

i Care (2018) Limited

i care 2018 limited

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?	Outstanding ☆
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

i care 2018 limited is a domiciliary care service providing care and support to seven people living in their own homes in Newbury and the surrounding areas. It provides a service to older adults, people living with dementia, sensory impairments, physical disabilities, learning disabilities and younger people. Not everyone who uses the service receives personal care. Care Quality Commission (CQC) only inspects where people receive personal support 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

People experienced exceptionally person-centred care, which achieved outstanding outcomes, significantly enriching and improving the quality of their lives. People truly valued their relationships with their allocated staff and felt that they consistently exceeded their expectations, when providing their care and support. People were empowered to lead on the development of their care plans, ensuring they reflected all aspects of their life. Professionals praised staff for advocating robustly to ensure people's best interests were upheld and protected. Relatives and professionals identified that maintaining important relationships and supporting people not to feel socially isolated was a strength of the service. People and relatives told us staff had an excellent understanding of people's protected equality characteristics and how to support them. The service provided outstanding end of life care, which ensured people experienced a comfortable, dignified and pain-free death. Staff also cared for and supported the people that matter to the person who was dying with empathy and understanding.

People experienced very good continuity and consistency of care from allocated staff who made them feel safe. Staff had completed safeguarding training and knew how to recognise and report abuse. Staff identified and assessed risks to people, which they managed safely, in accordance with people's support plans. The registered person ensured enough suitable staff were deployed to meet people's needs. Staff completed a thorough recruitment process, which explored their suitability to support people in their own homes. People received their medicines safely from staff, assessed to be competent to do so, in accordance with recognised guidance. People and staff consistently praised the registered person for keeping them fully informed regarding government guidance relating to infection control during the pandemic. Lessons from accidents and incidents were used to drive continuous improvements in the service.

The registered person effectively operated a system of spot checks, supervision, appraisal and staff meetings, which supported staff to deliver care based on best practice. Staff emphasised the importance of eating and drinking well and reflected best practice in how they supported people to maintain a healthy balanced diet. Staff worked effectively in partnership with healthcare professionals to make sure care and treatment met people's changing needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported

this practice.

People experienced caring relationships where staff treated them with kindness and compassion in their day-to-day care. People were supported to make decisions about their care and staff respected these choices. People were encouraged and supported by staff to maintain and develop their independence, and to take ownership and direct their own health care and support whenever possible.

The service was well organised and well managed. People, staff and professionals described the registered person as an inspiration and excellent role model. The registered person understood their responsibilities to inform people when things went wrong and the importance of conducting thorough investigations to identify lessons learnt to prevent reoccurrences. There were robust measures to monitor the quality and safety of the service. Quality assurance was embedded within the culture and running of the service, to drive continuous improvement. The registered person had developed effective partnerships to ensure people experienced the best possible outcomes.

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 registered with us on 27 November 2020 and this is the first inspection.

Why we inspected

This was a planned inspection based on when the service was first registered with us.

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?

Outstanding ☆

The service was exceptionally 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.

i care 2018 limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

This inspection was carried out by one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes. The service had a manager who was in the process of becoming registered with the Care Quality Commission. 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. The manager was also the nominated individual and the proprietor of the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. Throughout this report they will be referred to as the registered person.

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 registered person would be in the office to support the inspection. Inspection activity started on 6 December 2021 and ended on 14 December 2021. We visited the office location on 8 December 2021.

What we did before the inspection

We reviewed other information we had received about the service, including notifications received from the provider. The law requires providers to send us notifications about certain events that happen during the running of a service. We sought feedback from the local authority, community professionals who work with the service and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We reviewed the provider's social media sites. 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 three people who used the service, six relatives, one advocate and two lasting powers of attorney about their experience of the care provided. We spoke with the registered person and four staff. We reviewed a range of records, including five people's care records, medication records and daily notes. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service were reviewed, including the provider's policies, procedures and quality assurance audits.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at rotas, training data and quality assurance records. We spoke with five community professionals who worked in partnership with the service, supporting people living in their own homes.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People, relatives and professionals consistently told us people experienced safe care and treatment from staff they trusted. One person told us, "Yes, I am in safe hands. They [staff] always go out of their way to make sure I'm okay." A relative told us, "They [staff] really care for [relative] and also make a fuss and look after me."
- Professionals consistently said the registered person was very responsive to people's changing needs and had a person-centred approach to ensuring people were safe. One professional told us, "I have no concerns with their care. They [registered person and staff] have actually gone the extra mile with their care and support. For example, [registered person] made welfare checks when concerns were raised that a person was at risk wandering in the community."
- Staff were well trained and were particularly vigilant for different types of abuse. Staff understood different signs of abuse, such as bruising or changes in behaviours. For example, staff raised concerns to protect a person who began to experience unexplained bruising.
- People's individual risks and vulnerabilities were considered when their needs were assessed and staff took action to protect them from abuse. For example, staff had acted promptly to prevent a person being subject to potential financial abuse.
- Any concerns were appropriately reported to relevant authorities and were investigated by the service. Staff felt confident to report any concerns they had to the registered person and felt well supported to do so.

