

I Care (GB) Limited

# ICare GB Limited - Derby Care Office

## Inspection report

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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 caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

### About the service

ICare GB Limited – Derby Care Office provided care services to younger adults, older people, who maybe living with dementia, physical disability, sensory impairment or mental health needs. Personal care was provided to people living in their own homes. 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. At the time of this inspection 34 people using the service received personal care.

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

We received mixed feedback from people about feeling safe with the care and support they received. Some people told us they did not always feel safe. Risks to people's safety had not always been assessed. We have made a recommendation about this. Staffing levels did not always ensure there were enough staff available to cover all calls. Two people felt the management of medicines was not safe. Staff who administered medicines had received training.

Staff had received training in a range of areas. However, some people felt staff were not fully trained to deliver care safely. Concerns were raised by some people regarding staff not preparing meals in accordance with the person's care plan. This did not ensure people were always supported to have adequate dietary intake.

The provider's complaints policy and procedure were accessible to people who used the service and their representatives. People knew how to make a complaint. Some people felt their concerns were not listened to or acted up on when raised.

People told us that staff treated them in a caring way, respected their privacy and supported them to maintain their dignity. However, the delivery of care was not always tailored to meet people's individual preferences.

Recruitment procedures ensured prospective staff were suitable to care for people receiving personal care in their own homes. Staff were aware of how to reduce the risk of infection.

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.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection and update

The last rating for this service was requires improvement (published 25 April 2018) and there was a breach of

regulation 18. 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 improvements had been made and the provider was no longer in breach of regulation 18 registration regulation. However, we found improvements were required in other areas. This service remains rated as requires improvement and has been rated as requires improvement for the last two consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

At this inspection we found a breach of Regulation 17 (Good Governance) and Regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we have asked the provider to take at the end of this full report.

#### 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?

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 effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# ICare GB Limited - Derby Care Office

## **Detailed findings**

### Background to this inspection

#### The inspection

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

#### Inspection team

The inspection was carried out by one inspector and one expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert by experience did not attend the office of the service or visit people at home. They spoke by telephone with people and relatives of people who used the service on 27 June and 1 July 2019.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about. We sought feedback from the local authority, who had some concerns about the service provided. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our

inspections. We used all this information to plan our inspection.

#### During the inspection

We reviewed a range of records, which included the care records for three people. We checked that the care they received matched the information in their records. We also looked at records relating to the management of the service, including quality checks and staff files. We also looked at two staff recruitment files.

We spoke with the registered manager, deputy manager, operations manager, care coordinator and a care worker when we visited the office on 27 June 2019.

We spoke with nine people who used the service and seven relatives about their experience of the care provided, by telephone on 27 June and 1 July 2019. We sought the views of two care workers by telephone on 1 and 2 July 2019. We emailed three care workers on 2 July 2019 we received response from two care workers.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, complaints and end of life care.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- Staffing levels were not always sufficient to ensure people's needs could be met. Some people we spoke with told us staffing was not satisfactory. One person said, "My care plan specifies the time my calls should be, but they can be up to 50 minutes early for my last call." Another person said, "They never give me the time I ask for. I struggle to get myself ready, so I have to sit in my pyjamas. I am still waiting today (10.45am) for them to come. Sometimes the office rings me and says they can't find a carer and they will be late." A relative stated, "Weekends are horrendous as anyone can turn up."
- Some staff felt there was not enough staff to cover all the calls. Comments from staff included, "There are certainly not enough staff to pick up all the calls. Staff have left due to having to keep picking up additional calls. Staff are always being asked to pick up extra calls this could be up to five to six calls in addition to what's on your run" and "I don't think there are enough staff at the weekend and evenings." The registered manager told us recruitment was ongoing. Where calls required covering at short notice the registered manager told us these were picked up by management and/or the existing staff team.

The provider failed to ensure there were enough staff to meet people's assessed needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Appropriate pre-employment checks were carried out before new staff were sent out into the community to support people. This included DBS checks and proof of identification.

