

I Care (GB) Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service well-led?

Inadequate 

Summary of findings

Overall summary

About the service

I Care (GB) Limited is a domiciliary care agency providing personal care to adults in their own homes. The service was supporting 80 people at the time of the inspection.

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.

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

The service was not well-led. We found significant shortfalls in how the service was managed.

Assurance processes and systems were not robust enough to provide adequate overview and did not always mitigate risk to the health and welfare of people using the service.

Although people told us they were happy with the care being provided, because risk was not appropriately managed, this meant people were sometimes exposed to a risk of harm.

Some people, including those with more complex needs, did not have a care plan in place. What paperwork was in place, did not always reflect their current care and support needs and provided staff with insufficient guidance on how to support people safely.

People told us staff sought their consent, though care records did not always reflect that people had provided consent to their care and treatment or had been involved in the creation of their care plan.

There was ineffective oversight of training for staff. Staff had not completed all mandatory training, including medication and COVID-19 training, to ensure they were competent in their roles. However, some gaps in staff training had been identified by the registered manager and training sessions had been booked.

We have made a recommendation about staff deployment to help ensure more effective covering of calls.

The registered manager began to address our concerns immediately following the inspection, showing they were responsive to making the required improvements, and that the safety and quality of the service was a priority.

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

Rating at last inspection

This service was last inspected on 11 February 2018 and rated Good (report published 11 April 2018.)

Why we inspected

The inspection was prompted in part due to concerns received about a lack of care plans, risk assessments and medicines management. 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.

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, consent and governance at this inspection.

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

Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate ●

I Care (GB) 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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

The inspection was carried out by two inspectors and a medicines 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.

Notice of inspection

We gave the service 24 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 15 March 2021 and ended on 19 March 2021. We visited the office location on 15 March 2021.

What we did before the 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. 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 of this information to plan our inspection.

During the inspection

We spoke with the registered manager, the deputy manager, the quality assurance officer and the care coordinator. We reviewed a range of records. This included 14 people's care records and medication records. A variety of records relating to the management of the service were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with eight members of care staff. We also spoke with seven people who used the service and two relatives about their experience of the care provided. We liaised with the local authority safeguarding and contracts and commissioning teams to share our findings and raise concerns identified during the inspection process.

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 Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

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

- Risk was not consistently assessed and managed and care plans did not always identify risk to people. Risks were not always managed and mitigated and staff did not always have appropriate information to support people safely.
- For people with specific health conditions, such as diabetes and people with challenging behaviours, there were not always risk assessments or care plans to support staff to recognise people's symptoms and guide them with action required to provide appropriate support. Similarly, risks from the environment, moving and handling and falls had not always been assessed. Where assessments for falls had been completed, they had been done so incorrectly. One person's risk assessment for safe handling had not been reviewed since 2019, despite the fact they had been recently hospitalised due to a fall.
- Although initial assessments had been carried out, they were insufficient and failed to identify people's risk and care needs. This meant staff did not have adequate guidance on how to support and care for people safely and in line with their personal preferences. One member of staff told us, "No care plans in place, its OK for clients I know but when they've taken on new clients, I don't know what to do." A relative told us, "The previous company we had come out and created a care plan. I Care took over. No care plan from them. If a new carer comes, they would not know what to do."
- Although a system was in place to record any incidents or accidents, there was no recorded oversight for identifying any trends and help prevent any future risk and reoccurrence. It wasn't always evident that incidents had been discussed with staff to help ensure that lessons were learnt and to help promote safer practice.

We found no evidence that people had been harmed, however, systems and processes were not consistently implemented to ensure risk related to the health, safety and welfare of people and staff was assessed, monitored and mitigated. 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.

- People were protected in emergency situations. Guidance instructed staff to call the office in such a situation, whilst some staff spoken with told us phones were not always answered, the provider assured us that an answering machine facility was in place to ensure all calls were responded to.

Using medicines safely

- Medicines were not always managed safely. Risk assessments did not fully support the safe handling of medicines.
- We saw evidence that some staff were leaving people's medicines out for them to take once they had left,

however, appropriate risk assessments had not been undertaken to ensure this practice was safe.