Assessing risk, safety monitoring and management

- People experienced safe care from staff who were aware of people's individual risks. The registered person had effectively identified and assessed risks to people, which staff managed safely.
- Staff worked with people and their families to understand how best to manage their risks in the least restrictive way, to give them choice and control, and involved them in developing their risk management plans.
- People and relatives consistently told us the registered person had fully involved them in the needs and risk assessment process. One relative told us, "They [staff] are always asking if there is anything they can do and if they [the service] need to change anything."
- Support plans provided staff with the necessary information and guidance to enable them to mitigate identified risks, such as choking, malnutrition, moving and positioning and developing pressure area breakdown. Risk assessments were reviewed regularly in response to people's changing needs, to ensure they were met safely.

- Staff were knowledgeable about people and could explain how they supported people to minimise risks to their health and wellbeing.

Staffing and recruitment

- The provider effectively recruited and retained staff who were able to develop meaningful relationships and nurture trust in people.
- There were enough suitable staff to support people safely and meet their needs. There were no vacancies in the service and they continuously recruited to ensure there was flexibility in the workforce. For example, the service did not rely on the support of agency staff.
- There were enough staff, with the right mix of skills, to support people safely in accordance with their support plans. The registered person completed a staffing needs analysis before taking on new care packages and were focussed on delivering quality care.
- The registered person refused to compromise on the quality and safety of people's care. To achieve consistency and continuity of care, people had a team of staff specifically designated to them. One commissioner told us, "I have always found this company [i care 2018 limited] to be extremely helpful with a caring attitude towards our service users. [Registered person] considers their care packages very carefully, never taking more than they have capacity for."

Using medicines safely

- People's medicines were managed safely. People's preferences and abilities to safely manage their medicines were assessed and the service supported them, where appropriate, to have their medicines as prescribed.
- People received their prescribed medicines safely from staff who had completed the required training and had their competency reassessed annually by the registered person.
- The provider's policies and procedures gave staff clear guidance how to manage people's medicines safely. The registered person completed regular observations to ensure staff managed medicines in practice, in accordance with their training, current guidance and regulations.
- The registered person and designated staff completed regular audits to check staff administered medicines safely and clearly identified any issues or actions to be taken.
- Staff understood the action to take if a mistake happened, to ensure any potential harm to a person and any future recurrence was minimised.

Preventing and controlling infection

- Support plans reflected good hygiene practices in guidance for staff on how to support people with their personal care as well as eating and drinking.
- People, relatives and staff praised the registered person for keeping them fully informed during the pandemic regarding changes in government guidance relating to infection control.
- People and relatives told us that staff demonstrated high standards of hygiene and cleanliness whilst delivering care and support.
- Staff had completed the provider's and local authority training and understood infection control procedures. Spot check observations by the registered person assured that staff followed their training and the provider's infection control policy and procedures whilst delivering people's day-to-day care.
- People and relatives were reassured by staff, who used personal protective equipment in line with government guidance. Staff told us the registered person had ensured there were ample supplies of personal protective equipment.
- People's health was protected because staff consistently followed good food safety and hygiene practice when preparing or handling food.

