a person to do anything they do not agree to. This would be abuse. People are offered help and I wait for their agreement before I do anything.

The personal support assistants tended not to provide meals for people that used the service. This was because being part of the Carers' Support Charity the service's main function was to provide support to people that already had carers. This support was only needed when people's carers required a break, were unable to provide social activities or were unable to give specialist care. For example, with taking people to day services, out shopping or providing such as physiotherapy. Any support that was provided with meals would be impromptu to meet a particular need or perhaps only in an emergency. Assistants were aware of people's nutritional risks, however, and had strategies devised by the Speech and Language Therapist in place for emergencies. For example, with people who may have swallowing difficulties or such as those people who were nourished via percutaneous endoscopic gastronomy feeding (food administered by tube directly into the digestive system).

The same applied to people's health care needs, as assistants were not responsible for ensuring people saw their doctor or attended health care appointments. Assistants were aware of people's needs and would support them when necessary but usually these roles were carried out by people's carers. There were some people with very specific health needs that assistants did support them with, such as physiotherapy, occupational therapy and the occasional emergency rescue medicine, but these were appropriately assessed, risk assessed and planned for within people's support plans. Assistants only supported these people when they had the appropriate training and skills to do so.

Is the service caring?

Our findings

People told us that the personal support assistants were kind, caring and gentle. They said, "The girls are very good. They are polite and caring", "The assistants are wonderful, as they provide personal care in a way that respects my dignity" and, "[Name] likes the girls that visit as they understand and can be excellent with what needs doing."

Everyone we spoke with, without exception, stated that the assistants were courteous, polite, understanding and caring and that they felt involved and in control of the situations where they needed support. Some said they saw the assistants as friends or family members and they had taken them into their homes as more than just personal support assistants. One person said, "I have absolutely no idea how I would manage without these girls. I can confide in them, I can explain about personal needs and they always help me find a solution. They are so supportive to my spouse as well."

People were assured the personal support assistants that visited them were caring because only those with a caring nature were employed using a targeted selection process. Assistants were encouraged to maintain a caring, compassionate and positive approach in their roles, where empowerment was considered 'key' for people that used the service. This started with robust induction of personal support assistants in which holistic, person-centred care was given high importance and professional but caring relationships were encouraged.

One personal support assistant told us about their commitment to people they visited, with regard to going 'over and above' what was expected of them in their role, and said they recently had a person who had moved to residential care. They said they intended to visit the person at the care home in their own time to ensure they settled well and maintained continuity of social interaction. They said they had also been shopping for some people when on leave.

People we spoke with told us their privacy, dignity and independence were respected. They said, "I am treated how I want to be treated", "The girls are very discreet when they help me with anything personal", "They [assistants] are wonderful and my support is very dignified" and, "Though there is usually no need for personal care, if I do need help the girls are very understanding and respect my dignity." Assistants told us they were bound by the organisation's confidentiality and other codes, knew about data protection responsibilities and ensured people's privacy and dignity was respected in their daily practice, giving examples of how they did this.

Personal support assistants received training in equality and diversity and understood the principles and concepts of the Equality Act 2010 and the Human Rights Act 1998. They respected people's differences and were mindful not to allow situations to develop where people were disadvantaged or discriminated against on grounds of disability, age, race, gender, religion and belief, sexual orientation, gender reassignment and pregnancy and maternity status.

Is the service responsive?

Our findings

People told us that personal support assistants listened to their views and requests about their needs. They said, "Some are excellent, while others may just do the basics, but generally the assistants do a good job", "I find all of the assistants to be knowledgeable about their roles and willing to do absolutely anything to help me with my needs", "There is just one who asks what I need help with and then still does things their own way. You get the odd one don't you?", "The girls are skilled at motivating me" and, "I have nothing bad to say about them [assistants] as they always do as I ask them and know my routine now."

People were assured that assistants were responsive to their needs, as person-centred support plans were in place, people were listened to regarding any complaints, concerns or worries and consistent support was provided.

People's care files revealed that assessments of needs were carried out, relevant to people's health conditions, preferences and wishes. Environmental risk assessments were completed to ensure people and assistants were safe in people's homes. Personal support assistants explained that any issues for people with regards to the service provided were immediately reported to the care co-ordinators or senior assistants and if necessary to the local authority safeguarding team. Details in care files were clear and informative. People's support plans were also detailed and pertinent to individuals' needs.

One person told us about the specialist support they received from assistants who had been specifically trained with regard to their physiotherapy needs. Another explained that assistants helped them with their particular medical condition. One personal support assistant told us about how they aided one person to use local social service facilities throughout the week for both personal care and recreational activities, all of which demonstrated that personal support assistants were responsive to people's individual needs.

As part of our regulation of services the Care Quality Commission sends out its own satisfaction surveys. We sent out ten assistants' satisfaction surveys and received three back. One of these stated 'Ideal community care solutions are a good company to work for, but there is a lot of strain in the company at the moment due to staffing issues. I once or twice heard complaints from service users regarding office staff telling people if they are not satisfied they could look for another provider. I raised my concerns about this and there was a discussion held and the incident was dealt with.'

