

ICARE COVENTRY LTD

# ICare Coventry Ltd

## 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

The provider registered this service with us to provide personal care and support for people in their own homes. At the time of the inspection there were 24 people receiving care and support services.

There was a registered manager in post. 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.

People were protected from the risk of potential abuse and told us they felt safe in the company of staff because of the way staff supported and cared for them. Plans to manage people's individual risks were assessed, and identified in a way which promoted people's safety. There were enough staff employed to care for people and chat to them so they did not become isolated. Staff supported some people to take their medicines. Some people had requested staff just reminded them to take their medicines and this had been done.

Staff had the skills and knowledge to care for people effectively. Staff received regular training based on the needs of people using the service. Staff knew the histories and preferences of the people they were supporting and provided care in a way that meet individual people's needs. People had been involved in making decisions about how their care was delivered on a daily basis, and through their assessments, care planning and care plan reviews.

People were encouraged to make choices about the food they ate and staff knew if they had any dietary requirements. People were supported by staff to maintain their health and well-being.

People's consent was appropriately obtained by staff when caring for them. If people's ability to make decisions changed, the registered and deputy manager had involved people's relatives and other professionals, so that care would continue to be delivered in the best way for people.

People received care from staff who took time to get to know them. People had developed good relationships with staff that were caring. Staff supported people to maintain their dignity and people were confident that staff respected their right to confidentiality.

The registered manager, deputy manager and staff met regularly with people to check they were receiving care in the way they wanted. People and their family members were encouraged to give feedback on the quality of the service. The registered and deputy manager made sure regular checks were completed to monitor the quality of the care. Staff members were aware of and implemented the values demonstrated by the registered manager.

## 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.

People received care from staff who understood how to keep them safe and free from the risk of potential abuse and promote their physical health and well-being.

There were enough staff to meet people's care needs and manage risks.

### Is the service effective?

Good ●

The service was effective.

People's needs and preferences were supported by trained staff who understood their care needs and personal preferences. People were encouraged to make decisions about their care and support and maintain their independence.

Staff knew about people's dietary needs and staff encouraged people to decide what they wanted to eat.

Staff worked with other professionals so people's health needs were met.

### Is the service caring?

Good ●

The service was caring.

People and their relatives were complimentary about the caring relationships developed with staff. People received care that met their needs, reflected individual preferences, culture and maintained their dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to make choices and be involved in assessing and planning their care. Care plans were reviewed regularly, so reflected the care and support people needed.

People who used the service had been encouraged to raise complaints and concerns.

**Is the service well-led?**

**Good** ●

The service was well-led.

People who used the service and staff were complimentary about the services they received. Staff members knew how the registered and deputy manager expected them to care for people. The registered and deputy manager checked the quality of care provided, so people benefited from receiving services from an organisation which was well led.

# ICare Coventry Ltd

## Detailed findings

### Background to this inspection

We undertook an announced inspection on the 22 February 2017. We gave the provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides domiciliary care service to people in their own homes and or the family home if needed to be sure that someone would be available at the office.

This inspection took place on 22 February 2017 and was announced. The provider was given 48 hours' notice because the location provides homecare services and we needed to be sure that someone would be in. One inspector carried out this inspection.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, including safeguarding matters. We reviewed any notifications that the provider had sent us. Statutory notifications are incidents or events that providers must notify us about.

We asked the local authority if they had any information to share with us about the services provided. The local authority is responsible for monitoring the quality and funding for some people who used the service. Additionally, we received information from Healthwatch, who are an independent consumer champion who promote the views and experiences of people who use health and social care.

We spoke with five people and one relative of a person who used the service by telephone. We used a translator to converse with people where English was not their first language. We spoke with the provider, who was also the registered manager, deputy manager, and five support staff. We looked at four records about people's care, three staff recruitment files, staff training records, and surveys completed by people who used the service. We also looked at the service audits and checks the deputy manager and registered manager had completed.