Learning lessons when things go wrong

- Any learning or changes to risk assessments were discussed with staff. The registered person had ensured that staff took the required action to keep people safe, by reducing the risk of further incidents and accidents.
- Staff accurately recorded all incidents and accidents, in accordance with the provider's policy, which the registered person analysed and investigated thoroughly.
- The registered person encouraged openness and transparency in relation to safety incidents and considered accidents and near misses to be learning opportunities to improve the service. For example, improving communication and coordination when people transferred from other services.
- Staff told us they felt confident to report anything they were concerned about and there was an open culture within the team.
- Staff told us they got feedback from incidents, one staff told us, "You can talk to [registered person] about anything and know you will be supported."
- Staff understood their responsibility to report concerns and were aware of the provider's whistle blowing policy, which gave them confidence to speak up if they had concerns.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 and relatives found the thorough assessment of their needs and follow up visits reassured them and instilled confidence in the service.
- The registered person emphasised the importance of gaining as much information as possible to ensure people received high quality care to meet their needs. The registered person used such information to allocate the most suitable and compatible staff members to develop meaningful relationships with people.
- The service assessed people's needs in line with best practice, and support plans reflected guidance and advice from other professionals. This supported people to achieve good outcomes, such as working to increase their strength, mobility, nutrition or maintain healthy skin.
- At the time of inspection, the service was changing from a paper-based system to an electronic care planning system. This enabled people and their relatives to access the care planning system through a mobile telephone application if they wished to, provided appropriate consent had been given.

Staff support: induction, training, skills and experience

- People and their relatives told us they were confident care staff had the right training and skills to support them safely.
- Staff were supported to access training to develop and maintain skills relevant to their role. Staff told us they felt well supported during their induction to the service, with face-to-face induction training from the registered person and shadow shifts with more experienced staff.
- People and relatives confirmed that staff were introduced by the registered person and worked with other staff before supporting people on their own.
- Supervision and appraisal were effectively used to develop and motivate staff, review their practice and focus on professional development.
- Staff consistently told us they received effective supervision, appraisal, training and support, which enabled them to carry out their roles and responsibilities effectively. One staff member told us, "The training was really good, and we went to meet all the clients [people] before we delivered any care. [Registered person] is so kind and patient and will take extra time to show you how to do things the way people want their care."

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

- People's individual needs related to eating and drinking were considered. Their support plans explored whether they had a good or poor appetite, if they had any dietary restrictions or preferences and if they were

at risk of malnutrition or weight loss. One relative told us, "They [staff] are very good at encouraging [relative] to eat and always make sure [relative] has a drink before they [staff] go".

- People and relatives told us staff gave people choices about food and prepared it how they wished. People had detailed likes, dislikes and preferences recorded, which staff understood. Staff ensured people had access to drinks they enjoyed and encouraged them to drink plenty to reduce their risk of dehydration.
- Staff followed guidance from dietetic professionals to protect people from the risk of poor nutrition, dehydration, swallowing problems and other medical conditions.
- Staff had effectively used recognised tools and systems when necessary, to monitor identified risks. For example, one relative told us, "Their food preparation is excellent and their checking of [relative's] fluid intake has been very good." This ensured any changes or concerns were noted and advice was sought from relevant professionals when necessary.

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

- Staff worked well with other agencies and organisations to ensure people had access to the support they needed for their healthcare and wellbeing needs.
- When people's needs changed staff quickly liaised with health and social care professionals to seek their guidance, which they implemented effectively. One professional told us, "Communication with the manager of i Care is very good, concerns are reported quickly, and joint working adopted".
- Healthcare professionals overwhelmingly told us that staff supported people well, in accordance with their guidance and liaised promptly regarding concerns about people's health and mental well-being. Records accurately reflected the guidance provided and implementation by staff.
- People experienced consistent, well-coordinated, person-centred care and support when they were referred to, or moved between different services, for example; admissions and discharges from hospital.

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.

