

iCare Living Limited

iCare Living Limited

Inspection report

105 Burnham Road
Birmingham
West Midlands
B44 8HX

Tel: 08001073034

Date of inspection visit:
26 June 2019

Date of publication:
29 July 2019

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

iCare Living Ltd are registered to deliver personal care. They provide Domiciliary care and Supported living services to older and young people living in their own homes. People who used the service may have a range of support needs related to old age and/or dementia, misuse of drugs and/or alcohol, an eating disorder, physical disability, sensory impairment, learning disabilities or autistic spectrum disorder or mental health issues. At the time of our inspection six people were using the supported living service and were being supported in their own homes.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

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

Management had taken onboard the concerns raised in an anonymous complaint and used the information to make positive changes to the service. Staff were on board with the changes being introduced and felt they were being listened to by management.

People were supported by a group of staff who had received training in how to recognise signs of abuse. Where concerns of a safeguarding nature arose, these concerns were reported and acted on appropriately.

Staff were aware of the risks to the people they supported and the actions they should take to keep people safe from harm. Staff were provided with the most up to date information regarding people's care needs and shared information with each other in order to provide safe and effective care.

Staff felt well trained and new training opportunities were provided to them. Staff received regular supervision and were provided with the opportunity to raise any concerns they may have in a variety of ways.

A variety of audits were in place to provide management with oversight of the service. Individual lessons were learnt when things went wrong and action was taken where necessary.

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 their independence and access a variety of healthcare services to meet their needs.

The service applied the principles and values of Registering the Right Support and other best practice guidance. These ensure that people who use the service can live as full a life as possible and achieve the best possible outcomes that include control, choice and independence.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff presented as caring individuals who were respectful of the people they supported. Staff obtained people's consent prior to supporting them and were mindful of maintaining people's privacy and dignity when offering support.

People were supported to maintain relationships that were important to them and to take part in activities that were of interest to them. People were supported by a group of staff who knew them well. Care records reflected how people wished to be supported and what was important to them.

Where complaints had been received, they were recorded and acted on appropriately. People and staff were confident they would be listened to, should they raise concerns.

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 8 November 2016).

Why we inspected

The inspection was prompted in part due to concerns received about the lack of manager in post, staff supervisions and training not taking place, staff not being supported and reviews of care not taking place. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the effective and well led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for iCare Living Limited on our website at www.cqc.org.uk.

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.

The five questions we ask about services and what we found

We always ask the following five questions of services.

| | |
|--|---------------|
| Is the service safe? The service was safe. | Good ● |
| Is the service effective? The service was effective. | Good ● |
| Is the service caring? The service was caring. | Good ● |
| Is the service responsive? The service was responsive. | Good ● |
| Is the service well-led? The service was well led. | Good ● |

iCare Living Limited

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 one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in [their own houses and flats]. This service provides care and support to people living in a number of 'supported living' setting, 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.

The service did not currently have a manager registered with the Care Quality Commission. A registered manager and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

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 manager would be in the office to support the inspection.

Inspection activity started and ended on 26 June 2019. We visited the office location on 26 June 2019.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority 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.

During the inspection

During the inspection we spoke with two people who used the service, seven care staff, the area manager, the deputy and the care co-ordinator. We also left our contact details for anyone who did not feel comfortable talking in a group setting, or for any other members of staff, to contact the inspector direct. Following the inspection we also spoke with two relatives.

We reviewed a range of records. This included three people's care records and medication records. We looked at two staff files in relation to recruitment and staff supervision, staff training records, competency assessments and supervision records. We looked at accident and incident recordings and a variety of records relating to the management of the service, including audits and feedback received on service delivery.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and received correspondence regarding filling the role of registered manager.

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 remained the same. 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 had received training in how to safeguard people from abuse and were aware of the signs to look out for. Where safeguarding concerns had arisen, they had been responded to appropriately.
- From our observations, we could see that people felt safe and comfortable in the company of the staff who supported them. Relatives spoken with confirmed they considered their loved ones to be safe when supported by staff. One relative described the care and support their loved one received and told us as a result of this, "I can be safe in the knowledge that [person] is safe".

