

I Care (GB) Limited

ICare (GB) Limited - Runcorn

Inspection report

The Heath Business Park
Runcorn
Cheshire
WA7 4QX

Tel: 01928569192
Website: www.icare.co.uk

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Inadequate ●

Summary of findings

Overall summary

About the service

I Care (GB) Limited Runcorn is a domiciliary care agency providing personal care to adults in their own homes. The service was supporting 58 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 provider failed to establish effective systems in relation to risk management. Risks to the health, safety and welfare of people were not appropriately identified, managed or mitigated. Risk assessments were either not completed, not person-centred or not detailed enough to guide staff in supporting people safely. Medicines were not managed safely. Medicines were not being given to people as prescribed. This meant they were at risk of harm.

Systems and processes to assess and monitor the safety and quality of the service were inadequate. The widespread concerns found with risk assessments and unsafe medicines practice were not always picked up by the registered manager's or provider's monitoring processes.

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.

Mental capacity assessments were in place. However, further improvements were needed in the consistency of the application of The Mental Capacity Act 2005 (MCA). For example, MCA's were completed when there were no concerns about a person's capacity. We have made a recommendation regarding this.

Most staff were up to date with their mandatory training however, it was difficult for the registered manager to effectively monitor this as training records were not well maintained. We received mixed feedback from staff with regards to their ongoing support. We have made a recommendation regarding this.

People and staff told us that communication with office staff was poor. Comments included, "One time I phoned up 15 times and couldn't get through".

The service met their safeguarding responsibilities and records showed they shared information with local authorities as required. Feedback we received from the local authority was positive in this area.

Staff followed good infection control practices and used PPE to help prevent the spread of healthcare related infections.

Systems were in place for the safe recruitment of staff. The provider was open about recent staffing challenges and made the decision to reduce their care delivery hours to ensure staffing levels remained safe.

The registered manager and provider understood their duty to share information in an open and honest manner. They approached the inspection process with transparency.

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

The last rating for this service was requires improvement (published 2 August 2021). The service remains rated requires improvement. This service has been rated requires improvement for the last two consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for I Care (GB) Limited Runcorn on our website at www.cqc.org.uk.

The provider has been responsive to the concerns found at this inspection and has taken immediate action to ensure the timely improvement in relation to medicines management and governance processes.

You can see what action we have asked the provider to take at the end of this full report.

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 monitor the service and will take further action if needed.

We have identified breaches in relation to risk assessments, medicines management and governance at this inspection.

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

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

We will meet with the provider following this report being published to discuss how they will make changes

to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

Special Measures

The overall rating for this service is 'Requires improvement'. However, we are placing the service in 'special measures'. We do this when services have been rated as 'Inadequate' in any Key Question over two consecutive comprehensive inspections. The 'Inadequate' rating does not need to be in the same question at each of these inspections for us to place services in special measures. This means we will keep the service under review and, if we do not propose to cancel the provider's registration, we will re-inspect within 6 months to check for significant improvements.

If the provider has not made enough improvement within this timeframe. And there is still a rating of inadequate for any key question or overall, we will take action in line with our enforcement procedures. This will mean we will begin the process of preventing the provider from operating this service. This will usually lead to cancellation of their registration or to varying the conditions the registration.

For adult social care services, the maximum time for being in special measures will usually be no more than 12 months. If the service has demonstrated improvements when we inspect it and it is no longer rated as inadequate for any of the five key questions it will no longer be in special measures.

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 effective?

The service was not always effective.

Details are in our well-led findings below.

Requires Improvement 

Is the service well-led?

The service was not well-led.

Details are in our well-led findings below.

Inadequate 

ICare (GB) Limited - Runcorn

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 Health and Social Care Act 2008.

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.

Registered Manager

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 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure there would be staff based in the office to speak with us.

Inspection activity started on 24 May 2022 and ended on 7 June 2022. We visited the location's office on 24 and 27 May 2022.

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 who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 25 April 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with five people who used the service and one relative about their experience of the care provided. We spoke with 12 members of staff including registered manager, deputy manager and chief operating officer, care workers and a quality assurance officer.

We reviewed a range of records. This included 12 people's care records and multiple medication records. We looked at two staff files in relation to recruitment. A variety of records relating to the management of the service, including audits and policies and procedures, were reviewed.

Following our visits to the office, we continued to seek clarification from the provider to validate evidence found. We looked at training data, electronic call monitoring data and quality assurance records off site.



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 we rated this key question requires improvement. At this inspection this key question remains the same. This meant some aspects of the service were not always safe. There was an increased risk that people could be harmed.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Medicines were not managed safely.
- Medicines were not being given to people as prescribed. For example, two people who required a medicine to manage their health condition had not been given the correct dose on multiple occasions. This meant they were at risk of harm.
- We found that for people who required regular pain relief, the required four-hour time interval between doses of paracetamol was not always observed so there was a risk of overdose.
- Not all staff had their competency to administer medicines assessed in line with best practice guidance. This meant there was a risk that medicines could be administered by staff that did not have the skills to do so safely.
- The systems used to audit the medicines at the service were ineffective as they had not identified all issues found during this inspection. Actions from the audits had not always been completed. For example, further training had not been completed by staff identified as requiring this due to multiple failures to record medicines administration effectively.

We found no evidence that people had been harmed however, the provider had failed to ensure the safe administration of medicines. This placed people at risk of harm. This was a continued breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately and after the inspection to outline the action they would take to improve medicines management. This included increased auditing of high-risk medicines.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 12.