### Assessing risk, safety monitoring and management

- Risks to people had been assessed in relation to them as individuals and their home environment. Where risks had been identified measures were in place to mitigate them. However, one person had no risk assessment in place despite their assessment showing risks, such as aggressive behaviours. The registered manager confirmed the person was refusing care and they had not been able to complete the risk assessment. After the inspection site visit the registered manager told us following a meeting with commissioners they were no longer providing a service to this person.
- Some staff told us risk assessments were in place, which provided guidance on how to support people. However, two staff members told us care plans and risk assessments were not always in place. Staff told us during such times they received brief information from management regarding the support the person required. A staff member said, "The office can be asked to provide care at short notice. This does not give them time to get a risk assessment and care plan done. The office will ring you with brief information on the person needs."

We recommend the provider follows current guidance to ensure any support provided to people is risk assessed, enabling staff to support people safely.

- We received mixed feedback on whether people felt safe. A relative said, "[Name] is safe, they [staff] are adhering to the care plan and we have peace of mind." However, some people told us they did not always feel safe with the support they received from staff. One person told us, "I don't feel safe with some carers, they don't understand me, and I don't understand them due to limited English. For example, some carers don't understand how to put an elastic stocking on." Another person said, "On one occasion a member of staff did not shut my door properly." We discussed this with the registered manager who explained they would take action to address the issues raised.

#### Using medicines safely

- People did not always receive their medicines safely. One person said, "My medicines are in a blister pack, the carers check I have taken them and write it down." Two relatives felt staff did not support their family members safely to take their medication. A relative said, "I don't feel my relative is safe with the company. There was an issue with the medication not being administered correctly." Another relative said, "We had to pull the carers up, as [name] tablets were on the floor. Carers don't watch [name] take them." The registered manager explained safe medication administration was discussed at a recent team meeting and this would be raised again at the next staff meeting.
- Staff told us they received training to support people in taking their medicines, records we looked at verified this. All the staff we spoke with told us they would observe a person take their medication and then sign the medication administration record (MAR).
- The registered manager audited MAR's when they were received in the office, to ensure they had been completed correctly.

#### Systems and processes to safeguard people from the risk of abuse

- Staff had an awareness of the service's policies and procedures in relation to safeguarding. They understood their individual responsibilities to reporting concerns and confirmed they had received training in protecting people from abuse or harm.
- The registered manager understood their responsibilities to protect people from the risk of abuse and reporting concerns of abuse to the local authority safeguarding team and CQC.

#### Preventing and controlling infection

- Measures were in place to control and prevent the spread of infection. Staff had personal protective equipment (PPE) available including gloves and aprons. People confirmed staff wore PPE when providing care and support.
- Staff completed infection, prevention control and food hygiene training, to ensure they kept people safe from the risk of infection.

#### Learning lessons when things go wrong

- There were processes in place to share any identified learning from incidents with staff. Staff meetings were used to feedback on any lessons following an accident or incident, so that practices could be changed if required.



# 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 the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Required Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Training records showed staff received training in a variety of areas and updates as required. Staff confirmed this and told us the training provided had helped them to support people. A staff member stated, "There is a training room at the office which has equipment such as a profiling bed and hoist. We have received practical moving and handling (M&H) training, which included hoisting each other to see how it feels. I am happy with the training and the induction received." Another staff member felt the M&H training, should have been more detailed. They said, "You don't always have calls where people require hoisting, so it could be a bit cloudy if you had to do M&H."
- Two relatives felt staff had not always received appropriate training to carry out their roles effectively. One relative said, "[Name] does not always have the same carers. I'm a bit worried as some carers cannot use the hoist, they need more training."
- People were supported by staff who were provided with supervision. Staff told us they received support and supervision from management. A staff member said, "The registered manager is very supportive. I have supervision with them which gives me an opportunity to discuss any issues or learning I may have."

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

- People did not always receive adequate support to meet their dietary needs. Some people who needed help with food preparation, told us they did not always get this effectively. Comments included, "The carers make [name] breakfast whilst they are still getting ready and it can be cold when they come down," "On one occasion [name] had no food or drink prepared by staff," "There have been three times when the carer has not prepared any food for [Name]. If we had not gone in, they could have been without food. The carer said they didn't have the time to do this as they had other calls" and "Some carers will not prepare certain foods and [name] sometimes has to have cheese sandwich's all week."
- Staff were trained in food hygiene. The registered manager told us they were incorporating the new requirements from the local authority in relation to food hygiene.

