

I Care (GB) Limited

ICare GB Limited - Derby Care Office

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

ICare GB Limited – Derby Care Office is a domiciliary care agency. It provides personal care to people living in their own homes. Not everyone who used the service received personal care. The Care Quality Commission (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 our inspection, 23 people were receiving a personal care service.

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

There were systems in place to monitor the quality and safety of the service, management carried out regular checks.

Medicines were managed safely. Staff were trained in medication administration and had their competency assessed.

There were enough staff to effectively meet the current packages of care, which supported people's needs. People were supported safely and any risk regarding their care was assessed. Staff were aware of how to report any concerns about neglect or abuse and were confident if they raised a concern it would be addressed.

People were supported by a regular team of care staff and said they generally received their calls on time. People were confident care staff had received appropriate training to meet their needs; we saw this was in line with current guidelines.

People's care was provided by kind and caring staff and people told us they treated them with respect. People's individual risk assessments and care plans reflected individual needs.

The provider worked in partnership with other agencies to make sure people received the right care and support.

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.

Staff had access to sufficient supplies of Personal Protective Equipment (PPE) and received regular updates from the provider on the management of risks related to COVID-19.

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

Rating at last inspection and update

At our last inspection the service was rated as requires improvement (Published 5 November 2020) and were in breach of Regulation 17 (Good Governance). At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

The inspection was prompted in part due to concerns received about late and missed calls. A decision was made for us to inspect and examine those risks. We found that the provider had made improvements throughout the service and so we broadened the scope of the inspection to a comprehensive looking at all five key questions.

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?

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.

ICare GB Limited - Derby Care Office

Detailed findings

Background to this inspection

The inspection

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

Inspection team

Our inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

ICare GB Limited – Derby Care Office is a domiciliary care service, registered to provide personal care to people living in their own houses and flats.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

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.

The inspection took place on 29 June 2022 at the provider's offices.

What we did before the inspection

In planning our inspection, we reviewed information we had received about the service. This included information shared with us by other organisations including the clinical commissioning group, the local authority contract monitoring and adult safeguarding teams.

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. We used all of this information to support our inspection..

During the inspection

We spoke with seven people who use the service and seven relatives. We also spoke with two care staff, a care coordinator, the registered manager and the nominated individual.

We reviewed a range of written records including care plans, three staff recruitment files, supervision records and information relating to the overall monitoring of service provision.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at further staff information and quality assurance records.

Is the service safe?

Our findings

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

At our last inspection this key question was rated requires improvement this was because staffing levels were not sufficient to provide people with the support required. At this inspection we found that staffing levels had improved, and the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse; Assessing risk, safety monitoring and management

- People were kept safe. People told us that they were looked after and kept safe.
- People told us that they were confident with staff and that the manager frequently checks that things are okay.
- Staff knew what action to take to protect people. Staff told us they knew how they could raise concerns and felt confident to do so.
- Risks were assessed, monitored and managed. We saw detailed risk assessments which included how the risk should be mitigated and how best to support the person safely.

Using medicines safely

- People received their medicines safely.
- Staff told us that they were trained in medicines and were assessed as competent. Medicine records were monitored by management.
- There were clear protocols for PRN medicines (medicine which is taken 'when required'). Medicines were being managed and monitored on an electronic system, this reduced the risk of errors occurring and recorded when medicine was given in real time.
- One relative told us, "The carers are aware of medicines and they follow the script. I set up medicines in the boxes and carers give them and record them on the MARS sheets. It's been good up to now. I notify any changes in medicines to the team leader, who records it to follow doctors' instructions."

Staffing and recruitment

- Staff were recruited safely. We saw that a pre-employment criminal records had been checked and staff all had at least two references, and the provider had carried out an identity check to ensure that they were eligible to work in care services.
- There were sufficient staff to meet the needs of people using the service. People told us their staff were mainly punctual and stayed their allotted time.
- One person told us, "I'm never set a time for visits, I expect them at 10.30am and they have only once been late. They stay the right time and do the job well, they are not rated highly enough, I value them, they give good mental support as well as help with physical care needs."

Preventing and controlling infection

- People were protected from the risk of infections. Staff described and understood current infection control procedures and the use of personal protective equipment (PPE); and told us it was readily available to them.
- People told us that staff always wore PPE had had done throughout the pandemic and whenever they received personal care.
- One person told us, "They have full protection, masks, aprons and gloves. They support me with personal care, and they change and put the used stuff in the bin."

Learning lessons when things go wrong

- The provider took appropriate actions following any incidents, accidents and complaints.
- We reviewed management records of complaints and found there was comprehensive information available regarding what actions had been taken and the outcome.
- People were asked to give feedback on the service and the feedback was used to make improvements to the service.

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 our last comprehensive inspection, we rated this key question requires improvement this was because staff had not been effectively trained and people were not given sufficient support with dietary requirements. At this inspection we found that improvements had been made in these areas and the rating has changed to 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 confirmed their needs were assessed and regularly reviewed.
- People told us that the service was very caring and delivered care in a person centred way.
- One person who used the service told us, "They tailored the service to [name] needs, after a professional assessment after they had a fall."