- Risks to people were not always appropriately assessed or mitigated to protect them from avoidable harm.
- Risk assessments were either not completed, not person-centred or not detailed enough to guide staff in supporting people safely. For example, one person's falls risk assessment did not consider a known history of seizures or prescribed medications that can affect mobility.
- Care plans for people with specific health conditions such as diabetes, asthma and reduced mobility did not contain risk assessments in relation to these areas and did not contain guidance for staff on how to respond to, manage and mitigate these risks.

Systems had not been established to assess, monitor and mitigate risks to the health, safety and welfare of people using the service. This placed people at risk of harm. This was a continued breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Preventing and controlling infection

At the last inspection, we found systems and processes were not robust enough to ensure infection risks were properly mitigated. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Staff followed good infection control practices and used PPE to help prevent the spread of healthcare related infections.
- Staff completed COVID-19 tests in line with current government guidance. The registered manager had oversight of the test results.
- People told us staff always wore PPE. One person told us, "[Staff] always wear their masks, gloves and aprons on each call".

Staffing and recruitment

We made a recommendation at the last inspection for the provider to consider more effective staff deployment so that weekend calls are covered by regular members of care staff. At this inspection, we found improvements in this area. Although office staff covered emergency staffing shortfalls as a last resort, we found this was occurring on fewer occasions.

- Systems were in place for the safe recruitment of staff.
- The provider was open about recent staffing challenges and made the decision to reduce their care delivery hours to ensure staffing levels remained safe.
- Rotas confirmed there were enough staff to meet people's needs and there had been no missed calls.
- People we spoke with told us they were supported by a consistent staff team.

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- At the last inspection we found shortfalls with medicines management and risk assessments. Similar concerns were identified at this inspection resulting in continued breaches of regulations. This meant the

provider had failed to learn lessons and take action to drive the necessary improvements to quality and safety.

- The service met their safeguarding responsibilities and records showed they shared information with local authorities as required. Feedback we received from the local authority was positive in this area.
- People told us they felt safe with staff. Comments included, "I feel safe, they put me at ease" and "I feel safe, I know [staff] will look after me".

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 inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Ensuring consent to care and treatment in line with law and guidance

At our last inspection the provider had not sought consent from people, in line with The Mental Capacity Act 2005. This was a breach of regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was reported under the well led section of the previous inspection report.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.

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 MCA 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.

- Capacity assessments were in place. However, further improvements were needed in the consistency of the application of MCA processes. For example, MCA's were completed when there were no concerns about as person's capacity.

We recommend the provider reviews their application of the mental capacity assessment and updates their practice accordingly.

- Signed documentation was present in care plans to show people provided their consent for care and treatment.
- People we spoke with told us that staff always gain their consent before delivering care tasks.

Staff support: induction, training, skills and experience

- Staff completed an induction and a range of training the provider considered mandatory. Most staff were up to date with their mandatory training however, it was difficult for the register manager to effectively monitor this as training records were not well maintained.
- We received mixed feedback from staff with regards to their ongoing support. Some staff felt supported but some felt unsupported. Records showed that many staff supervisions were out of date.

We recommend the provider reviews their systems to record training and supervisions to ensure processes are robust.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support;

- Staff worked with the community nursing team and GP. However, when people's health needs changed, they were not always referred to the relevant health professionals in a timely manner. For example, there was no evidence health professionals were contacted when staff reported concerns with a person's wound.

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

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

- Assessments of people's care needs had not always been completed in detail. Some people's care plans lacked detail around specific needs such as risks related to their eating and drinking and their mobility. This meant people were at risk of not having their needs effectively met.
- People's oral health needs were assessed when they starting using the service however, information was not detailed enough to ensure people achieved good outcomes.
- People spoke positively about the support they received with food and drink.

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 inadequate. The rating for this key question has remained 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

At our last inspection the provider had failed to ensure effective quality assurance processes were in place. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- There has been repeated failure from the provider to ensure the delivery of safe, high quality care. This is the second inspection the provider has failed to meet regulations.
- Systems and processes to assess and monitor the safety and quality of the service were inadequate. The widespread concerns found with risk assessments and unsafe medicines practice were not always picked up by the registered manager's or provider's monitoring processes. This meant these shortfalls had been allowed to continue unchecked and opportunities to improve safety and quality were missed. This placed people at risk of receiving unsafe care.
- The provider failed to establish effective systems in relation to risk management. Risks to the health, safety and welfare of people were not appropriately identified, managed or mitigated.
- The registered manager had ineffective oversight of areas such as medication competency assessments. This meant there was a risk care could be delivered by staff who lacked the relevant skills.

The provider had failed to effectively assess, monitor and improve the quality of the service provided. This was a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider responded immediately during and after the inspection to outline the action they would take to improve governance. This included the recruitment of a full-time quality support manager to support the existing office team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- There had not always been appropriate communication with other healthcare professionals to ensure

people received the right care and support to keep them safe. For example, there was no evidence of follow up when a person failed to receive an important blood test.

- Governance arrangements did not promote the provision of high-quality, person-centred care.

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

- People and staff told us that communication with office staff was poor. Comments included, "The office is a bit of a problem, sometimes they don't do what they say they are going to do" and "One time I phoned up 15 times and couldn't get through".
- Systems were in place to gather the views of people using the service and staff.
- The registered manager and provider understood their duty to share information in an open and honest manner. They approached the inspection process with transparency.

This section is primarily information for the provider

Enforcement actions

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

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment The provider had failed to robustly assess the risks relating to the health safety and welfare of people. The provider had failed to ensure the safe management of medicines.

The enforcement action we took:

Warning notice

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to effectively assess, monitor and improve the quality of the service provided.

The enforcement action we took:

warning notice