IBC Quality Solutions Limited

IBC Healthcare Supported Living

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities which most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service
IBC Healthcare Supported Living is a domiciliary care service. They provide personal care to people living in their own individual flats within a supported living setting. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 5 people were receiving personal care.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care within their own home. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

Right Support
People received care and support that enabled them to have choice and control of their care. People's independence was promoted. 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.

People were supported to maintain contact with their relatives. Staff enabled and encouraged people to take part in activities, which they enjoyed doing and helped them to experience new recreational activities. People were encouraged to develop new skills and have active and fulfilling lives.

People's communication needs were identified. Support plans guided staff in people's preferred ways to communicate and express their wishes and decisions. The service ensured information was available in different formats.

People were supported by trained skilled staff to meet people's needs and keep them safe. The provider had taken action in response to concerns from relatives about the lack of continuity of care. The provider ensured each person had a core staff team with regular agency staff to support each person. All staff including regular agency staff were trained and matched with people so that they formed a good relationship and received consistent care.

Risks to people were assessed, managed and monitored, and support plans guided staff how to promote people's safely and wellbeing. People were supported to maintain their tenancy, including monitoring environmental health and safety.

Right Care
People's care, treatment and support plans reflected their range of needs and this promoted their wellbeing and have fulfilled lives.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. People received care and support that was personalised and provided by trained staff who understood people and their needs.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise and report abuse and they knew how to apply it.

People were supported with their medicines by staff trained and competent to do so. Staff ensured people were involved in the planning and preparation of meals which they enjoyed.

Staff protected and respected people's privacy and dignity and promoted their independence. Staff had received training on equality and diversity and respected people's values and beliefs.

Right Culture
Staff were safely recruited. All staff, including the regular agency staff received ongoing training that included bespoke training based on people's individual care needs and risks.

Staff received training and information relation to the management and best practice guidance for infection prevention and control. The staff worked well with external agencies and health and social care professionals, in supporting people with their ongoing care and support needs.

People and their relatives were involved in the review of their support plans and to give feedback about the quality of service.

The service had a registered manager. However, they were not working at the time of this inspection visit. The provider's management team included the head of compliance and an interim manager to manage the service, support staff and monitor people's care.

There were effective systems and processes in place to continually review, monitor and improve quality and safety. Incidents, accidents and complaints were investigated fully. Action was taken to learn, make improvements and reduce risks to people's safety and wellbeing.

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

This service was registered with us on 23 January 2022 and changed office address on 16 September 2022. This is the first inspection.

Why we inspected
This was a planned inspection based on the date the service was registered. We assessed whether the service is applying the principles of right support right care right culture.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

IBC Healthcare Supported Living

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 Health and Social Care Act 2008.

Inspection team
One inspector completed this inspection.

Service and service type
This service provides care and support to people living in 5 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

The service had a registered manager. However, they were not working at the time of the inspection. The provider had recruited an interim manager to ensure the service was managed.

Notice of inspection
We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed

to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 3 November 2022 and ended on 8 November 2022. We visited the office location on 4 and 7 November 2022.

What we did before the inspection
We reviewed information we had received about the service since they registered. We sought feedback from the local authority and professionals who work with the service. We used all this information to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection
We were unable to talk directly to people during the inspection because they had diverse and complex needs. Instead we spoke with 6 relatives about their experience of the care provided. We spoke with 7 members of staff including support workers, a team leader, interim manager, a member of staff from the positive behaviour support team, the head of compliance, head of operations and the managing director. We also spoke to health care commissioners who were responsible for the monitoring some people's care and support.

We reviewed a range of records. This included 4 people's care records and medication records. We looked at 4 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

Good

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who were trained and understood how to keep them safe from the risk of harm or abuse. Relatives told us they felt their family member was safe with staff.
- Staff understood how to safeguard people. A staff member said, "I've had safeguarding training. My role is to protect people from harm and abuse. I would report concerns to the manager such as abuse, physical harm or any other concerns which puts the person in danger." Staff knew how to report concerns and were confident to use the whistle-blowing procedure to report concerns to external agencies.
- The provider had safeguarding systems, and policies and procedures in place. The management team were aware of their duty to report any safeguarding concerns to the local safeguarding authority and were confident to take action to promote people's safety.

Assessing risk, safety monitoring and management

- Risks to people were assessed, monitored and managed. These were comprehensive, person-centred and took account of people's health condition, communication needs, risks within the home environment and when using the community, educational and leisure facilities. Support plans guided staff to manage risks and support people safely.
- All staff including regular agency staff had completed essential training for their role. Staff knew people well and were aware of their individual needs and how to keep them safe. A staff member said, "Sharp knives and cooking items are stored safely to make sure [name] doesn't hurt themself."
- The management team had good risk oversight and provided continued support to staff to safely support people. Staff had received accredited training in physical intervention, and this was used as a last resort and in the least restrictive way. A staff member described the action they would take to keep a person safe when they experienced distress. Records showed staff had followed the support plans.
- People were supported to manage their tenancy, monitor health and safety of the environment, and report any repairs to the landlord.

