

Individualised Care Ltd

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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?	Good ●

Summary of findings

Overall summary

This inspection took place on 20 and 22 February 2018 and was announced. We gave the provider two days' notice that we would be visiting their head office as we wanted to make sure they were available on the day of our inspection.

At our last comprehensive inspection in March 2016 the service was rated 'Good'. In August 2016 the head office of the service moved to a new address. At this inspection we found the service remained 'Good'.

Individualised Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes in the community. It provides a service to children and adults. At the time of this inspection there were approximately 56 people using the service who were receiving support with personal care. The provision of personal care is regulated by the Care Quality Commission.

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 and associated Regulations about how the service is run.

People told us they liked the staff and felt safe with them. Staff knew how to recognise and report abuse and understood their responsibilities in keeping people safe. Staff understood that people were at risk of discrimination and knew people must be treated with respect. Staff understood there were laws to protect people from discrimination.

Where risks to people's safety had been identified ways to mitigate these risks had been discussed with the person and recorded so staff knew how to support the person safely.

The service was following appropriate recruitment procedures to make sure only suitable staff were employed.

Staff had completed training in the management of medicines and understood what they should and should not do when supporting people or prompting people with their medicines.

Staff were provided with the training they required in order to support people safely and effectively.

Staff offered choices to people as they were supporting them and people were involved in making decisions about their care. People confirmed they were involved as much as they wanted to be in the planning of their care and support.

Care plans included the views of people using the service. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and

systems in the service supported this practice.

The management and staff responded quickly and appropriately to any changes in people's needs and care plans reflected people's current needs and preferences.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry.

The service was led by an experienced and skilled registered manager who provided a stable and consistent management style where staff felt supported and included in the running of the service.

People who used the service, their relatives and the staff said they felt valued by the registered manager and by everyone who worked at the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service continued to be safe.

Is the service effective?

Good ●

The service continued to be effective.

Is the service caring?

Good ●

The service continued to be caring.

Is the service responsive?

Good ●

The service continued to be responsive.

Is the service well-led?

Good ●

The service continued to be well-led.

Individualised Care Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked 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.

The inspection took place on 20 and 22 February 2018 and was announced. The provider was given 48 hours' notice because the location provides personal care to people in their own homes and we needed to be sure someone was in. The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the completed PIR and previous inspection reports before the inspection.

We reviewed other information we had about the provider, including notifications of any safeguarding or other incidents affecting the safety and well-being of people using the service. A notification is information about important events which the service is required to send us by law.

We spoke with seven people who use the service and six relatives. We spoke with five care staff, two field supervisors and the registered manager. We looked at seven people's care and support plans and other documents relating to their care including risk assessments and healthcare documents.

We looked at other records held by the service including five staff files, health and safety documents, quality audits and surveys. We also spoke with a social care professional who had regular contact with the organisation.

Is the service safe?

Our findings

People told us they trusted the staff and felt safe with them. One person we spoke with told us, "Yes I feel safe and happy." Another person said, "On a Thursday a carer does shopping for me. I give them a list and they return with a receipt and cash." A relative commented, "We get regular carers. They make my husband feel relaxed."

Staff knew how to recognise and report potential abuse. Staff had received training in safeguarding and understood the types of abuse people could face and potential signs to look out for that may indicate people were being harmed.

Before people were offered a service, a pre-assessment was undertaken with the person so they could discuss their support needs. Part of this assessment involved looking at any risks faced by the person or by the staff supporting them. One person we spoke with told us, "They discussed risks with me." We saw risk assessments had been undertaken in relation to pressure care management, road safety and epilepsy.

Where risks had been identified, the management had discussed with the person or their representative ways to mitigate these risks. Staff understood the risks people faced and described the risks to us and what they needed to look out for. For example, one staff member told us they had completed epilepsy training and knew what to do if someone experienced a seizure.

Part of the assessment included making sure there was enough time for staff to meet people's individual needs. People told us they did not feel rushed and staff generally arrived on time. One person told us, "It is not always possible to be on time but I understand if they are late, which is no more than 15 minutes. They stay the full time and don't leave until I tell them to leave." A relative commented, "They call me if they are running late. When they are finished and they have the time, they will sit down with him and chat with [my relative]."