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

- People's care needs were assessed to ensure their needs could be met by the service. The initial assessment process involved reviewing the information received from commissioners, which the registered manager used to establish if the person's needs could be met by them.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessment.
- People and relatives told us they were involved in the development of the care plan.

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.

- If a person lacked capacity Information in care plans guided staff on how the person's care needs should be met. Since March 2019 'Red Folders' had been introduced, for people who lacked capacity. This alerted staff to the fact the person may require extra support due to their cognition.
- Discussions with staff demonstrated people were involved and encouraged to make their own decisions. Staff were able to describe how they gained people's consent for their support, which including explaining things. A staff member said, if a person says they have had their breakfast and they lack capacity and there is no evidence they have eaten. I will make them breakfast and a drink. I give the person choices, for example, with meals by showing them the options available in the freezer or fridge so that they can pick what they want to eat."

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

- Management and staff understood their responsibility to seek professional advice where they felt people`s needs changed.
- Relevant health information regarding people was recorded in their care records, which was followed by staff.
- Staff knew what action to take in an event of an incident or emergency.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has now deteriorated to Requires Improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- Support to people was not always provided to them in the way they wanted. People's gender preference for the carers who supported them, was not always respected. Comments from three people included, "I wasn't warned I was getting a male carer," "I have a mix of male and female carers, but I would prefer male carers" and "I usually have female carers, as I don't like male carers. Yesterday they sent me a male carer."
- Most people told us staff were kind and caring. Comments included, "The carer is courteous and kind and asks [name] what they are doing and cajoles them along" and "The carers do a good job they are always apologetic if they are late." However, one relative said, "Some carers are not even caring people. The good ones are good, and the bad ones shouldn't be in the job. The good ones are brilliant and very respectful, patient and will listen and ask "What do you want us to do? Shall we do this? Some carers are abrupt and can say "I'm busy, I am late for my next call."
- During discussions with staff they demonstrated a good awareness of treating people equally and respecting people's diverse needs.
- The provider had a diverse staff team and some staff were bilingual. Staff understood the importance of respecting people's religious and cultural needs.

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

- Most staff understood people's communication methods. Staff stated they explained things as much as possible, for example, by speaking clearly to ensure people understood and using short sentences. However two people told us there was a communication barrier with some staff, which meant they could not always understand them.
- People and relatives were involved in their care planning.

Respecting and promoting people's privacy, dignity and independence

- People told us staff respected their privacy and dignity.
- Staff understood the importance of ensuring people's privacy, dignity and independence. They were able to give examples of how they did this. For example, giving clear explanations of what they were going to do and covering people when they received personal care. A staff member stated, "I ask the person if they would like to eat independently, if not would they like me to support them or if they can wash their face."
- Confidential information kept in the office was locked away. Computers used by the office staff were password protected to keep information secure. Staff were aware of the importance of maintaining confidentiality.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question deteriorated to Requires Improvement. This meant people's needs were not always met..

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

- People had a copy of their care records and support agreement in their home. However people did not always receive the care they wanted. For example, meals were not always provided and some people's gender preferences were not always respected.

Improving care quality in response to complaints or concerns

- People were given a copy of the provider's complaints' policy when they began to use the service to enable them to raise any concerns or make a formal complaint. People confirmed they knew how to make a complaint and who to speak with. However, some people felt they were not listened to, when they have raised issues.
- There were systems in place to record, investigate and respond to complaints. In the past 12 months the provider had received 10 complaints, which had been responded to appropriately. Actions were taken when required for example, carers were required to be more detailed in their record writing. This was raised in staff meetings and monitored in reviews of people using the service, as well as spot checks.

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.

- The registered manager stated if required Information would be provided to people in accessible formats, which included braille, easy read and large format. Currently no one required information in an accessible format.