- Professionals identified the registered person's and staff determination to champion and advocate on behalf of people, and to ensure their human rights and best interests were protected, as a particular strength of the service.
- Staff had a good understanding of mental capacity and how this impacted upon people, including how to promote choice and control wherever possible for people. People's capacity to consent to their care had been assessed, where appropriate.
- Where they lacked capacity to make decisions, people's relatives and those important to them were involved in best interest decision discussions. Where people had others legally nominated to make decisions on their behalf, the service had obtained copies of relevant documentation.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- There was a strong culture within the service of providing person-centred care which exceeded people's expectations. The registered person was driven to provide high quality care that they were proud of, and passionate about treating people with kindness and respect.
- Staff were highly motivated and repeatedly told us they were inspired by the registered person's desire to deliver support that was caring and compassionate.
- People and relatives told us they experienced meaningful relationships with staff who treated them with kindness in their everyday care. One relative told us, "They [staff] are all so kind and caring, and it's not just one or two, it's all of them."
- People received good continuity and consistency of care from designated staff, with whom they had developed a special bond. People and relatives reported staff were focussed on caring for them as individuals and were not task driven, which made them feel valued. One relative told us, "They [staff] are never hurrying off and take their time. When they [staff] are here they make a real fuss of [relative]. To be honest we both really look forward to their visits."
- It was clear that families considered the staff of i care 2018 limited to be an integral part of their support network and kept the team abreast of important family news. Staff were skilled at recognising when people required additional, compassionate and sensitive support. Staff regularly discussed people's family support to understand their preferences and considered families part of the care team.
- People, relatives and professionals consistently provided praise about the caring ethos of the service, which reflected the high level of flexibility, kindness and compassion shown by staff. For example, a professional told us, "I have always found this service to be extremely helpful, with a caring attitude towards people."
- Staff training included equality and diversity, which prepared staff to meet people's diverse needs arising from their individual cultures. People's diverse needs were clearly identified in their care plans and staff provided support to meet them, including those related to disability, gender, ethnicity and faith.
- All staff were able to tell us in detail about people's needs and how they promoted people's dignity and independence, for example; how they encouraged people to do everything they were able to themselves.

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

- People and relatives were fully involved in decisions about their care and support. People and relatives told us staff made them feel their opinion was truly valued and underpinned the delivery of their care. The registered person told us how people's views about the care they wanted were acted on, such as the time

and duration of care visits, and the care and support that was needed.

- Relatives told us the registered person and staff took time to explain available options in a way people could understand and their preferences and choices were respected.
- Staff ensured people's needs were met and were skilled at exploring different solutions, giving families time and support to understand their options. People, relatives and professionals told us the registered person provided an extremely flexible service which was able to adapt to their individual needs and wishes. For example, one professional told us, "The carers [staff] are flexible in their approach to tasks, if one way doesn't work for the client [person] the carers [staff] try other ways of finding an outcome that best suits the client [person]."
- People's relatives were involved in planning care in line with people's wishes and if they lacked capacity to make choices. Where required, staff supported people to engage with their appointed advocates or lasting power of attorney.
- The registered person and designated staff reviewed people's care plans and risk assessments monthly or whenever people's needs changed. This ensured they were accurate and reflected people's current needs and preferences. People also received regular quality assurance visits from the registered person, where they were able to share their experience about the quality of their care and identify any areas for improvement.

Respecting and promoting people's privacy, dignity and independence

- People experienced care which promoted their independence and respected their privacy. Care plans used respectful language, to promote people's dignity and choice. People's needs were regularly reviewed and focused on any change in their independence. People told us staff encouraged them to be as independent as possible.
- Staff skilfully supported people to engage in decisions about their care, using an encouraging approach. People told us that staff held their privacy and dignity in high regard. Staff ensured people were given space and privacy in their care. People told us that staff respected their individuality and their personal wishes. Relatives consistently told us that staff knew how to support people in ways which comforted them and made them feel special.
- People, staff and professionals praised the consistent support provided by specifically allocated staff.
- Staff had completed required training and understood their responsibility to maintain the confidentiality of people's care records to protect their privacy. The provider had appropriate systems in place to protect people's confidential information, whilst ensuring this was readily available to those authorised to view it.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Staff took time to get to know people, spending time with them and their families. People were empowered to lead in writing their support plans to ensure these were highly detailed in reflecting all aspects of their life, culture, needs, preferences and choices.
- People, relatives and advocates told us the registered person placed their wishes and at the heart of the care planning process and supported them to take the lead to ensure their aspirations were recorded and achieved. One relative told us, "The carers [staff] make you feel special and their only interest is to know what you want and how they can make it happen. They're always suggesting ideas and different ways doing things."
- People and relatives told us they experienced extremely personalised care that was responsive to their needs. Staff planned and promoted person-centred care to deliver excellent outcomes for people.
- Prior to our inspection we received feedback from another relative through our 'share your experience' reporting site, which said, "Since we've had I care 2018, looking after [relative], the care has been exceptional I could not recommend them more highly. The carers [staff] have been fantastic [Relative's] mental wellbeing has improved greatly. The time taken during visits to help with her needs and wishes is excellent, nothing is too much trouble." Such similar comments were overwhelmingly repeated by other people and relatives we spoke with.
- Visiting professionals consistently told us that the service was focused on providing responsive person-centred care, with staff going the extra mile to achieve exceptional outcomes for people. For example, one person who required support with their nutrition and mobility, had completed a section of their support plan entitled "How I would like staff to support me to achieve my goal". This related to their wish to gain weight, become more independent and improve their self-esteem. To enable the person to meet their goal, the registered person engaged the person's GP and other dietetic professionals, who completed relevant medical procedures to fully inform the support planning process. The registered person and staff spent further time, outside commissioned hours, to fully explore the person's favourite meals from a list approved by professionals, which they could prepare themselves or with staff support. Staff then supported the person to prepare their shopping list and purchase required ingredients. The person asked staff to monitor their progress to motivate and encourage their endeavours. Regular monitoring of the person's food preparation and intake demonstrated the person had successfully met their goal and gained their desired amount of weight. This had significantly improved their quality of life and independence as they were able to walk independently without an aid and to independently get out of bed from a prone position without assistance. Documents recorded the person's personal pride about their achievements and their gratitude