This related to a situation some months ago, which discussion with the acting manager revealed had been fully resolved. This showed that the provider dealt with complaints appropriately, once these had been escalated to the management team, and issues with the office staff, though found to be lacking on this one particular occasion, have since been addressed.

Other complaints were managed appropriately. We saw evidence of the complaints raised: none in 2017 and only two in 2016. Records showed that complaint investigations were swift and letters of apology given to complainants where appropriate. People told us they knew how to complain and would do so without any apprehension.

Is the service well-led?

Our findings

There was no registered manager in post at the time of our inspection. A service that does not have a registered manager in place cannot receive a higher rating than 'requires improvement' in the well-led domain as the registered provider is in breach of the conditions of their registration.

People were assured the service was appropriately run, despite there being no registered manager in post, because an acting manager was managing the service appropriately and making changes in all areas of support for people and assistants. There was a positive culture among the personal support assistants in their daily work, which was empowering for people. However, the leadership was constantly developing systems so that improvements to the running of the service could take place. These improvements relied upon the development of the quality monitoring and assurance systems, which had not yet become fully effective.

A quality compliance system had been purchased from an external source and was being adapted to meet the quality monitoring and assurance systems that were used.

The quality assurance system was substantial and robust in its auditing (covered medicines, support plans and safe working practices), surveying and analysing of information gathered, but had not always been developed fully to include setting of action plans and giving feeding back to stakeholders.

This inconsistency with action planning and lack of reporting on improvements did not always ensure people were aware of the progress made in the service to improve it where shortfalls had been identified. We recommend that the provider ensures all identified shortfalls in service provision are resolved using the action planning process and information is periodically passed to stakeholders regarding the improvements made following their contributions to the quality assurance system.

People told us they thought the service was well-led and that generally the office workers were approachable and understanding. The said, "While the assistants are very good there is a small issue with flexibility of the support they provide, because the service cannot always recruit new assistants. Things swim along nicely though", "Things run pretty well really and there is always someone to get in touch with at the office if need be", "If an assistant is running late then an office worker always rings me so that I know why. It is usually down to traffic" and "I get a rota each week on who will be visiting me, so I know who to expect and when."

The surveys sent out by and returned to Ideal Community Care Solutions C.I.C. showed predominately all positive responses to questions on quality, which indicated that people and their relatives, were happy with the support they received. Information had been analysed to show percentage satisfaction and to plan for the areas that surveys should target next time.

We sent out our own CQC satisfaction surveys: 18 to people that used the service and their relatives. While we received no completed ones from relatives we received nine from people that used the service.

Comments included 'Very satisfied with the service. Glad I'm back with them', 'Sometimes inconsistency of care workers causes problems both to me and my partner' and 'Staff abilities vary, as some are very good, but some are not so good. I do not like change of staff all the time.' Questions were answered with all positive responses.

We also sent out eight satisfaction surveys to health and social care professionals and received two back, with the following comments on one of them; 'I have been working alongside Ideal Community Care Solutions in a professional capacity for the last three years and during this time I have always felt they have cared for, respected and treated the service users with dignity and respect. I would feel happy to recommend this service. The manager is very knowledgeable and has a clear passion for wanting to support the individuals we are working with.'

The last North Lincolnshire Council contracting validation review was held about the service in February 2017 and the benchmark score obtained in that review was 96%

Another method of assuring the quality of service delivery included carrying out regular 'spot checks' on assistants to ensure their practice was in line with policy, met people's needs and was safe. People told us they had opportunities to comment on assistants' work practice on these checks.

Personal support assistants told us they held four team meetings per year and always passed issues to the management team. One assistant said, "Meetings have been very useful and provided opportunities to speak up about any concerns." Office staff held meetings every two weeks, with the last one being in July 2017. At this meeting some people's support plans had been overlooked and not held at the right time. This was remedied with swift action carried out to hold support plan reviews for certain people.

The culture of the service was described by personal support assistants as "Rewarding, team-based, supportive and flexible", and they also stated that the support they received from the acting manager, care coordinators and senior assistants was very good and reliable. One assistant said, "The management team back us all the way. Any problems we have are passed to the team and they sort them straight away." Another said, "The management team help us out if necessary. Like when one person would not let me into their home to provide the visit, the team ensured the person's family member came with a spare key" and "During the school holidays management enable us to have more flexible working rotas."

The service produced a 'Staff Handbook' for all assistants and employees of the organisation and this included details, for example, on holidays, sickness, general information, facilities and amenities, policies and procedures. Personal support assistants told us that they were issued with uniforms, work mobile phones, personal protective equipment and identity badges, and people we spoke with confirmed that these were all used appropriately, so that people were protected from risk of infection and were also protected from the risk of anyone entering their home that was not legitimately meant to be there.

People said that new assistants, although not always introduced before they began supporting them, were listed on their visit rotas so that they knew in advance who would be calling on them. Assistants confirmed they were given all relevant details of a person's support needs beforehand and that they used their mobile phones to 'clock' in and out a people's homes. This showed the service was appropriately well-led with regard to people's protection and security.

We found that records held by Ideal Community Care Solutions C.I.C. regarding people that used the service, staff and the running of the business, were appropriately and accurately maintained. These were in line with the requirements of regulation and we saw that they were securely held.