Staffing and recruitment

- Relatives told us there was not enough regular reliable staff. This included the use of agency staff, and the lack of consistency in approach and continuity of care.
- Staff had mixed views about the staffing. Their comments included, "When we have regular agency staff, it's ok and doesn't affect [person] but when it's a new agency staff, [person] gets a bit suspicious. It means permanent staff have to take the lead always and they [agency staff] can't be left alone." And "There is more of the same agency staff being used which is good."
- We shared the concerns received from relatives and staff with the head of compliance. They assured us

action had been taken, which included each person having a core staff team made up of permanent and the regular agency staff with the right skill mix. The rotas viewed confirmed this. There was ongoing staff recruitment to support named people. The positive behaviour team had been working with the staff to provide more consistency in their approach to supporting people.

● Staff recruitment files checked evidenced safer recruitment checks had been completed before staff started working at the service. Pre-employment checks included references and Disclosure and Barring Service (DBS) checks. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

● Systems and processes were in place to support people with their medicines, where required. Staff completed medicines training and had their competency assessed regularly.

● Where people required support with medicines this had been assessed. People's records clearly identified the name of the medicine, the dosage and time it was to be given, and the level of support the person required and the role of staff.

● One relative told us there had been an instance where one member of staff member was not trained to support their family member with medicines. We shared the concerns with the head of compliance and they investigated this. Following the inspection visit, we were assured the registered manager had been called to support the person with their medicines at the right time. As a result of this concern all staff including regular agency staff had completed medicines training

Preventing and controlling infection

● Infection prevention and control best practice guidance was followed by staff who were trained in the prevention and control of infections and how to use PPE correctly.

● Staff told us that they had enough personal protective equipment including disposable gloves, aprons, face masks and transparent face shields.

● Staff supported people to keep their homes clean and encouraged them to do so.

Learning lessons when things go wrong

● The management team had good oversight and analysed accidents and incident records to prevent incidents reoccurring. Support plans and risk assessments were reviewed and discussed with staff. Any lessons learnt from these events had been shared with staff to improve people's quality of support.

● All incidents where physical intervention was used was recorded and reported directly to the management team. Debrief meetings were completed to consider lessons learnt, if anything could have happened differently and the person and staff were offered support.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People and their relatives had been involved in the assessment process. A relative said, "I was involved in the assessment and the transition [plan to support the person's move] was planned so the service knew [person's] needs and how to support [them]. Care plan was agreed and was put in place."
- The provider's pre-assessment of needs was comprehensive and gathered information from relatives and relevant professionals. People's protected characteristics under the Equality Act 2010 were considered. This included age, disability, gender reassignment and religion. People's choices, preferences and routines were reflected including individual goals and aspirations.
- People's needs and choices were met in line with national guidance and best practice. The provider's policy and procedures reflected relevant legislation.

Staff support: induction, training, skills and experience

- Relatives told us staff had been trained but felt some staff would benefit from additional training and support. A relative said "[Staff name] is brilliant, trained, understands [person] and knows how best to support [them]. [Staff name] lets us know how [person] is doing."
- Staff told us they were supported and trained to ensure they had the skills and knowledge to effectively support people. All staff including regular agency staff had received ongoing training essential for their role. This included training to support people with a learning disability, autism and bespoke training based on people's individual care needs and risks. Records showed staff completed a comprehensive induction and training for their role, which included the Care Certificate and training to support people with learning disability. The Care Certificate is an agreed set of 15 minimum standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- The provider required all regular agency staff to complete the same essential training to ensure they had the same set of skills to support people. New staff and agency staff were matched to people who they would be supporting. This enabled training to be specific, person-centred, and tailored to meet individual needs.
- Staff told us they felt supported by the management team. One staff member told us they could access support and advice from the management team and the staff from the positive behaviour team to look at ways to improve how they supported people.

Supporting people to eat and drink enough to maintain a balanced diet

- People's dietary needs were considered as part of the assessment process. Where people required support staff had clear information about their dietary needs, preferences and level of support to prepare and consume food and drink.
- A staff member described how they involved people to prepare meals where they were able to do so. They

told us relatives prepared cultural meals for a person and said, "We have to monitor portion size as [person] would keep eating and not realise when [they are] full. It's important that [person] is involved in meal preparation otherwise it would be a trigger if [they are] waiting. [Person] enjoys being involved and seeing the food [they are] going to eat."