towards staff for their unwavering support in achieving their ambitions.

- A recurring theme in feedback from professionals concerned the determination and tenacity of the registered person and staff to drive the care planning process, to ensure people's needs and wishes were met. For example, one person who experienced issues with their mobility and skincare told staff they wished they could have a shower or bath. The registered person and staff coordinated a joint approach with professionals and the local authority to have a wet room installed at the person's home. This person now enjoys daily showers, which has had a significant positive impact on their skin care, no longer requiring the continued application of topical creams. This also had a significant impact on their mental well-being.
- Relatives and people's representatives praised staff for robustly initiating processes leading to commissioners reviewing the support people required. An advocate told us they were impressed by the registered person's commitment to resolve and influence decisions relating to increasing the level of support when a person's circumstances had deteriorated.
- Staff encouraged people and had outstanding skills working with people to explore their care options, and understand and meet their needs, with particular care and sensitivity. For example, during a visit by a staff member to introduce an advocate, they were confronted with a difficult situation relating to a person's self-neglect, health and welfare. The advocate told us how the staff member went 'above and beyond' to provide immediate and continued emotional and practical support to keep the person safe and promote their health and mental well-being.

Supporting people to develop and maintain relationships to avoid social isolation

- Staff were encouraged to "go the extra mile" in their daily interaction with people and were proactively supported by the registered person to implement their ideas to prevent people feeling socially isolated. Relatives and professionals told us this was a particular strength of the service.
- Staff took time to find out about people's individual personal histories and discover activities or conversation topics to reflect their interests. Staff took time to reminisce with people, such as looking through old photos and talking about 'The old days.' For example, one person shared with staff, how they missed socialising at their favourite restaurant, since their life partner had passed away, and how they wished to go back. In the absence of immediate family, the registered person arranged to have a meal with the person at the restaurant and surprised them with the attendance of friends and staff members who shared the occasion. The person thanked the registered person and staff for a 'wonderful evening' which evoked many fond memories.
- Staff were particularly skilful at encouraging companionship and supporting people to maintain relationships that matter to them, which helped to protect them from the risk of social isolation and loneliness. For example, one person acutely missed the companionship of their beloved dog, who had to be rehomed when the person's health prevented them from exercising the dog. When staff identified the negative impact of the dog's absence on the person's mood and mental wellbeing, they arranged for the person's dog to return to see them for regular visits. A staff member told us, "When you see the look on [person's] face when she sees [dog] it makes you realise why you do the job." Staff told us that after such visits the person's spirits are lifted so high that it has had a significant impact on their low moods and feelings of depression. Staff supplement this feeling of happiness with impromptu visits to the person, when they are out walking their own dogs.
- Prior to the pandemic staff had organised a community social club, inviting older people who lived locally, some of whom had fed back that they really enjoyed the company and camaraderie. When government restrictions allow the registered person and staff will again look to incorporate this provision to offer support to people in the community to socialise.
- People and relatives told us staff had an excellent understanding of people's protected equality characteristics, which had a positive influence on how they wanted to receive their care, treatment and

support. For example, one person's goal in relation to their social needs and activities was to continue to socialise and access the community in the face of deteriorating visual impairment. Staff and family members supported the person to achieve a positive outcome, successfully applying for a job selling fruit and eggs at a weekly village market. Staff continued to support the person to prepare for and attend their work, which has had a positive impact on their mental well-being.

