

I Care (GB) Limited

ICare (GB) Limited- Knowsley

Inspection report

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Date of inspection visit:
25 March 2021
30 March 2021

Date of publication:
08 July 2021

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Inadequate ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

I Care (GB) - Limited Knowsley is a domiciliary care agency providing personal care to adults in their own homes. The service was supporting 119 people at the time of the inspection.

Not everyone who used the service received personal care. The Care Quality Commission (CQC) only inspects where people receive personal care. 'Personal Care' 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

People's level of risk and support needs were not adequately managed. People were not receiving the appropriate level of care, their safety was often compromised, and they were exposed to unnecessary and avoidable harm.

Infection prevention and control (IPC) arrangements and procedures were not effectively in place. The provider was not following best practice guidance in relation to the homecare testing service. The provider was not effectively managing or preventing the transmission of COVID-19, meaning vulnerable people were unnecessarily exposed to the virus.

Medication management procedures were not safely in place. We found inconsistent and inaccurate medication information in people care records, paper and electronic medication administration records (MARs) were not always appropriately completed and we were not always assured that people were safely supported with the medication they needed.

Accident and incident reporting procedures were in place. However, we identified a significant medication incident that had not been appropriately reported or investigated. We were not always assured that all significant events were appropriately managed.

We identified concerns in relation to staffing levels and the deployment of staff. There was evidence of missed calls, extremely early and late calls. Although people told us they were happy with the provision of care they received, they did not always receive the support that had been agreed. Recruitment of staff was appropriately managed; people received care and support by staff who had undergone the appropriate recruitment checks.

Quality assurance measures and processes were not effectively in place. There were no systematic or robust processes to monitor, review or assess the provision of care people received and no evidence to support how improvements were being made.

Policies and procedures did not always contain the most relevant or up to date information; there was evidence to suggest that although policy updates had recently taken place, they did not always contain the

most relevant and pertinent information staff needed.

Overall governance and general oversight of the quality and safety of care required improvement. The provider as well as the registered manager are accountable for the provision of care people receive; we were not always assured that management roles and responsibilities were clearly understood as we identified a number of regulatory breaches throughout the inspection.

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 'Good' (published 14 January 2019)

Why we inspected

The inspection was prompted (in part) due to concerns and risks that were identified at another ICare (GB) Limited location. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the 'Safe' key question. We look at this in all inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to coronavirus and other infection outbreaks effectively.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from 'Good' to 'Requires Improvement'. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements.

Please see the safe and well-led key question of this full report.

Following the inspection, an action plan was submitted which helped to mitigate some of the areas of the risk we identified.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to safe care and treatment, staffing and governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Full information about CQC's regulatory response to the more serious concerns found during inspections is added to reports after any representations and appeals have been concluded.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner. We will request that the provider submits further action plans to determine if they have addressed the breaches of regulation we identified.

We will meet with the provider following the publication of this report to discuss how they will continue to make changes to ensure they improve their rating to at least 'Good'. We will work with the local authority to also monitor progress.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not safe.

Details are in our safe findings below.

Inadequate ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

ICare (GB) Limited- Knowsley

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

The inspection was carried out by two inspectors, an 'Expert by Experience' and a medicines inspector. An 'Expert by Experience' is a person who has personal experience of using or caring for someone who uses this type of care service

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Notice of inspection

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

Inspection activity started on 25 March 2021 and ended on 30 March 2021. We visited the office location on 25 March 2021.

What we did before the inspection

We reviewed information we received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to 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. We used all the information we reviewed and received to help formulate a 'planning tool'.

During the inspection

We spoke with the registered manager, the deputy manager and four members of care staff. We also spoke with eight people who were receiving personal care and 10 relatives who were involved in their loved one's care packages. We reviewed a range of records. This included 10 people's care records, multiple medication administration records, as well as a variety of records relating to the management of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also informed the local authority of the concerns and areas of risk we identified.