# Is the service safe?

## Our findings

All the people we spoke with were confident that staff looked after them in a safe way. One person told us, "I feel safe in all aspects of the care I receive". Staff told us about how they helped people to stay safe. Every staff member we spoke with knew what to do if they had any concerns for people's safety. All staff told us they knew how to keep people safe and what to look for that may indicate potential abuse and were aware of their responsibility to report and protect people from the risk of abuse and harm.

The deputy manager told us before a new person received a service from the provider their needs and any risks were identified before they received any care. We saw risk assessments had been completed in risks to people's physical and mental health. Detailed guidelines had then been produced for staff to follow in order to keep people safe. We saw environmental changes and risks in people's homes had been assessed to help keep the person and staff supporting for them to stay safe.

Staff told us they could contact senior staff at any time (including out of hours and weekends), if guidance was needed to keep people safe. One staff member told us how they had reported how one person's mobility equipment needed replacing. The deputy manager had contacted the health professionals required to ensure the person was reassessed and new equipment supplied to help the person stay safe. They told us the deputy manager had driven to the hospital themselves to pick up the equipment for the person to save the delay on the delivery time.

All of the staff we spoke with told us, they checked people's care plans so they knew the best way to keep them safe. Staff told us how they shared information on people's changing safety needs with the deputy manager and other support staff. One staff member described how any changes identified were recorded in a yellow book for all staff to read. They gave an example of how using this, they understood how a person's medication needed to be adjusted following a blood test. We saw people's risks were regularly reviewed, so staff were aware of the way to deliver care for people in a way which promoted people's safety.

People told us staff had enough time to care for them safely, and they did not feel rushed. Staff we spoke with confirmed the length of calls meant they could care for people in a safe way and chat to them, so people's risk of isolation was reduced. One person commented, "They often call me to see if I am ok or need anything?" The deputy and the registered manager ensured there was enough staff to care for people in a safe way by taking into account people's individual needs and matching these with the staff who had the skills required to meet them. This included considering people's cultural requirements, for example for some people who used the service supported English was not their first language, so staff supported them only if they could speak Punjabi. The registered manager told us, rotas were arranged to take into account people's individual needs, such as if they required two members of staff to deliver care so they would remain safe. The registered manager told us, they operated a flexible system so staff could spend extra time with people if it was required to meet their needs. If the staff was delayed they could telephone the office and request extra time to spend with the person if required.

We saw the registered manager undertook checks on the suitability of staff before they started their

employment. The checks included obtaining a minimum of two references and DBS, (Disclosure and Barring Service) disclosure, so people were not put at unnecessary risk.

People told us they received their medicines at the agreed times. Where required people's medicines were administered and recorded by staff which showed the individual medicine administered. Staff were aware of the types and reasons for people's medicines and possible side effects to look for. People told us and records showed that how to administer the medicines with the amounts needed. All of the staff we spoke with confirmed they had received training, so they would know how to administer medicines in a way which kept people safe. The records were checked monthly by the registered manager, to identify any missed doses or recording errors.

Some people just required to be reminded to take their medicines by staff, people confirmed this had happened. One person told us, "I just need staff to ask if I've taken my medicines, so I don't forget."

## Is the service effective?

### Our findings

All the people we spoke with thought staff had the right skills and training to care for them effectively. One person told us, "I have lots of medical needs; the staff understand how to help me." A relative said, "The staff understand how to help [person's name] as they suffer with dementia."

Staff described to us their induction and said it prepared them for their role. All staff told us part of their induction involved meeting people in their homes and learning their routines before providing care. One staff member told us, "I shadowed another more experienced member of staff, before working on my own. This helped me know how people liked to be cared for."

One staff member told us they received training through classroom based sessions which were very good. They told us, "This gives us the opportunity to understand and practice what we have learned before supporting people." They told us they completed specialised courses in dementia and diabetes to help them understand specific health conditions of the people they supported and assisted them to stay healthy.