End of life care and support

- At the time of this inspection site visit, no people were being supported with end of life care.
- People's preferences and choices regarding end of life care were discussed including their cultural and spiritual needs. The registered manager stated they would work alongside health and end of life care specialists such as Macmillan nurses and the GP.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained as Requires Improvement. Though the breach from the last inspection had been met further improvements were required. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery 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

At our last inspection the provider had inadequate systems and processes to notify CQC, without delay, of incidents involving people being cared for by the agency. This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009 (Part 4), Notification of other incidents.

At this inspection we found enough improvement had been made and the provider was no longer in breach of regulation 18.

- The provider ensured they notified the CQC of incidents they were required by law to tell us about. This is so we can check appropriate action has been taken.
- There was lack of management oversight on staffing. Comments from three staff members included, "You are always asked to work extra and made to feel guilty if you say no," "I don't think the day to day management of the service is very well organised. The amount of care packages they take on they don't think it through, as they don't have enough staff to pick up the work. Staff leave as they keep asking you to pick up calls" and "It's a good company but the whole taking on care packages is not very well managed."
- The providers monitoring systems were not always effective as they had not picked up the issues identified during this inspection. For example, two relatives did not feel staff supported their family members safely with their medicines, calls not taking place in accordance with people's needs and concerns staff training was not effective.
- Three people felt communication with the agency was not good and that they were not always listened to. One person said, "I have raised issues regarding my call times, with the management. All they say is they are looking into it and nothing happens. Another person stated, "The office does not pass on messages to the carers." Another person stated, "The carers are good, but the office is not very well run."
- Where issues were identified by the providers internal monitoring checks these were not always followed up. The management team carried out spot check visits to people's homes to observe the care practice delivered by staff. However, we saw during a spot check in March 2019, some issues were identified regarding a staff members practice. This included completing the communication book before the completion of tasks. However, we found this had not been followed up. The registered manager explained

there had been an oversight and they would be arranging a supervision immediately with the staff member.

The provider failed to have robust systems in place to assess, monitor and improve the quality and safety of the service to drive improvements or provide quality care to people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager and provider were clear about their responsibility to be open and transparent in line with their duty of candour responsibility
- The providers rating for this service was displayed on their web site and displayed at their office.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had an out-of-hours system which people, their relatives and staff used to contact the management team in the event of an emergency.
- Staff told us they felt supported by management and had staff meetings to keep updated with any changes. One staff member said, "I feel I am supported enough if I have a problem or I am unsure about anything I contact the office and get a very quick reply." Another staff member said, "The registered manager is approachable and will listen."
- Staff understood their roles and responsibilities and who to go to if they had any concerns relating to people's well-being.
- A business continuity plan was in place, to ensure people would continue to receive care in the event of an emergency.

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

- People's views were sought to develop the service. Feedback was gathered from people, relatives and staff through spot checks and quality surveys. Following the inspection visit the provider confirmed the local authority 'mystery shopper' feedback during March - June 2019 was positive, as well as the providers annual satisfaction surveys.
- The registered manager had developed 'My Support Plan,' which was being piloted at this service. The registered manager explained the new documentation would ensure information about people needs was more comprehensive to support staff.
- The registered manager was supported by an independent consultant working towards achieving compliance with CQC inspections. During the latest visit June 2019, some areas for further enhancement and action had been identified, ensuring the provider was working innovatively which the registered manager was keen to achieve. This included considering the use of the 'Istumble' application to support staff when assessing a fall. The application would be used to perform a health assessment and check for injury. As well as the possible introduction of a mobile phone application for staff to access information such as rota's and logging calls.

Working in partnership with others

- The registered manager was keen to build on partnership working with other agencies such as voluntary and statutory services. We saw management worked with external health and social care professionals, such as district nurses.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation  |
|--------------------|---|
| Personal care      | Regulation 17 HSCA RA Regulations 2014 Good governance<br><br>Systems in place to assess, monitor and improve the quality and safety of the service were not robust to drive improvements.<br>Regulation 17 |
| Regulated activity | Regulation  |
| Personal care      | Regulation 18 HSCA RA Regulations 2014 Staffing<br><br>There were not enough staff to meet people's assessed needs.   |