- Staff knew people very well, which enabled them to notice subtle changes in people's moods and behaviour. Staff escalated any concerns and discussed these with the registered person and staff team, ensuring they were extremely responsive to people's changing needs.

End of life care and support

- The service provided outstanding support to people at the end of their life, working with other agencies to support people to have a dignified, pain free death in the place of their choice. Staff were skilled and had a particular passion for providing end of life care, especially the registered person, who led by example in this area. For example, one person told us, "My experience with [registered person] and their staff was very positive during my [relative's] care. They [staff] were what you would want from carers. They [staff] had become more than carers to [relative]. They [staff] put a smile on her face and were fantastic to her at the end of her life. Even on the morning of her death [registered person] arrived within an hour of her death and stayed to help me with sorting the situation out, I cannot thank her enough. [Registered manager] is one of the most caring people I have had the privilege knowing."

- Staff were extremely caring and compassionate. People's families were considered part of the team providing care at this time and staff demonstrated a high level of respect for them and their role. Testimonials we reviewed consistently praised staff for the sensitive, kind and compassionate care delivered, not only to the person but also family members. Relatives repeatedly reported that staff attended outside commissioned hours to support grieving family members through processes associated with their loved one's passing. Another theme reported in testimonials from family members thanked staff for respecting their relatives wish to die at home surrounded by those who loved them, including their care staff.

- Staff supported people and families in exploring people's wishes around their end of life care. People had their wishes around end of life care, advanced care plans and funeral arrangements documented if they wished to explore this. Records detailed information in support plans reflective of people's wishes, including RESPECT forms, identifying someone's preferences for future choices in the event of an emergency, and do not resuscitate forms, where appropriate.

Improving care quality in response to complaints or concerns

- People and their relatives had the opportunity to provide feedback about the quality of the service during care reviews, meetings and surveys. This feedback was consistently positive, with many complimentary comments about the support provided. One relative told us, "She [registered person] pops in to see us even when she's not doing our call just to make sure we're happy. She really does go out of her way to make sure we're happy."

- People knew how to raise a complaint or minor concerns and told us when they had, these had been swiftly resolved. People and relatives consistently told us that staff encouraged and supported them to express their views if they had a problem or were unhappy about the service.

- The registered person effectively operated the provider's complaints policy and procedures and regarded all concerns as an opportunity to drive continuous improvement in the service. We reviewed the one complaint that had been made since the service began to deliver care, which had been dealt with in accordance with the provider's policy and regulations. We spoke with the relative who had raised the complaint, who praised the registered person for the caring and professional manner in which they quickly resolved the issue.

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.

- Staff were skilled at using communication aids that people required to express their views and communicating information in ways they could understand. The service understood how to access translation services or obtain information in alternative formats as needed
- Staff provided care in accordance with the AIS. People's communication needs had been assessed and communication support plans detailed what support they required to communicate effectively.
- People and relatives confirmed that staff knew how different people expressed themselves and took time to listen and engage with people. People were provided with information in a way they could understand which helped them make decisions about their care.

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.

This is the first inspection for this newly registered service. This key question has been rated good.

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

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

- The registered person and staff placed people and their needs at the heart of the service by ensuring their dignity, independence and choices were prioritised. The registered person had nurtured a strong, person-centred culture, which was reflected in the approach of all staff. All staff were passionate about working at the service and delivering the best possible care to enrich the quality of people's lives.
- The registered person recruited staff who reflected their values, which meant staff were particularly compassionate and caring. People and relatives consistently reported that staff treated people like members of their own family. For example, one relative told us, "[Registered person] is very caring and the carers [staff] follow her lead."
- Professionals were impressed with the registered person's determination to deliver the highest quality of care to people in their own homes.
- People experienced care from a stable staff team who knew them well and were committed to delivering personalised care tailored to meet their individual needs.
- People and relatives consistently praised the registered person for being readily available and responsive whenever they were worried or required support. One relative told us, "We know she [registered person] is there for us anytime we are worried or need help. They [the service] are like an extended family."