● Relatives were happy their family member was supported and provided with a variety of meals they enjoyed. All staff were trained and competent to prepare and cook meals and records viewed confirmed this.

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

● Care records contained information about people's medical history and their current health care needs. People were supported to attend routine health appointments such as dental and annual health checks.

● Health passport documents were used to share people's information with hospital and health services. Records showed staff had made referrals to external health care professionals for further assessment and support. This ensured people received consistent care and support.

● Commissioners responsible for monitoring people's care and support told us the provider continued to work with them to ensure people received effective person-centred 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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

● The service was working within the principles of the MCA. Staff understood the principles of the MCA. A staff member said, "People can make decisions, whether they have the mental capacity to understand. We involve people as fully as possible; I would show them two options or use pictures so they can choose what they want."

● People's mental capacity to consent to their care and support had been assessed. Where people had restrictions placed upon them by the Court of Protection, staff had guidance of the care and support required to protect them. Records confirmed conditions were being met.

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.

This is the first inspection for this newly registered service. This key question has been good. 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; respecting equality and diversity

- People received care and support from staff who were kind and caring. Comments from relatives included, "Permanent staff are kind, always positive and good with [person]" and "[Person] likes some staff more than others and it shows how [they] respond to them."
- Support plans talked about staff treating people with dignity and respect, promoting independence and ensuring their privacy.
- Staff had received training on equality and diversity and showed compassion and awareness of people's diverse needs. Staff knew people well and what was important to them, such as family and cultural needs.

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

- Relatives told us they were involved in decisions made about their family member's care, from planning to delivery of support. Records showed relatives were kept informed.
- Where relatives had concerns with any decisions made, the management team had ensured relevant external professionals and advocates were included in discussions and decision-making processes. Information about advocacy support was provided to ensure people's views were known and decisions were in people's best interests.
- Staff shared examples of how they enabled people to make decisions about their care and the activities which they enjoyed.

Respecting and promoting people's privacy, dignity and independence

- People received care and support that promoted their independence. Support plans provided staff with guidance about how to maintain and develop a person's independence. Staff gave examples of how they had enabled people to be as independent as possible. This ranged from personal hygiene to daily living skills, with encouragement, patience and a supportive approach.
- People received care and support that respected their privacy and dignity. Staff spoke respectfully about how they maintained people's dignity when providing personal care. Support plans described the role of staff to support in a way people felt comfortable.
- Relatives spoke positively about how staff respected and promoted their family member's dignity and privacy. A relative told us when their family member's privacy was of concern the provider had been responsive and ensured staff respected people's private time and space.
- A confidentiality policy was in place. Staff understood the importance of keeping information safe and secure and had undertaken training in data protection and confidentiality.

Good

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care and support that met their needs. Assessments were used to plan people's support and to live independently. Staff were trained to provide person-centred care.
- Support plans were comprehensive, covered all aspects of people's lives such as health, independence, goals, skills and abilities, and guided staff on how best to support people. They were reflective of people's current needs, including the protected characteristics for staff to provide person-centred care. These were kept under review.
- The provider has ensured all staff including agency staff were trained and understood the needs of the person they supported. The provider's positive behaviour team provided bespoke support to ensure staff approach was consistently person-centred and responsive to people's needs and abilities. Daily notes completed by staff were detailed and showed people received the care as per their support plan.
- Staff clearly knew what the different sensory needs were and what people enjoyed doing. For example, songs from a person's favourite pop bands they could listen to at home and the availability of crayons and paper, which could be used to enable a person to express their emotions safely. One staff member told us, "We go for a walk daily which [person] enjoys as [they've] got a lot of energy to burn-off. [Person] can get fixated on sensory things such as pebbles and leaves. If [person's] not tired by the evening it can be a trigger.''

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Relatives told us they had regular contact with their family member. However, they had mixed views about the activities and hobbies offered to their family member. Relatives said, "Staff don't do activities with [person]. When [relatives] visit to take [them] home, [name] is just watching TV" and "[person] does go to college, outings or walks but it's dependent on who is working with [person]." We shared these concerns with the management team. They assured us staff were supporting people take part in a variety of activities and records viewed confirmed this. If people declined an activity staff respected their wishes. This was documented and used to inform reviews.
- Staff knew people well and told us about the different interests, hobbies and leisure activities, which people enjoyed. Care records had information about people's hobbies and interests. People were supported to take part in a variety of different individual and group activities including going for walks, ice-skating, swimming and trampolining. One person had been supported to buy items for their new flat to make it homely.