Staff support: induction, training, skills and experience

- Care staff were supported and trained to ensure that they had the skills and experience to effectively support people.
- One staff member told us, "The training is exceptional and we also do shadow training when we start in post. Usually about 15 hours, and everyone is really friendly and gets along well."
- One person told us, "They keep me safe and fasten a chain on my chair so that I don't slip. The carers keep an eye on me. I am showered safely. Their behaviour is excellent."

Supporting people to eat and drink enough to maintain a balanced diet; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People were supported to eat and drink enough when included as part of their agreed care plan. Information was clear in people's care plans about people's preferences and any dietary requirements.
- Care plans were in the process of being transferred onto an electronic system. However, the paper copies of care plans, and risk assessments, were detailed and person centred.
- When changes in a person's condition were observed, staff supported people to access healthcare services. One person told us, "[name] was really ill one day and the carers stayed an extra 40 minutes to make sure that [name] was supported."
- One staff member had given a person cardiopulmonary resuscitation (CPR) after calling paramedics when a person was found not to be breathing. The person's family could not praise the staff member highly enough for carrying out the CPR procedure for a long period prior to paramedics arriving.

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. 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. We checked whether the service was working within the principles of the MCA.

- People's consent for care was sought. People told us that their care needs were discussed, and any changes agreed.
- Staff understood and followed principles of the MCA to obtain people's consent for care.

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 our last comprehensive inspection we rated this key question requires improvement this was because people were not being supported in the way that they wanted. At this inspection improvements had been made and the rating has changed to 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 were treated with dignity, respect and kindness. One person told us, "The service is special; they never make me feel a burden."
- Records included information about people's preferred name and important details. They were person centred with any known preferences for care and daily living routines.
- Staff understood how to provide care and support and felt it was important to know people's needs and preferences.

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

- People and their relatives confirmed they were involved in their care, from planning to delivery. The registered manager had regular conversations with people to ensure care was being delivered as people wanted and to discuss any changes they may need.
- Staff told us they delivered care as the person wanted. Staff felt they had forged good relationships and knew the people they supported and supported them as individuals.
- We saw people had been consulted with regularly to ensure they were receiving a good service.

Respecting and promoting people's privacy, dignity and independence

- Care plans talked about treating people with dignity and respect, promoting independence and ensuring people's privacy. People told us that staff treated them with respect.
- Staff knew what was important to people to ensure people's dignity, they were keen to provide care and support in a way people felt comfortable and respected their privacy.

Is the service responsive?

Our findings

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

At our last comprehensive inspection this key question was rated requires improvement this was because people's choice and preferences were not being met. At this inspection improvement had been made and the rating has changed to 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 responsive to their needs.
- Staff were encouraged to deliver care in a person-centred way which respected people's needs and preferences. One person told us, "The professionalism is very good. We get true explanations when we ask. We have no suggestions for improvements."
- One relative told us, "A few months ago I asked the manager about the lack of detail in the daily record. Now more detail is written down. I asked for carers to make [name] toast even if she says no and that is much better now." This was because of concerns that the person was not eating enough and would refuse food.

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.

- People's communication needs were assessed and preferred communication format agreed with the person prior to using the service. Staff we spoke with knew people well and how to communicate with them in the way that they understood.
- The provider had a form to complete for people who were new to the service, which gave them the opportunity to request information in a format of their choice. At the time of our inspection no-one using the service required information in an alternative format.

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

- People were supported to maintain family relationships and family were encouraged to be involved in care planning. Staff kept families informed regarding people's wellbeing if circumstances changed.
- Staff told us they always asked what people wanted them to do and people told us staff were excellent and always supported them in the way they wanted.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy in place. At the time of our inspection we saw how complaints had

been investigated and resolved.

- People told us if they had a complaint or concern they would be happy to report it and felt confident it would be resolved.

End of life care and support

- The provider was aware of planning for end of life care.
- At the time of our inspection there was one person on end of life care.
- The provider told us they had previously been contracted by the local authority to support a person who was known to be at the end of their life . They worked with a speech and language therapist and the district nursing team to provide care at home so the person could be discharged from hospital and have a dignified pain free death in their own surroundings with loved ones.

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

At our inspection on 25 September 2019 the provider failed to have robust systems in place to assess, monitor and improve the quality and safety of the service to drive improvements or provide quality care to people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found enough improvement had been made and the service was no longer in breach of regulation.

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

- The registered manager had systems in place to provide a good oversight of the service.
- Staff told us they felt supported by management and they were happy to speak to them if they had any issues or concerns.
- The provider told us there was a clear vision for the service to make continuous improvements ; and ensure good quality care which is person centred and meets people's needs and preferences.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The registered manager regularly contacted people using the service to request feedback and offer support.
- Staff we spoke with told us they felt valued and their opinions mattered. Staff were proud of their achievements in supporting people with complex needs.
- The provider had systems in place to monitor staff performance, through supervision, appraisals and spot checks.

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

- There was a clear structure in place for staff to escalate concerns. Staff told us the management were always very approachable.
- The registered manager was aware of their responsibility to report significant events to us and of raising concerns with outside agencies as required.
- The provider had clear policies and procedures to promote best practice. There were a range of quality audits in place which the provider used to reflect on the quality of care.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to maintaining and improving care for people. They welcomed feedback and were open to the inspection process.
- Staff told us they had good relationships with visiting professionals.
- The provider consulted with relevant authorities and professionals to improve care for those using the service.