Staff did not raise any concerns with us about staffing levels and told us that they had enough time to carry out the tasks required and they would inform the registered manager if they felt they needed more time. One staff member told us, "If I don't have enough time I raise this with the office and someone will come to reassess [the person]."

Not everyone required assistance with the management of their medicines. Those people who had support with their medicines told us they were happy with this. One person told us, "I do it myself. But I must say they ask me every morning if I have taken them." Another person commented, "I use the blister pack in the morning with the carer and in the evening I take a pill, too."

Staff had completed training in the management of medicines and understood what they should and should not do when supporting people or prompting people with their medicines. Staff told us that the registered manager or one of the management team carried out competency checks to make sure they knew how to administer and manage medicines safely. These were only briefly being recorded as part of

wider spot checks and the registered manager told us they would develop a more detailed template for this competency check. This would include detailed observations of how the staff member assisted the person with their medicines and would help ensure the staff member fully understood the procedure.

We looked at staff files to see if the provider was continuing to follow appropriate recruitment procedures. Staff files contained appropriate recruitment documentation including references, criminal record checks and information about the experience and skills of the individual. This meant the provider could be assured they employed staff suitable to working in the caring profession.

Staff had completed infection control and food hygiene training and understood their roles and responsibilities in relation to these areas of care. They told us they were provided with sufficient amounts of personal protective equipment such as disposable gloves and aprons when required.

Any specific risks in relation to infection control were documented in people's support plans. For example, where people were being supported with the provision of food and fluids via a Percutaneous Endoscopic Gastrostomy (PEG) tube, there was detailed information about what staff should look out for that may indicate the person may be getting an infection. There was also clear advice about who the staff should report their concerns to.

Staff understood their responsibilities and knew how to raise concerns and record safety incidents and near misses and gave us examples of how they had done this in the past. There was clear and detailed information about health and safety compliance in the staff handbook which was given to all staff.

There were systems in place to monitor and review any accidents, concerns or incidents that occurred. The registered manager gave us examples of how lessons had been learnt from a recent safeguarding issue. This included reminding staff about the importance of following the correct procedures when administering people's medicines and, ultimately by following staff disciplinary procedures.

Is the service effective?

Our findings

People were referred to the service from local commissioning teams who had listed people's needs and requirements. We saw that the registered manager met with the person and their representative to help plan their care. Care plans were focussed on the person, their individual needs and preferences. These plans were holistic and in line with the values of the service.

The management and staff used technology in a number of ways to enhance the delivery of care. This included joint text messages and emails. Staff told us this helped them coordinate care effectively and people who used the service were generally happy with the way staff kept them up to date with where they were. One person told us, "Sometimes they are late. But lately they have been calling us to say the buses are late and this is fine with us." A relative commented, "They call me if they are running late."

Some people we spoke with told us there were times when they were not informed that another staff member would be visiting them to replace their usual staff. One person told us, "They don't really call me if they are changing the carer." We spoke with the registered manager about this and they agreed to make sure people were notified if their usual staff member was being replaced. They told us all new staff were introduced to the person before they started supporting them. This ensured that people recognised any new staff when they visited.

Staff told us they were provided with the training they needed in order to support people effectively. This included health and safety, dementia care, autism awareness, medicine management, food hygiene and moving and handling. One staff member told us, "We get through a lot of training. They give us regular training."

Staff told us about the induction process which involved looking at policies and procedures, undertaking essential training and shadowing more experienced staff until they were confident to work on their own. One staff member said, "Before you start the job you are trained for four days. It's very helpful as it covers almost everything you are going to meet."

The registered manager was a qualified trainer and staff told us how useful this was for them. They said that if there was any particular or bespoke training needed the registered manager would ensure they completed this before working with the person. For example, staff told us they were trained to use the individual hoist which had been provided for each person so they knew how to use each hoist safely.

Staff completed on going refresher training when required and told us the registered manager always made sure they were up to date. One staff member told us, "Whenever something new comes up the manager tells you to come for the training." Another staff member commented, "The training goes on every day [the registered manager] is reminding you of what you have learnt and how you apply it."

People who used the service told us they had confidence in the staff and that staff were effective. One person told us, "I am quite confident with this chap, very happy to let him get on with it without me

watching."