Improving care quality in response to complaints or concerns

● Relatives raised a number of concerns about the quality of service, communication, and the changes in staffing and management. These were shared with the head of compliance who assured us some concerns had been addressed. For example, each person was supported by a core staff team to ensure continuity and consistency in the support provided.
● Where people had raised a concern about their care, they told us this had been responded to quickly and resolved to their satisfaction. The head of compliance and the manager had met with some relatives in order to address their specific concerns. For example, supporting a person and their relative to work with the landlord to make changes to their home.
● The provider's complaints policy and procedure had been shared with people. The complaint log showed all complaints had been fully investigated and action was taken when needed.
● The management team were responsive to feedback during and after the inspection visit and worked towards continuous improvement of the service they provided.

Meeting people's communication needs
Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.
● People's communication needs were assessed. Not all people using the service could communicate verbally. Where people had specific individual communication needs staff were trained to ensure they communicated effectively.
● The provider was meeting the Accessible Information Standard for people's care. Information was available in different formats. Support plans guided staff with the appropriate way to communicate with people such as the tone, using key words, easy read and how to respond when people show emotions.

End of life care and support
● At the time of the inspection, nobody was receiving end of life care. Records showed people and their relatives had opportunities to discuss their end of life wishes.
● The management team told us end of life support plans would be completed when required, and with the involvement of relevant individuals and palliative health care professionals.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The service had a registered manager but they were not working at the time of this inspection visit. The provider was had appointed an interim manager to support staff and ensure people received a quality service. Changes in the management had been communicated with relatives.
- Relatives did express concerns about the management of the service, which we shared with the provider. Following the inspection visit the feedback we received showed relatives were complimentary about the improvements being made in relation to communication, staffing and the quality of care provided to their family member.
- Staff understood their role and responsibilities but felt changes in management had affected communication and delivery of support. However, all were confident the culture of the service was improving and felt supported by the management team. One staff member said, "I met [manager] today and had a quick chat. I like that [they] came out to see [person] and talk to me about what's good and what needs to get better."
- Systems and processes were in place to continually assess, monitor and review quality and safety. This included regular checks and review of people's care and recording, and staff performance and training. policies and procedures reflected current legislation and shared with the management and staff. Provider's policies and procedures reflected current legislation and shared with the management and staff.
- An improvement plan was in place but monitoring the progress needed to be strengthened. For instance, records did not always confirm when the actions had been completed. The management team assured us this would be addressed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Relatives did not fully understand the provision of service to enable their family member as a young adult to live independently in their own flat or house. For example, the provider had no legal authority to make changes to people's property. The management team told us they had informed relatives and also shared the updated service user guide, which set out the range of information including the support provided by the service, management and how they worked with external agencies.
- People's equality, diverse and cultural needs were identified, and the support plans described how the person wanted to be supported.
- Systems were in place to ensure staff were supported and training was kept up to date. Staff told us, they received updates and had opportunities to discuss their work and additional support and training through

meetings and supervisions. A staff member said, "Staff meetings happen and it's been good that [manager] and [staff from the positive behaviour team] have been out to support and meet everyone."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

● The provider understood their legal responsibilities. They notified CQC about significant events which they are required to tell us. This helps us to monitor the service. The provider assured us the rating from this inspection would be displayed in the service and on the provider's website.

● The provider understood their duty of candour responsibility. They were open, honest and acted on concerns raised by relatives, commissioners and staff. The management team had met with some relatives to address their concerns to improve their family member's quality of care.

● The management team had already identified and had a plan of actions to address the areas that needed to be strengthened. This showed a commitment in wanting to improve.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

● System was in place to enable people and their relatives to share their views and experience of the service. This was via spot checks, reviews and individual meetings.

● Relatives had not been asked for feedback through surveys. The management team told us feedback surveys were due to be sent to relatives, staff or external professionals. These would be analysed and actions taken would be shared with everyone.

● Staff told us they had regular contact with the management team. They confirmed the on-call support had improved should staff need assistance or advice. The provider told us during the pandemic they had virtual meetings but planned more face to face meetings in the office.

Continuous learning and improving care

● The provider and the management team were responsive to feedback given during the inspection. For example, the provider assured us they would improve communication with external agencies such as educational services.

● The provider has invested in the service. This included staff structure and staffing had been strengthened. New staff had been recruited to support people. New staff had been recruited to the positive behaviour team who worked with staff to improve people's quality of life. The provider had identified a specific role for staff to work relatives. Staff training had improved to enable staff to promote good outcomes for people.

● The provider was also transferring information to a new electronic care system. Staff training was planned to ensure staff knew how to use the system. The manager showed us the electronic care system that would enable staff to access people's information and support the governance oversight and monitoring the quality of service.

Working in partnership with others

● We saw evidence of the service works in partnership with other professionals and agencies. Professionals told us the management team was working with them to improve people's quality of life.