Assessing risk, safety monitoring and management

- Staff were aware of the risks to the people they supported and how to manage those risks. For example, staff explained how a medical condition one person had could affect the way they behaved when going out into the community. Additional medical assistance was sought for the person, which alleviated the discomfort they were in and reduced the risks to them when out in the community.
- Where people may behave in a way that may challenge others, staff managed the situation in a positive way, using distraction techniques, protecting people's dignity and rights and keeping them safe from harm. A relative told us, "Staff are very switched on to [persons] needs, more so than any other provider. They know when issues arise not to add more stress to [person] and they have been so very effective".
- Risks to people were regularly reviewed and amended to reflect any changes in people's care needs. Weekly meetings took place to assess people's care needs and amend their care plans if necessary. We saw where new risks to people had been identified, care records and risks assessments were updated and staff had signed to say they had read and understood the changes.
- The provider worked alongside other agencies to share information and help find ways of supporting people safely and reducing the risks to them.

Staffing and recruitment

- People were supported by a consistent group of staff who knew them well. There were no staff vacancies and any sickness or absence was covered by the existing staff group. This meant people were more likely to receive care from a group of staff who knew them well.
- There was a robust recruitment process in place to ensure people were supported by safely recruited staff who had provided satisfactory references and completed Disclosure and Barring Checks [DBS] prior to being employed by the service.

Using medicines safely

- Systems were in place to ensure where appropriate, people received support to take their medicines as

prescribed.

- Staff had received training in how to administer medication and we saw their competencies in this area were checked. Audits were in place to check Medication Administration Records [MARs] on a monthly basis to ensure all medicines administered had been signed for. MAR charts seen evidenced that people's medication had been administered and signed for and relatives spoken with had no concerns regarding the support their loved one's medication.

Preventing and controlling infection

- Staff had received training in infection control and confirmed they had access to protective personal equipment such as gloves and aprons.

Learning lessons when things go wrong

- We saw systems were in place to ensure individual lessons were learnt when things went wrong. For example, a recent anonymous complaint regarding the service had highlighted the lack of opportunities available for staff to discuss or raise any concerns they may have. These concerns were taken seriously, and a number of changes had been introduced to the service, which staff spoke positively about. However, more routine analysis was required to identify any trends across the service that may require further action.

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.

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

- The assessment process in place involved collecting information regarding people's physical, mental and social needs. People's needs were assessed to ensure the service was able to support them effectively and safely. We found the protected characteristics under the Equality Act had been considered when planning people's care, including who was important in their lives and how they wished to be supported. For example, one person expressed that they were a Christian but did not always want to go to Church and would inform staff when they did.
- Staff told us the assessment process in place provided them with the information they needed in order to effectively meet people's individual needs. A member of staff told us, "We all communicate with each other, share information and give feedback to the office".

Staff support: induction, training, skills and experience

- Staff told us they felt fully supported in their role. We saw staff benefitted from an induction which included shadowing colleagues and studying the care certificate. The care certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and effective care.
- Staff told us they felt well trained and spoke positively about a number of recent training opportunities they had experienced. Following recent anonymous concerns raised, the provider had responded by bringing in a new training provider who was currently working alongside management to assess what additional training was required or needed refreshing. Relatives were complimentary of the staff who supported their loved ones. One told us they considered staff to be well trained and had no concerns regarding staffs' ability to support their loved one safely and effectively. Another said, "They [care staff] always look after and protect [person] very well, this is one of the best care packages [person] has had".
- We observed a training session taking place regarding the role of the key worker, which involved staff talking about the people they supported and what was important to them. From our observations, staff were fully engaged in the training and knew people well.
- Arrangements were in place for staff to receive regular supervision. Recent concerns raised had included the frequency of staff supervision taking place. Staff spoken with confirmed they had regular supervisions and one member of staff added, "We do have regular supervision and we always have had". The care co-ordinator had also introduced a weekly 'drop in workshop' providing staff with the opportunity to meet with her to discuss any concerns or issues they may have. Staff spoke positively about this.

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

- For those who required it, support was available to assist them at mealtimes. One person told us they were going shopping with a member of staff for their food. The member of staff asked what they wanted to

eat for their dinner and the person happily reeled off a list of items they would like the person to cook for them. It was clear that this was a good arrangement and that the person enjoyed the food the member of staff prepared for them.

- People were supported by staff who were aware of their particular dietary needs. For example, staff described how one person was being encouraged to have a healthier diet due to a medical condition. They described how they supported the person to make healthier choices and added that this arrangement was working well.

Staff working with other agencies to provide consistent, effective, timely care

- From records seen, we could see staff worked closely with other agencies and each other, to ensure people's health care needs were met. Where further interventions were required, these were identified and arranged.

Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who were aware of their healthcare needs and the importance of accessing a variety of healthcare agencies, such as GPs, social workers, psychiatric nurses, dentists and chiropodists to ensure people received care that met their needs. For example, a member of staff described a medical condition which impacted on a person's life and how they responded to situations. They described how they supported the person to maintain a healthier diet, obtained additional support from their GP and occupational therapist, which resulted in an improvement in the person's medical condition and their quality of life.