Staff confirmed they received regular supervision and we saw records of staff supervision in their files. Supervision included spot checks on staff in people's homes. Staff told us they discussed their training needs and any changes in the care needs of the people they supported. One staff member told us, "It reminds you of policies and procedures and gives you more awareness of tasks and of the duty of care." Another staff member said, "It's good, it supports you and you can bring up any issues and training needs."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the Mental Capacity Act 2005. Domiciliary care services must apply to the Court of Protection for legal authorisation to deprive a person of their liberty. We checked whether the service was working within the principles of the MCA.

Staff understood what this legislation meant for people who lacked capacity to make decisions. One staff member told us, "It's about safeguarding people who can't make decisions." We asked people if staff always asked for their permission before carrying out any required tasks for them. One person told us, "Always." A relative commented, "Yes they ask him. Sometimes he says he can do it himself and they stand aside to help him if he asks." Another relative commented, "[The staff] are absolutely lovely, kind, respectful and always ask permission." Support plans reminded staff that they must always seek the person's consent before providing any care and support.

The registered manager told us, and records confirmed that people who currently used the service were able to make day to day decisions about their care. Staff gave us examples of how they offered people choices in relation to their care which included what people wanted to wear and what people wanted to eat that day.

People who required help with eating and drinking told us they were happy with how staff supported them. One person told us, "Oh yes they do toast and marmite." Another person commented, "They do ask, but I am an independent person." A relative told us, "Generally they make coffee and toast."

Support plans detailed people's individual nutritional requirements as well as any potential risks. Staff had undertaken food hygiene training and gave us examples of how they made sure people were supported safely. For example, one staff member told us that a person they supported ate very quickly and was at risk of choking if they were not supervised.

Staff told us there was good team work within the organisation and they gave us examples of how they communicated together for the benefit of the people they supported. These examples included texting colleagues in order to coordinate visit times. This helped ensure people received consistent, timely and coordinated care. One person told us, "They come when they say they will come." Another person commented, "They do a good job and save me a lot of hassle. We are doing good."

Care plans showed the registered manager had obtained the necessary detail about people's healthcare needs and had provided specific guidance for staff regarding what action they needed to take if people

became unwell. The registered manager told us extra staff time would be allocated if people needed to attend GP or hospital appointments.

Staff we spoke with had a good understanding about the current medical and health conditions of the people they supported. They knew who to contact if they had concerns about a person's health including emergency contacts. The service had an on call system so staff knew they could always contact someone from the service in an emergency for advice and support.

Is the service caring?

Our findings

People told us the staff knew them well and they were treated with respect and kindness. One person told us, "Absolutely, yes very much so. I think that is where you see the training, treating you with respect." A relative commented, "Yes there is one particular lady carer. She is so jolly. My dad loves her as she is so sparkly and she respects my father's home. Nothing is any trouble to her." Another relative said, "They are very nice. The girls are well mannered. My wife enjoys it and it puts her into a really good mood for the morning." It was clear from talking with people that they liked the staff and, even within the limited time they visited people, professional and caring relationships had formed.

People and their relatives confirmed they were involved as much as they wanted to be in the planning of their care and support. People told us that staff listened to them and respected their choices and decisions. A staff member told us, "You have to follow the client. You have to be flexible." All care plans we looked at had been signed by the person or their representative to indicate they agreed with the way they wanted to be supported.

Staff told us they enjoyed supporting people and demonstrated a good understanding of peoples' likes, dislikes and life history. This matched the information we saw in people's support plans.

The registered manager and staff understood how issues relating to equality and diversity impacted on people's lives. They told us that they made sure no one was disadvantaged because of, for example, their age, sexual orientation, disability or culture. The Equality Act 2010 introduced the term 'protected characteristics' to refer to groups that are protected under the Act and must not be discriminated against. Staff gave us examples of how they valued and celebrated people's differences.

Staff had completed equality and diversity training and told us it was important to respect people's culture and customs when visiting and gave us examples of how they did this in relation to religious observance, language and culture. The registered manager told us people's diversity including their background and culture was looked at as part of the pre assessment of their needs.