- The service had a medicines policy in place, but staff did not always follow it. The policy did not refer to current regulations and guidance.
- We could not be sure people had received their medicines safely. There were several missing signatures in some people's MAR charts.
- Handwritten MAR charts were not always completed accurately, and medicine allergies were not recorded.

- Medicines to be given at specific times were not always given at those times.
- There was not a system to check whether medicines were correct when a person transferred their care to the service, meaning people were at risk of not receiving their medicines as prescribed.

We found no evidence that people had been harmed, however, systems and processes were not consistently implemented to ensure people received their medications in a safe 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

- We were assured the provider was using personal protective equipment (PPE). Systems were in place to ensure PPE processes were spot checked and observed. The registered provider had communicated with staff throughout the pandemic to keep staff up to date with guidance.
- Although the service assured us staff were accessing weekly testing and staff confirmed this, records of staff testing were incomplete and not being maintained.
- Records showed that not all staff had received formal training in infection, prevention and control, including training specific to COVID-19. There was no evidence that staff had undergone an assessment in relation to the risks posed by COVID-19. Comments from staff included, "We have infection control online, but when the COVID-19 one rolled out it was just for office staff" and "Not had COVID-19 training, had a PPE email which describes everything and when to put it on."

We found no evidence that people had been harmed, however, systems and processes were not robust enough to ensure that risks from the spread of infection were properly mitigated. 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.

Staffing and recruitment

- There were not always sufficient numbers of suitably qualified staff to meet people's care and support needs. Although calls were not missed, staff rotas were only released two days in advance.
- At weekends there was insufficient time for staff to travel between calls meaning that staff arrived at their calls later than scheduled. Staff told us, "I would say that [Staffing] at weekends can be short" and "People notice it, soon as I go in they notice we are rushing, in and out and no time to talk to people."
- Because of staff shortfalls, there was mixed feedback about people receiving their medication on time. A relative commented, "If they [Staff] are late, I have concerns about [Person's] medication, as it should be given at four-hour gaps."

We recommend the provider considers more effective staff deployment so that weekend calls are covered by regular members of care staff.

- Staff were recruited safely. Suitable recruitment processes provide assurances that staff members employed have the required skills and characteristics to work with vulnerable people.

Systems and processes to safeguard people from the risk of abuse

- Staff told us how they were able to recognise and report on safeguarding matters.
- Policies were in place which provided up to date information for staff.

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 Inadequate. This meant there were widespread and significant shortfalls in service leadership. Leaders and the culture they created did not assure the delivery of high-quality care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care;

- We were not fully assured the registered manager was committed to continuous learning and improving care. At the last inspection, we made a recommendation about consent and capacity. At this inspection we checked to see whether improvements had been made. The registered manager was not complying with the principles of the MCA (Mental Capacity Act). People's care records did not always evidence that people had been consulted and involved with their plans for care and support.
- We highlighted this to the registered provider. They told us there had been times when it had been difficult to achieve consent and verbal consent had sometimes been sought. However, there was no evidence within the records viewed to demonstrate this process had taken place. We could not be fully assured therefore that consent had always been sought and granted.

Consent from people had not been appropriately sought, in line with MCA (2005).

This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- There wasn't always a consistent approach to governance processes to ensure enough oversight within the service.
- Although the registered manager had a regulatory obligation to ensure efficient oversight, some tasks were designated to a quality assurance employee who performed quality checks. However, only 10% of records were audited each month and there was no pattern to these checks meaning there was no assurance that people's care plans and medication records were being audited on a regular basis. Checks were not being recorded in a way to ensure information was collated and overseen. This meant concerns we identified during this inspection process had not been picked up.
- The Registered Manager did not have a system to ensure all Medicines Administration Records (MARs) were available for audit and our inspection.
- Systems and processes did not always operate effectively to prevent risk of harm to people. Appropriate action had not been taken in a timely way to assess risk to people and implement appropriate guidance for staff to mitigate risk.
- The service was providing care to people who had been transferred from an alternative care provider. Despite being assessed as having more complex needs, the service had failed to ensure that complete care plans had been implemented for those people.