- Relatives spoken with confirmed staff supported their loved ones to a variety of medical appointments and kept them fully informed of any healthcare issues that were ongoing. A relative said, "They [care staff] keep the family well informed and if [person] is not well or any other issues, they let us know".

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.

- We observed staff asking people's permission before providing support and relatives spoken with confirmed this.

- Where people lacked capacity and were being deprived of their human rights, the appropriate authorisations were in place. This information along with any conditions attached to people's authorisations had been included in people's care records which demonstrated how these were being monitored and met.

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; respecting equality and diversity

- From our observations, it was clear that people shared positive relationships with the care staff and management who supported them. Staff asked after people and appeared interested in what they were doing and importantly, what they had to say. For example, one person had recently purchased some new furniture for their home. We observed a number of staff asking the person about this, if they were happy and pleased with the furniture and how it looked.
- Staff spoke with kindness when talking about people they supported and with pride when they described people's achievements. A relative described how care staff were supporting their loved one during a particular difficult time in their life. They told us, "[Person] has three really good carers, they are like brothers to [person] and they can talk to them about anything, especially at times like this".

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

- Staff supported people to express their views in a variety of ways. For example, we saw people had been involved in the development of their care plans which were in a pictorial format to assist people in understanding the content and ensuring the information recorded was correct.
- Care records held communication plans and detailed descriptions on how best to communicate with people and what signs to look out for if people [who were non-verbal] were trying to communicate with staff. For example, one person's care plan described how a person communicated through 'tactile engagement' and described how the person would 'hold staffs' hand and pull them to where I want to go'. This level of detail provided staff with the information required to enable them to communicate effectively with people, to offer them choices and support them to make decisions about their day.

Respecting and promoting people's privacy, dignity and independence

- Relatives had no doubt that staff who supported their loved ones respected their privacy and dignity. Staff were able to describe how they maintained people's dignity when offering personal care, for example by closing curtains and using a towel to cover people.
- Staff spoke proudly of the achievements of the people they supported and described how they encouraged people to maintain and improve their levels of independence. The care co-ordinator was in the process of developing a system which identified people's ability to become more independent in certain areas of their lives and to work alongside them and set goals which were acknowledged when achieved. For example, a member of staff described how they had worked with another professional to provide pictorial prompt sheets which the person could follow when completing their own personal care. This meant less verbal prompting was required and the person was able to follow the simple instructions thereby giving

them a sense of achievement and independence.

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 ensure people have choice and control and to meet their needs and preferences

- People were involved in the planning and development of their care. Care records demonstrated that people had been consulted as to how they wished to be supported and what staff told us about people, was reflected in their care records. For example, people's routines around their personal care and how they started their day.
- Relatives confirmed they and their loved ones had been involved in the planning and review of their care.
- Discussions with the care co-ordinator demonstrated how people's preferences were incorporated into their care plans and how these were monitored and reviewed to ensure these preferences were being met. Efforts were made to match people with staff who may have similar interests to them.
- The service was responsive to people's ever-changing needs. For example, we saw emergency arrangements were put in place to support a person who was experiencing a personal crisis.

Meeting people's communication needs

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.

- Information was made available to people in an accessible format to meet their needs. For example, care plans, information on how to complain and requests for feedback on the service were all provided to people in a pictorial format.
- We observed staff using objects of reference and adapting the way they communicated with people depending upon their needs.

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 spoken with confirmed that their loved ones were supported to access the community and take part in activities that were of interest to them. One relative described how staff supported their loved one to access the community and also maintain a relationship with their family. They told us, "We speak to [person] on the phone and staff support them to do that". Another relative told us their loved was more relaxed around the staff who supported them and this resulted in them feeling comfortable to take part in activities that were of interest to them. They said, "[Person] is talking about talking about doing gardening and some decorating and that's all down to the support they are getting".
- We saw people had their own 'activity books' that had recently been introduced which they were involved in developing. The books included photos and short descriptions of activities the person took part in and

were used as part of the review process with the person, when talking about their care and support and what they had recently been doing.

- People's care records held information [in a pictorial format] identifying what their interests were and what they liked to do. For example, we saw it was important for one person to visit a newsagent on a weekly basis and purchase a particular magazine they were interested in. The person's relative confirmed this activity took place.

Improving care quality in response to complaints or concerns

- Systems were in place to record and act on any complaints received. Information on how to raise a complaint was provided in a format that was easy for people to understand.
- We reviewed the complaints and concerns records and found they had been investigated and responded to appropriately.
- Relatives told us they had no complaints but knew how to raise concerns and were confident that if they did so, they would be listened to and acted upon. A relative told us "Any concerns and they are taken care of as soon as they are mentioned".