We spoke with the registered manager who told us they felt it was important to ensure staff were competent and had the necessary skills before they were allowed to support people. The deputy manager had successfully undertaken awards in education, training and assessing, so they could teach the care certificate for staff. The Care Certificate is a nationally recognised qualification for care staff. They told us, this developed the necessary skills for staff to care for people.

All staff we spoke with told us they received regular supervision. They described this as a two way process where they could reflect and receive feedback on their performance. Staff told us the deputy manager performed spot checks to observe their practice and any areas of improvement required would be addressed by further training.

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 interest 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. Applications to deprive someone of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. At the time of the inspection, the provider had not needed to make any applications to the Court of Protection. We saw the provider had made sure that staff understood the requirements of MCA, and were working with other organisations where people's capacity to consent to care and treatment was changing.



People told us, they had been asked to consent to their care. All the people said they had been central in deciding what care they wanted and the way they preferred this to be delivered. People told us before care and support started they were introduced to the new member of staff and asked their opinion to make sure they were happy for staff to provide care. One person told us, "They always ask me before they do anything for me and check I am happy. If I don't want to do something then they respect my decision." All the staff we spoke with understood the necessity to seek people's consent before they delivered any care and support.

People told us, they had their choice of meals or would tell staff what they would like at breakfast time, such as chapattis, cereals or toast. Staff told us, they heated prepared meals or if preferred prepared fresh meals and assisted people to eat where needed. Staff knew who required a softer diet and made sure the prepared meals were suitable. Staff also told us, they made sure people had drinks available between calls to combat the risk of dehydration.

People we spoke with told us the provider worked alongside other external professionals if required to support people. For example they referred people to the occupational therapist and physiotherapist for advice on specialist equipment to help people with their mobility. Staff told us if they thought a person was unwell they would suggest arranging appointments with the person's doctor or consultants (in line with the person's consent). Staff told us in an emergency situation they would contact the emergency services and wait with the person until assistance arrived.

## Is the service caring?

### Our findings

All the people we spoke with praised the staff for their very caring attitude towards them. One person said, "The care I receive is beyond my belief. I have never met so many willing, caring ladies. They are all wonderful." Another person said, "I am very happy with the care." A relative told us, "The care provided is very good."

Staff explained people's care plans contained information about the person and acted as a guide so they could talk about things that people were interested in. One staff member told us they were supported on their first few visits to get to know people, by going with a member of staff who was more familiar with the person and their routines.

All people we spoke with told us, they were able to maintain their independence, were involved in their care and were able to guide staff daily to how much help or support they needed. One person described how staff had assisted them to become more physically mobile since staff had supported them. They said, "Staff help me get in and out of bed. They are very observant and always offer to do things for me, if I can't."

People we spoke with told us the staff listened and responded to their requests on the day. One person said staff, "Will go the extra mile for you, they were helping me the other day, the deputy manager went to fetch pads for me because I'd run out." People said staff knew them very well and they got into a routine that suited their preferences. One person said, "I can't tell you just how much they [staff] mean to me...I love them all."

Staff we spoke with also provided us with examples of how they respected people's wishes and treated them with dignity. One person said, "They always treat me with dignity and respect. They know I prefer a male carer to help me shower so that's what they do." One staff member told us, "When I help a person with their personal care, I always ensure I close the door and curtains and cover the person with a blanket to maintain their dignity."

Discussions we had with all staff and management showed they had a detailed and personal understanding of each person. Staff told us that they followed detailed support guidelines to ensure support was given consistently and how the person preferred. Staff took individual needs, choices and preferences into account and in discussions with us were very knowledgeable about these. When we were speaking with staff they were respectful about people and showed a genuine interest and compassion about their lives.