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 'Good'. At this inspection this key question has now deteriorated to 'Inadequate'. This meant people were not safe and were at risk of avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The assessment and management of risk and safety monitoring processes were not in place; we were not assured that quality and safety of care was always reviewed and improved upon.
- Individual risks and identified support needs were not always safely managed. For instance, one care record did not contain the relevant catheter care information or vulnerable skin risk assessments.
- Staff were not always provided with the most up to date or accurate information, meaning that people were exposed to risk. For instance, one person's care record contained conflicting information in relation to 'diet and fluid' guidance they should have been following.
- People's health conditions were not always safely risk assessed or managed and there was no guidance for staff to consult or follow. For instance, two people did not have the relevant diabetes risk assessments in place and one care record did not contain information in relation to infection risks.
- The prevention and transmission of infections such as COVID-19 had not been appropriately managed. People who were categorised as the most vulnerable, had not been risk assessed and therefore preventions and support measures were not effectively in place.
- An accident and incident reporting procedure was in place. However, we were not always assured that such procedures were followed. There was evidence to suggest that a significant medication incident occurred in February 2021. However, there was no incident report, no internal investigation and no evidence of any lessons learnt.

We found no evidence that people had been harmed, however, systems and processes to assess risk, monitor safety and improve areas of safe care were not robustly implemented, meaning that people's safety was unnecessarily compromised. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Medication administration policies and procedures were not always safely followed.
- Medication records contained conflicting information in relation to medicines that people needed and when. For instance, one record instructed staff to administer medication in the morning and another instructed for staff to administer in the afternoon/evening.
- Electronic medication administration records (EMARs) did not always contain the required information in relation to the dosage of tablets that had been administered. For instance, variable doses were not recorded; staff did not know what had already been administered potentially leading to under / overdosing.
- Staff were not always following the administration instructions that were available; people were administered their medication at incorrect times. For instance, one record stipulated evening administration but staff were administering at tea-time.

- A new electronic medication recording system had been implemented. However, as not all staff had access to this system, this meant that two recording arrangements were in place. We were not provided with any medication audits to assure us that these medication administration procedures were being monitored or reviewed.

We found no evidence that people had been harmed, however, medication systems and processes did not assure us that people received their medication in the safest possible way. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

- The prevention and control of infection was not always safely managed.
- We were not assured that all staff were encouraged to participate in the COVID-19 testing programme. For instance, only staff who presented with symptoms were encouraged to complete a COVID-19 test but there was no regard for staff who were asymptomatic and still could have been transmitting the disease.
- As not all staff were being tested for COVID-19, in line with current best practice guidance there was no possible way to trace how the disease was being transmitted should an outbreak occur.
- Although we received assurances that the provider had adequate stock of personal protective equipment (PPE) for staff to wear, CQC received several complaints with regards to staff not observing PPE arrangements throughout the pandemic.
- IPC and PPE policies did not contain the most up to date information, there was no reference to COVID-19 arrangements or procedures for staff to follow.

We found no evidence that people had been harmed, however, IPC arrangements and procedures did not provide assurances that the prevention and transmission of infections were effectively managed. The provider could not evidence that they were following best practice guidelines. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Staff received IPC training; there was evidence to suggest that staff competency assessments were taking place.

Staffing and recruitment

- Although safe recruitment processes were in place, staffing levels and the deployment of staff was not always effectively managed.
- We saw evidence of missed calls, extremely early calls and late lunch calls. People did not always receive the level of care that had been agreed or at the time that was required. For instance, one person received an early morning call at 5:57 am, when it had been agreed that their morning call should be between 8:15 and 8:45.
- Although people were happy with the level of care they received, we received mixed feedback about frequency and duration of the calls they received. Comments included, "[Staff] very seldom stay the full time", "[Staff] don't always arrive on time" and "Usually on time but sometimes don't arrive until 10am which makes it a long night when you've been in bed since 8pm."

We found no evidence that people had been harmed, however, people did not always receive the required level of support that had been agreed. This placed people at risk of harm. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Following the inspection, we received confirmation that the management team were holding a meeting to

discuss staff rotas. The deputy manager told us, "We will be discussing the importance of going to calls at the times on their rotas."