End of life care and support

- This is a supported living service and does not currently support people at the end of their life.

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 remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The inspection was prompted in part, in response to a number of anonymous complaints that were received regarding the service. These complaints included concerns regarding the management of the service, lack of staff training and supervision of staff and poor reporting of concerns. At this inspection we found the provider was open and honest about these complaints and had responded to them by bringing in an independent company to investigate the concerns and speak to staff confidentially.
- We noted a number of improvements had been made by the management to the governance of the service in response to the complaint and the findings of the independent investigation. For example, the care co-ordinator [who was new in post] had introduced a number of audits that would provide management with oversight of the service. People's care records had been reviewed and re-structured to provide staff with more detail regarding each person's needs. We saw that staff were provided with a number of opportunities to raise any concerns or issues they may have. This included a weekly drop in workshop, in which staff could speak directly to the care co-ordinator in confidence for support and guidance. Staff were also provided with a telephone number to contact a representative from the independent company who carried out the investigation, to discuss or raise any concerns. Plans for a staff survey were also in place. The area manager told us, "When we looked at the complaint, we saw it as an opportunity to improve systems within the service and hopefully this will improve everyone's experience. If it wasn't for the complaint, we wouldn't have restructured, but we are seeing it as a positive". All staff spoken with were positive about the service and the changes that had been introduced. One member of staff said, "It's early days, but so far so good".
- All staff told us they received regular supervision and all felt they were well trained. We saw additional training had also been sourced for staff in response to the investigation findings. One member of staff said, "I do feel more supported now and feel I would be listened to, if I raised any concerns".
- The care co-ordinator described the vision for the service, to provide person centred care that met people's needs and from our discussions with staff it was obvious they shared this vision.
- Relatives spoken with were complimentary of the service. One relative told us, "I'm kept informed of everything, I have a good relationship with them [the service] and can pick up the phone anytime and between us we keep [person] on an even level".

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

- Staff spoken with were aware of their responsibility to report and act on any concerns and we saw

evidence of this.

- The area manager and care co-ordinator were keen to promote an open culture within the service and were able to describe the actions they had taken in response to the complaints that had been received to ensure the service learnt from any incidents that had occurred.

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

- Previous plans in place to recruit a new registered manager had been unsuccessful, but we saw evidence the provider was actively seeking to recruit to this role. Following the inspection the area manager informed us they would be applying to become registered manager of the service whilst they continued to look for 'the right suitable and skilled' person to fill the role. 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 2008 and associated Regulations about how the service is run.
- Staff were clear about their roles and responsibilities. They were fully aware of the changes that were being introduced with regard to the structure and governance of the service and were on board with this. One member of staff told us, "We are trying to make a difference [to people's lives] and provide quality care for them".
- A formal on-call rota had been established to ensure staff had access to a senior member of staff 24 hours a day.
- The planned changes to the structure and staffing of the service were being introduced on 1 July and staff were aware of this.
- Relatives considered the service to be well led. One relative described her confidence in the service and the support it provided their loved one, which gave them peace of mind. They told us, "They do nothing but wrap their arms around [person] and keep them safe".

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

- People's feedback of the service was sought. This was completed verbally or in the form of a survey which people were supported [where appropriate] to complete. We noted all forms received contained positive feedback regarding the service and one person had written, "It is brilliant, the staff are supporting me and meet my needs and they are looking after me".

Continuous learning and improving care

- A number of audits were in place to provide management with oversight of the service. These included weekly and monthly audits covering a variety of areas such as medication, accidents and incidents, health and wellbeing, and family and social contact. Staff surveys, staff meetings and customer participation meetings were all in place to obtain feedback on the service.
- The care co-ordinator was working on providing staff with updated copies of policies and procedures in an easy read format, in order to simplify the content and save time. They told us, "We want to give staff the right tools to do the job and go through the right format, we give basic bullet points and condense it so it's easy to pick up".
- Regular audits were being completed on a weekly basis, providing management with an oversight of the care and support people were receiving and any areas for immediate action.
- We saw a new training partner had been appointed following the investigation, to provide additional training and refresh existing training that was in place.

Working in partnership with others

- We saw the service worked closely in partnership with a number of agencies to ensure people received the care and support they needed. This included social workers, community psychiatric nurses, psychiatrists and behaviour management teams. The area manager told us, "Our challenges are supporting people with complex needs and working with different professionals to meet their needs".