Independent Community Care Management Limited

ICCM Ltd - Telford

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

About the service
ICCM Telford Ltd is a domiciliary care service providing treatment for disease, disorder and injury and personal care and support to people in their own homes. They were providing a service of complex clinical care to 59 people at the time of the inspection. We also considered any wider social care provided.

People's experience of using this service and what we found
The provider recruited staff safely and ensured that required checks were completed before they started to provide care to people.

People received care from a specific team of care workers. There were enough staff employed to meet people's needs and respond to changes in need.

The provider had submitted notifications as necessary to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

People received safe care and support because staff were trained to recognise signs of potential abuse.

Staff followed infection prevention and control procedures when supporting people in their own homes.

People were supported by caring staff who displayed kindness and compassion. People and their legal representatives were encouraged to be involved in making decisions about their care.

People received safe support with their medicines by competent staff.

The provider arranged training for staff that met the needs of people using the service. Staff were assessed for their competency which ensured they were safe to work with people.

Care plans were developed for each individual and included people's preferences and wishes.

Audits were in place that checked the quality of the service. Action plans were implemented and followed where necessary. There was an open culture in the service and the senior management team made themselves available.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was requires improvement (published 2 August 2018). At this inspection we found improvements had been made. The service was rated good.

Why we inspected
This was a planned inspection based on the previous rating.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.
Details are in our safe findings below.

Is the service effective?

Good

The service was effective.
Details are in our effective findings below.

Is the service caring?

Good

The service was caring.
Details are in our caring findings below.

Is the service responsive?

Good

The service was responsive.
Details are in our responsive findings below.

Is the service well-led?

Good

The service was well-led.
Details are in our well-Led findings below.

ICCM Ltd - Telford

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team
Our inspection was completed 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 a care service.

Service and service type
This service is a domiciliary care agency. It provides complex clinical and personal care to people living in their own home.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 July 2019 and ended on 10 July 2019. We visited the office location on 9 July 2019.

We reviewed information we had received about the service since the last inspection. We sought feedback from local authorities and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

We spoke with three people who used the service and seven relatives. We spoke with six members of staff

including the registered manager and operations director. We reviewed four people's care records, three staff personnel files, audits and other records about the management of the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment:
- The provider followed safe recruitment processes to ensure that staff were safe to work with people.
- There were enough staff employed to meet the needs and changing needs of people who used the service.

Systems and processes to safeguard people from the risk of abuse:
- People we spoke with did not raise any concerns about their wellbeing. One relative said, "We feel very safe indeed. We had problems in the past but now everything is working brilliantly. They know what they are doing, and I have complete confidence in them so now I can just leave them with (person) as I fully trust them, which was not the case in the past."
- Staff we spoke with understood what abuse was, how they would identify the signs and what action they would take if they had concerns about people's safety.

Assessing risk, safety monitoring and management:
- The provider identified and managed risks to people who used the service to keep them safe. One person said, "Yes I feel very safe. It is important I feel safe with them. I also feel secure in what they need to do for me. They are skilled and know how to do things correctly."
- Care records detailed where risks to people had been assessed. For example, these included environmental risks and any risk in relation to personal hygiene, mobility and eating and drinking.

Using medicines safely:
- People were supported to take their medicines safely. Care workers were trained in medicines awareness and were assessed as being competent by the management.
- One person said, "This is done half and half. Some I do myself and others they give to me. All on time and administered well."

Preventing and controlling infection:
- People told us that staff wore aprons and gloves when assisting them with personal care.
- Care workers received regular training in infection prevention and control.
- Spot checks were completed on staff to ensure that the uniform and infection control policy was followed.

Learning lessons when things go wrong:
- If incidents and accidents occurred, these were documented, and action taken in response to find out why things had gone wrong. This was used as learning to try and prevent similar incidents occurring in future.

● 'Lessons learned' posters had been developed and displayed in the office. It is the registered managers stated intention to circulate these to people who used the service.

Good

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff induction, training, skills and experience:
- One relative commented, "We have been impressed with the package the company have put in place and ensuring cover is available 24/7. The carer we have, shadowed us for four days in-house so we could show and explain things privately to them. It was like a sort of in-house training which we did with them to personalise things and it worked really well with their skills and what we added."
- Staff stated they had received good training that helped them to carry out their role professionally. One staff commented, "I consider I am well trained to support my client in all aspects of their care."
- Care workers received supervision and appraisal during which they could discuss their work performance, training needs and any other issues. We saw records that confirmed these had taken place regularly.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law:
- The provider completed an assessment of people's support needs before they started to provide care to them. This enabled people and their relatives to have an input into the care provided.
- The provider assessed people's information and communication needs. Management understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.
- Some people had been supported to go abroad for leisure activities. The provider had changed the language of the care plan to suit the country the person was visiting, so that in an emergency the care needs of the individual would be understood.