People confirmed they were treated with respect and their privacy was maintained. One person told us, "Some of the things the staff do, like help me with personal care could be embarrassing. They don't make me feel uncomfortable at all." A relative commented, "Oh yes of course. He likes to go to the toilet himself. So he tells them and they come downstairs. When he is finished he yells to come back up."

Staff gave examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information about people should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting people's dignity.

Is the service responsive?

Our findings

People told us the registered manager and staff responded quickly to any changes in their needs and that staff were flexible. One person told us, "They try their best, they are very flexible."

Each person had a care plan that was designed to meet their identified needs. These plans reflected how people were supported to receive care in accordance with their needs and preferences.

We checked the care records for seven people. We saw that people had been involved in their care planning and they told us they were included in reviewing their needs on a regular basis. One relative told us, "They come once a year to review."

We saw from people's care records and by talking with staff that any changes to people's health conditions were noted by staff and reported to the management so they could take the required actions. A relative told us, "[The registered manager] responds quite quickly."

People's support needs sometimes included help with accessing the community. We saw that the service provided staff to escort people to their place of worship when this was required.

People told us they had no complaints about the service but said they felt able to raise any concerns without worry. One person we spoke with said, "I would phone the agency up. I have spoken to two women there and they are very nice. I told them about one chap I didn't like and they were very nice and he has not returned." A relative said, "We had some issues in the beginning with a new carer, it's resolved. When I'm not happy I text the manager and she resolves it straight away."

The registered manager had dealt with past complaints swiftly and had maintained accurate records of the complaint investigations. We saw that people had received a written apology where mistakes had been made.

The registered manager told us that currently no one using the service was being supported at the end of their life. However, the service had the relevant policies and procedures in order that staff understood this important aspect of care should it be needed to ensure people had a comfortable, dignified and pain-free death.

Is the service well-led?

Our findings

People using the service and their relatives were positive about the way the service was run. One person commented, "My overall opinion is very good and very professional." A relative commented, "We are pleased with the services they provide."

Staff said they enjoyed working for Individualised Care Limited and told us the registered manager was very supportive. Staff views about the registered manager included, "Tough but in a good way," "Wonderful because of the way she relates to staff" and, "She praises you and respects your opinion."

Staff told us their views and suggestions were sought and taken into account. They gave us examples of where their suggestions had been taken up by the management. This included suggestions in relation to modifying visit times and ideas about how to improve care provision. One staff member told us, "They ask all the time for suggestions."

Staff told us that the registered manager was supportive if they experienced any form of discrimination themselves. A staff member told us, "[The registered manager] supports you if you suffer any racial abuse." They told us about an issue they had and that the registered manager made it clear that any form of discrimination towards the staff was unacceptable.

We asked the registered manager how the vision and values were embedded into the service provision. They told us that this started with recruitment and continued through induction, supervisions, appraisals and team meetings. Staff understood the vision and values of the organisation and told us these were promoted and upheld by the registered manager and management of the service.

Everyone we spoke with agreed that the service was person centred and it was clear from discussions with the registered manager, that they had a good understanding of individual needs of the people being supported as well as the needs of the staff team. A relative told us, "If they are doing to me now what they are doing to other people, then in my opinion they are OK."

We saw that people's individual methods of communication were detailed in their support plan and known to staff. This meant that people were not disadvantaged if they had different communication needs. The registered manager told us how they ensured people understood any communications sent by the management team. This included making sure all emails were in large print.

There were systems in place to monitor the safety and quality of the service provided. These included staff and customer surveys, spot checks on staff and yearly quality audits. The outcomes of these monitoring systems were being published and shared with people, staff and managers across the service. There was a continuous service improvement plan that contained the results of all the various quality assurance systems. This enabled the registered manager to have an overview of everyone's feedback about service improvements.

People confirmed they had been asked for their views about the service and that they could contact the registered manager to discuss any issues and they were listened to. We saw completed surveys that showed people were satisfied with the service.

The registered manager kept a record of all incidents, complaints, survey responses and issues discussed at team meetings in order to look for trends in service provision.

The social care professional we spoke with confirmed that the registered manager was professional, open and transparent and the service was well managed. They told us that the registered manager understood what working in partnership meant and there was a positive culture throughout the organisation.