- Any actions which had been identified from accidents and incidents did not have a time scale, and did not detail who was responsible for ensuring the actions were completed, meaning risk was not adequately mitigated. We saw evidence of incidents of a similar nature occurring to the same people.
- Systems in place to assess and monitor the quality and safety of the service were ineffective and had not identified the concerns found at our inspection, such as the lack of risk assessments, medication errors, lack of information in care plans and ineffectiveness of audit processes. Audit processes had not identified missing, incomplete and inaccurate paperwork.
- Staff training and induction had not been effectively and consistently monitored to ensure all staff were appropriately trained and prepared for the role. However, after the inspection, the registered manager sent a plan of action of intended training for staff to help mitigate any risks.
- Staff did not always have access to the most up to date and relevant guidance. Although the infection prevention and control policy had been reviewed in July 2020, it did not provide any written guidance in relation to COVID-19.
- Governance processes were ineffective in helping to drive forward improvements and mitigate risk to people and did not conform with the service's own principles, philosophy and values; as stated in the service user handbook, "A care and support plan is the key document for your care, will have assessed areas of risk and identified needs and wishes in relation to your care."

We found no evidence that people had been harmed, however, systems were either not in place or robust enough to ensure the service was effectively managed.

This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Feedback about how the service was managed was mixed. Comments from people included, "I think it is well managed" and "Yes. However, the carers don't have any time in between calls. So, if they are late with me, then they are late for the next call." Relatives commented, "Yes, very well managed" and "Not how I would manage things. Care plans, then people would know what they are doing. Also, if the carers had our phone numbers, they could call us if they were going to be late."
- People and their relatives told us that staff knew people's needs well, one person told us, "They [Staff] ask if there is anything else I want them to do."
- People told us they knew who the registered manager was, one person told us, "Yes I know the manager, [Name]. I have a contact number in my care plan."
- Feedback from staff about the support from management was mixed, comments included, "Care staff support each other, but do I feel supported? I can't say I do" and "I have never had supervision, I come over in October," "Yes, I am able to raise concerns, but don't feel like anything changes" and "I feel they are really good with me and flexible especially with child care arrangements, they always support me" and "I can raise concerns, the deputy [Name] is very approachable."
- The registered provider confirmed that the service had established processes in place to deal with any issues or concerns raised by staff.

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

- Care was not always person centered and did not always achieve good outcomes. For example, for one person who had suffered from a stroke, their care record had not been updated to reflect the changes in their care and support needs. A member of staff told us, "It's care plans that I'm worried about, carers are worried, and a lot of clients upset with having no care plans, I feel anxious as they have to tell us what to do."

It doesn't instil much confidence."

- Some people also told us that staff were sometimes late and communication was poor, comments included, "[The service] did not call and tell me when they are going to be late. My daughter rang the office. They never rang back" and "They [Staff] were 30 minutes late. No phone call, I called them."
- We highlighted this feedback to the registered provider so they could review systems. The provider confirmed processes were in place for communicating with people. They told us processes were established to keep people up to date if visit times were changed.

Working in partnership with others

- The service worked with others such as commissioners, safeguarding teams and health and other social care professionals, to ensure people received the care they needed.

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 registered manager was aware to notify CQC of notifiable events in line with their regulatory requirements.
- The registered manager was open and transparent with us about the lack of governance processes in place and the concerns found at the inspection. They were committed to introduce more robust systems to develop and sustain improvement in people's experience of care and support.

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	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>It was not evident that people using the service had provided consent to their care and support plan. Where people lacked the capacity to give consent, the service had not acted in accordance with the requirements of the Mental Capacity Act 2005.</p> <p>11 (1)</p>
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>People using the service did not always receive care and treatment that was safe. Risks to people had not been appropriately assessed. People were not protected from the risk of harm and risks had not been mitigated, including risk from infection. Timely care planning had not taken place to ensure the health, safety and welfare of people. Medicines were not managed in a safe way.</p> <p>12(1) 12(2) (a) (b) (c) (g) (h) (i)</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Governance, assurance and auditing systems were not effective and did not assess, monitor and drive improvement in the quality and safety of the care and treatment provided.</p>

Systems and processes did not mitigate risks to people. Care records were incomplete and did not include evidence that people had made decisions in relation to their care and treatment.

17(1) (a) (b) (c) (e)