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 provider's policy clearly identified the actions the registered person and staff should take, in situations where the duty of candour applied.
- The registered person and staff were aware of their responsibilities and understood the importance of transparency when something had gone wrong.
- The registered person and staff had developed good relationships between people, family members and professionals and actively sought critical feedback from people to help improve the service. One professional told us, "[Registered person] is very open and happy to discuss any changes that may be suggested."

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

- The registered person was highly visible and provided clear and direct leadership, which inspired people

and staff. Staff told us they felt well supported and respected by the registered person, who valued their opinions and experience.

- Prior to our inspection we received positive feedback from two people's relatives through our 'share your experience' site. One relative said, "This i-Care service is very professionally and efficiently managed. The staff are well trained, motivated and managed. Equally importantly, they are sociable and come with a smile on their faces."
- People, relatives, staff and professionals praised the registered person and described them as an ideal role model and effective team builder. They described the service as well organised and well managed. One relative told us, "[Registered person] is what you want from a manager. They are always there when you want them and will come out to see you whatever the time." A staff member told us, "We have a great team here, which is all down to [registered person]. She will only take people [staff] on who have the same attitude and passion to make a difference to people's lives." A professional told us, "The manager is very committed to people they [the service] care for and is always quick to respond and raise concerns."
- The provider had robust arrangements in place for reviewing the quality and safety of the service. The registered person used feedback from people and their families to identify necessary learning and areas for improvement.
- Designated staff completed regular audits and reviews of care records and medicine administration records, to identify and address any areas for improvement. The registered person spoke with staff daily, where significant events were discussed to identify required improvement and ensure any required action was taken.
- There was a clear structure of regular reviews to support and improve staff performance and the quality of service delivery, including annual appraisals, regular supervisions and spot-checks of care.
- The registered person was aware of their responsibilities to report significant events to CQC and other agencies. Notifications had been received in a timely manner which meant that the CQC could check that appropriate action had been taken. We reviewed documents, which demonstrated the registered person had effectively reported incidents to the local authority to ensure individuals were safeguarded.
- The registered person had an emergency plan in place for major incidents or adverse weather. The registered person ensured the service worked effectively during adverse weather and continued to provide support to people, assessing their risks and ensuring the most vulnerable were kept safe.

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

- Staff were engaged and involved in developing support plans and ideas for the service. Staff shared ideas which worked in supporting people and these were reflected in support plans.
- People and relatives told us the registered person and senior staff consulted them and were fully involved in all care decisions. One relative said, "[Registered person] is always speaking to us to find out if we are happy and to suggest new ways to improve their service."
- People, relatives and professionals told us they experienced excellent communication with the registered person and staff. One professional told us, "Communication with the manager of iCare and the family of my client [person] is very good."
- Staff told us the registered person valued their views, and they were encouraged to share their opinions and ideas during team meetings, supervisions and at any time they needed to talk.
- The registered person delivered care to each person on a rolling rota, which enabled them to spend meaningful time with people and complete staff competency assessments.
- Staff undertook quarterly reviews of people's care with them and their relatives and advocates where appropriate, to gain their views of the care and make any required changes. People and relatives were sent a questionnaire to get feedback on their experience and the service responded to any feedback. All responses we reviewed were positive and the registered person was in the process of completing their analysis.

Continuous learning and improving care

- Community professionals told us the registered person was open and receptive to their guidance and welcomed constructive advice. The registered person had developed good relationships between people, family members and staff and actively encouraged critical feedback from people to help improve the service.
- The registered person had shared good practice with the staff team including the latest government guidance around COVID-19.
- The service had a clear plan of continuous improvement and innovation and staff were supported to implement changes. The service was in the process of completing the move to electronic care records. People and staff told us the new electronic system was very good, mainly because it freed up more time for staff to engage with people because recording was more efficient.

Working in partnership with others

- The registered person and staff worked well in collaboration with external agencies including palliative care specialists, occupational therapists, hospital discharge teams, social workers and other care providers. This helped to ensure people received high quality, well-coordinated and consistent care.
- Guidance and involvement from professionals were promptly sought and systems were in place to check that these were effective in achieving successful outcomes to improve people's lives.
- Professionals told us they were impressed by the person-centred approach of the registered person and staff's willingness to follow their guidance to meet people's needs.