- People received care and support by staff who had been safely recruited. The appropriate pre-employment checks had taken place; Disclosure Barring Systems (DBS) checks were conducted and suitable references were obtained.

Systems and processes to safeguard people from the risk of abuse

- Safeguarding systems were in place and staff received the necessary safeguarding training.
- Safeguarding and whistleblowing policies were in place; these provided staff with up to date information and the procedures they needed to follow.

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 'Good'. At this inspection this key question has now deteriorated to 'Requires Improvement'. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

- We were not assured that quality performance management of risk and regulatory requirements were understood or effectively managed.
- Poor governance systems and ineffective quality assurance measures meant that the quality and safety of care was not sufficiently monitored, reviewed or assessed.
- Systems that had been implemented to monitor the provision of care were not always effective; they had not identified all the areas of concern we found during the inspection. For instance, audit and governance processes had not identified the risks people were exposed to.
- Provider policies did not always contain the most up to date information and some of the information was incorrect. For instance, the providers current IPC policy made reference to historic CQC 'essential' standards, there was reference to outdated 'Reporting of Injuries, Diseases and Dangerous Occurrences Regulations' (RIDDOR) and there was no reference to the management of COVID-19 and IPC arrangements that needed to be followed.
- The provider as well as the registered manager were responsible for ensuring all regulatory and legal requirements were complied with. However, as we identified a number of regulatory breaches, we were not assured that roles and responsibilities were fully understood.

We found no evidence that people had been harmed, however, the lack of robust governance and quality assurance systems meant that the provision of care was not always effectively monitored. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care

- Audit systems and quality assurance checks were not always effectively identifying areas of improvement.
- We were not provided with evidence of routine / robust audits that were taking place. The provision of care was not routinely assessed. For instance, on the day of the inspection a member of the management team agreed that care plan audit processes were "not robust enough."
- We identified one incident that had not been appropriately reported or investigated. Following the inspection, we received confirmation that this incident was being internally investigated. However, this investigation was taking place five weeks after the event.
- An action plan was submitted following the inspection. However, this did not contain all the areas of

concern that were discussed during the inspection. A further updated action plan was submitted which contained areas of risk and concern that needed addressing.

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

- We were not always assured that a person-centred approach to care was provided and good outcomes were always being achieved.
- People were exposed to risk; staff were not always providing the required level of support people needed and risks were not always effectively managed.

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

- The service attempted to engage and liaise with people, relatives and public about the provision of care being provided. However due to the pandemic, opportunities to do this had been limited. The management team identified that this was an area of improvement.
- Relatives or people receiving care had not received a satisfaction survey in 2020. There was also no evidence to support how 'service user review' feedback was responded to.
- Staff expressed that they felt supported by the management team and received the necessary support during the pandemic. Although team meetings had not taken place as regularly as management would have liked (due to Government restrictions) we were provided with evidence of 'memos' being regularly circulated amongst the staff team.
- Relatives and people receiving care did not know who the registered manager was, however, they all provided positive feedback about the level of communication and provision of care being provided. Relatives told us, "[Staff] provide a very good service, I'd be lost without them" and "Staff are all very calm, very kind and very respectful."

Working in partnership with others

- The service worked in partnership with other external agencies.
- We saw evidence and received feedback to suggest that external services were involved in the provision of care people needed. People told us, "Podiatrist came last week" and "District Nurse twice a week."

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

- Duty of candour responsibilities were complied with; open and honest relationships had developed between people receiving care, their loved ones and ICare staff.
- The registered manager acknowledged that they were responsible and accountable for the provision of care people received and was responsive to the feedback we provided at the end of the inspection.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance systems and governance measures were not effectively in place to robustly monitor the quality and safety of care being provided.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Staffing levels and the deployment of staff was not effectively managed; people were not always receiving the care and support at the time that had been agreed.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment Safe care and treatment was not always being provided to people who were receiving support from the provider.

The enforcement action we took:

A warning notice was issued to the provider