## Is the service responsive?

### Our findings

People told us, before using the service; their support and care needs were assessed to ensure the provider could meet their individual requirements. These assessments formed the basis for the person's individual's plan of care, developed with the input of the person and their family (if appropriate). The care plan included information about people's previous life history, values and interests, so staff knew how people liked to be supported. They contained very detailed information for example one person had lost their appetite, staff were concerned and on investigation found the size of the chapattis the staff had made for them were too large. Once they realised this was not to their liking, they made smaller ones and the person started eating again.

The care and support people received was recorded after each visit which the deputy manager collected and reviewed at the end of each month. People also told us that any changes to their needs were updated quickly and were communicated to staff. Staff confirmed changes were sent through to them in person and they always checked care plans for any changes. One person confirmed this, as they had been consulted over the contents of their care plan and asked to sign their care plan to say they agreed with its contents. One person had written, "I am satisfied with the support I am receiving from ICare. My support plans reflects my needs."

People told us they felt comfortable sharing whether or not they would prefer to have the same staff in future. One person told us, it was important for them to have staff that supported them who understood their religious and cultural requirements and this had been provided. People we spoke with told us they regularly fed back any thoughts they had about the service. Spot checks were completed when the registered or deputy manager visited them. One person told us, "They call in or telephone me regularly and check everything's okay – they do listen to what you say." We also reviewed questionnaires people and their families completed and saw that there was a positive response to the service and people were happy with the care they were receiving.

We talked with people about complaints. All of the people we spoke with told us they had not needed to make any complaints about the care they received. One person told us, "I would be happy to raise any concerns with staff at the office, but I have not needed to." Some people told us they would be happy talking directly to staff that cared for them, if they had any complaints or concerns, and other people told us they would contact senior staff, including the registered manager. The provider had a formal complaints process in place and this had been included in people's information pack when they joined the service. The information gave people details of who to contact and the steps that would be taken to address their concerns.

## Is the service well-led?

### Our findings

All the people we spoke with were positive about all the staff including the registered and deputy managers. They felt they were all approachable and would listen to any concerns they had. One person told us, "They are all lovely; I've never had a bad word to say about them." Another person said, "We are very happy with the care we receive."

We spoke with the registered manager about the values they expected staff to provide. They wanted to offer personalised care to people they knew and had a really good understanding of their needs. As a smaller agency the registered manager got to know people well and the care provided. They told us this helped to ensure any small queries or questions were dealt with immediately and that staff knew the standard of care they expected.

All staff we spoke with told us that the registered manager was approachable, accessible and felt they were listened to. Staff told us they felt able to tell management their views and opinions at staff meetings. Staff told us they enjoyed working for the provider. One staff member said "This is a fantastic, lovely company to work for." Another staff member told us how the registered manager arranged and invited staff to celebrate a variety of cultural events throughout the year. The registered manager told us, it was his way of showing his thanks for the staffs hard work and commitment, supporting and caring for people using the service.

The registered manager understood their responsibilities and conditions of registration. The registered manager kept CQC informed of formal notifications and other changes. The registered manager spoke passionately about ensuring people were looked after to the best of their ability. They personally delivered support and care to people using the service, as they felt it assisted them to understand the needs of the agency and how best to develop and grow in the future.

The registered manager was pleased that all their staff worked as a team to ensure people received good care. The registered manager had regularly checked and reviewed the service provided. They had reviewed the care notes staff had completed when providing personal care. They checked to ensure the care provided matched the care plans. For example, they had checked the length of call time and what care had taken place on the call to ensure all expected areas had been completed.

The registered manager worked regularly alongside staff and took that opportunity to review the quality of the service provided. Staff told us they often worked with the registered and deputy manager which helped to ensure they provided care in line with people's needs and preferences. In order to continue improvements and a 'can do' culture, the provider had supported staff to study professional development training courses such as National Vocational Qualification (NVQ) and the Care Certificate. Therefore, people were supported by a management team that continually strived to improve people's quality of care.