Supporting people to eat and drink enough to maintain a balanced diet:
- Some people needed the staff to provide them with specific nutritional support due to their clinical condition. For example, via a tube into the stomach or intestine. Care plans provided detailed information so that staff had a clear understanding of the support required.
- One relative said, "As a team they are all experienced and knowledgeable. (Person) is peg fed and they do this well."
- Dietary requirements and preferences were included in care plans. Staff supported people to make healthy food choices.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

● The registered manager described how they liaised with community teams which demonstrated the provider was open to working with health and social care professionals.
● Care records included details of GP's, dietician, neuropsychologist and other relevant health professionals involved in people's care.

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.
We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.
● Information was provided in formats that suited people's needs, with family, friends and advocates involved where appropriate.
● We saw records that showed capacity assessments had been conducted for decisions about clinical care. For example, invasive procedures such as catheter change and routine/emergency changes of a tracheostomy.
● Staff described how they always asked people and gave choices. One member of staff said, "We always ask people what they want and how they would like us to do it. Even if we have been caring for them for some time, because people's preferences can change."

Good

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- Staff ensured people were treated in an individual and equal way, irrespective of their beliefs, opinions and lifestyle. The service ensured that staff were allocated to them in line with people's preferences around age, gender, ethnicity or faith. One person said, "The carer is excellent and even does things like massaging (person's) feet, little things like that."
- People received support, reflecting their diverse needs and requirements. Personalised support plans detailed people's abilities and what was of greatest importance to them. A relative commented, "We had problems in the past but now everything is working brilliantly. The staff are so kind and helpful."

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

- Care records considered people's views and preferences and those of their relatives. This helped to ensure that care was delivered in a way that met the needs of people who used the service. One person commented, "They review my care plan for me and read it back to me to make sure I am happy with it. I can add anything I need to so have full input into it." Another said, "I have full mental capacity, so I do review my care with staff and make my decisions about it."
- Meaningful relationships had been developed between people, their relatives and staff. People felt comfortable and trusted the care workers who came into their home. Caring for people's wellbeing was an important part of the services philosophy. People and their relatives felt respected, valued and listened to.

Respecting and promoting people's privacy, dignity and independence:

- Staff enabled people to remain independent. People's needs and wishes were at the heart of the service. Staff we spoke with showed they understood the values of the provider and those in relation to respecting privacy and dignity and treating people as individuals.

Good

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same: This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:
● People had individual care plans and clinical risk assessments in place which reflected their current needs.

● Care plans included areas that people needed support with and the action that care workers needed to take to support people well. Reference was made in the care plans to the organisations relevant policies and current guidance.
● The provider recognised staff for their service to individuals by writing to them personally. For example, 'You have truly made a difference to (person). You have allowed them to live as independently as possible and without you this would not have been possible.'

Supporting people to develop and maintain relationships to avoid social isolation
● The provider arranged for people to be involved in activities they enjoyed and found interesting and stimulating. For example, people had been supported by staff to go abroad, set up their own charity, go to the gym and attend work.

Improving care quality in response to complaints or concerns:
● People told us they knew who to speak with if they were unhappy with the service.
● People were given information on how to raise concerns or complaints when they started to receive care. One relative said, "I had one complaint in the past about a carer, but they dealt with that very swiftly indeed. No complaints of late and I have all the contact numbers written down here in the file. Everyone is quite accessible if required."

End of life care and support:
●The service had supported people who received end of life care. Staff provided after care to bereaved relatives which helped them come to terms with their loss.
● Staff were trained for each individual situation when people needed support to remain at home.
● Staff worked with professionals such as the district nurses should they need to provide individual support.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- Staff we spoke with praised the management team highly for good communication, giving emotional support as well as practical hands-on care and acting on requests.
- The management team and staff were aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment.
- The senior management team had a strong vision for the service. The provider had audit and quality monitoring systems in place that identified any concerns relating to the safety and quality of the service. We saw that action taken to address any issues was recorded.
- A new clinical compliance role ensured that any relevant notifications required for CQC were identified and acted upon. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

Engaging and involving people using the service, the public and staff:

- Staff discussions were held regularly, and staff told us that the registered manager and operations director were very supportive. Reflective practice was a key element in care provision. One staff member commented "I feel like I am getting answers to questions now."
- A person who used the service attended a staff training event to speak to staff regarding the importance of good communication.
- A relative said, "I only started with them recently and found everyone proactive and accessible and appears to be well led from what I have seen so far." Another said, "(Registered manager) has been amazing since they've been on board."

Continuous learning and improving care:

- Quality assurance records showed that management sought people's views about the service via various forums. For example, telephone monitoring, formal surveys and senior management team visits to people.
- Records confirmed that when incidents happened they were reviewed and discussed in detail with staff individually or at staff meetings. The provider had improved incident reporting by setting up an incident review committee that provided verbal feedback to people who used the service.
- The provider had set up a communication working party. This process reviewed effective communication

with people that used the service, staff and senior management. It ensured that any updates regarding policy or legislation were communicated better.

Working in partnership with others

● The manager worked in partnership with health and social care professionals to achieve good outcomes for the people who received a service. These included the speech and language therapy team, GP's and community nurses.

● All professionals we spoke with said referrals to them were appropriate and that staff were keen to learn and followed their suggestions.