

Icare Services (UK) Limited

# Icare Services

## Inspection report

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Date of inspection visit:  
12 July 2017

Date of publication:  
07 September 2017

## Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	<b>Inspected but not rated</b>
Is the service effective?	<b>Inspected but not rated</b>
Is the service caring?	<b>Inspected but not rated</b>
Is the service responsive?	<b>Inspected but not rated</b>
Is the service well-led?	<b>Inspected but not rated</b>

# Summary of findings

## Overall summary

This was the provider's first inspection since their registration in November 2014. They had not been inspected before this time as they were not offering support to people. ICare is registered as a domiciliary Care Agency and provides personal care to people in their own homes. This inspection took place on 12 July 2017 and was announced. The provider had been given 48 hours' notice of the visit to the office so that we could be sure someone would be available to meet with us. This was the first inspection of this service.

On the day of our inspection they were providing care to one person. There was a registered manager at this service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

We did not find enough evidence about the key questions we ask about services, or the experiences of people using the service, to provide a rating to each of the five questions. We were therefore not able to rate the service against the characteristics of inadequate, requires improvement, good and outstanding to provide an overall rating for the service at this inspection.

We found people received a service that was based on their personal needs and wishes. Changes in people's needs were identified and responded to. Risks people might experience with their care or environment were being managed safely. People did not receive support with their medicines.

People's needs had been assessed before they started to receive support from the service and relatives had been involved in developing and updating their care plans. We found the information contained in the care records was individualised and clearly identified people's needs and preferences.

No staff were currently employed by the service. We were unable to judge the effectiveness of the service in response to a wider range of possible risks that can occur. Relatives told us they knew how to make a complaint and felt confident that it would be dealt with well.

As the service was so small the registered manager had not yet developed a quality monitoring process to identify if the service was meeting people's needs or how it could be improved. Audits had not begun to take place, and information was not yet reviewed for trends and to identify learning opportunities.

We were unable to gather sufficient evidence for the key lines of enquiry to provide a rating for each key question and an overall rating for the service at this inspection. We will be in contact with the provider as the service develops and decide on a suitable time to carry out the next inspection and provide a rating for the service.

## 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 safe in the areas we could judge at this inspection.

We were unable to gather sufficient evidence for the key lines of enquiry to provide a rating for this key question.

**Inspected but not rated**

### **Is the service effective?**

The service was effective in the areas we could judge at this inspection.

We were unable to gather sufficient evidence for the key lines of enquiry to provide a rating for this key question.

**Inspected but not rated**

### **Is the service caring?**

The service was caring in the areas we could judge at this inspection.

We were unable to gather sufficient evidence for the key lines of enquiry to provide a rating for this key question.

**Inspected but not rated**

### **Is the service responsive?**

The service was responsive in the areas we could judge at this inspection.

We were unable to gather sufficient evidence for the key lines of enquiry to provide a rating for this key question.

**Inspected but not rated**

### **Is the service well-led?**

The service was well led in the areas we could judge at this inspection.

We were unable to gather sufficient evidence for the key lines of enquiry to provide a rating for this key question.

**Inspected but not rated**

# Icare Services

## Detailed findings

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 12 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in to meet with us. The inspection team comprised of one inspector.

We had not asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. Providers are required to notify the Care Quality Commission about specific events and incidents that occur including serious injuries to people receiving care and any safeguarding matters. We refer to these as notifications. We reviewed the notifications the provider had sent us and in addition considered feedback provided to us by commissioners of 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 used all this information to plan what areas we were going to focus on during our inspection visit.

At the time of our inspection the service was offering support to one person in their own home once a week. The service does not employ any staff and care is delivered by the registered manager. During our inspection visit we spoke with the relative of one person and the registered manager. We sampled records, including people's care plans, complaints processes, medication and quality monitoring. After the inspection the provider sent us information that we had requested.

## Is the service safe?

### Our findings

Relatives told us they felt that people were safely cared for. One relative explained to us the measures the registered manager takes to ensure the physical safety of the person at all times, this included testing water temperatures and appropriate manual handling support. They said, "It's very safe, I trust her."

We spoke with the registered manager about their understanding of protecting people from abuse. They told us they had undertaken safeguarding training and would know what to do if they witnessed bad practice or other incidents of concern. They also knew the processes to report suspected abuse to the local authority if required. We found that the registered manager had a comprehensive understanding of how to safeguard people.

Risks to people were considered as part of the overall care planning process and we saw that appropriate risk assessments had been completed given the support needs of people currently using the service. There were not environmental risk assessments in place that considered the safety of staff. We discussed with the registered manager their commitment to develop the area of risk management if the service began to support people with more complex needs.

There was enough staff to meet the needs of people. The registered manager told us that as and when they began to provide personal care to more people they would recruit more suitably qualified staff to meet the needs of the individual. At the time of the inspection we were unable to assess the effectiveness of this in the longer term as there was only one person currently using the service. The registered manager told us that if they could not support people then their relatives would be able to do this safely for a short period of time.

We saw that the registered manager had satisfactory recruitment and selection process ready for when they began to employ staff. These processes would make sure that only suitable people with the right skills were employed by this service. The registered manager told us that they would obtain references and new staff were not allowed to commence employment until a Disclosure and Barring Service (DBS) check had been received. The Disclosure and Barring Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions. The service did not administer or support anyone with management of their medication. The registered manager told us that people using the service took their own medication with the support of their relatives. Relatives we spoke with confirmed this. We saw that the registered manager had systems in place that could be used by the service if they began to support people with their medication in future. This included medication administration sheets and processes to give 'as needed' or PRN medication.

## Is the service effective?

### Our findings

Relative's comments demonstrated that they felt staff were competent in their roles and provided good care and support. One relative said, "She knows what she is doing, she understands my [relative] and the condition they have."

We found the registered manager had received training to meet the needs of the people they supported. This included completing training in topics such as the safe handling of people, fire risk assessments, infection control and first aid. They had also completed a level 5 NVQ in the management of Health and Social care. The registered manager did not have a system in place to ensure their training was regularly updated but told of their plans to introduce one to ensure their knowledge was current and in line with best practice.

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. We checked whether the service was working in the principals of the MCA, and whether any conditions on authorisations to deprive a person of their liberty were being met.

We found that some people who used the service may not have had capacity to make their own decisions in some more complex areas. However it was clear from discussions with relatives that people did direct their own personal care. We found that the registered manager had a good understanding of the processes that were needed to ensure a person was as fully involved in the decisions around their care as possible. They were aware of their responsibilities in relation to the mental capacity act but had not undertaken any capacity assessments or held best interest meetings with the person, as they were not required at this time. The registered manager explained that people demonstrated their acceptance of care by their reactions and that their reactions were always respected. For example, the registered manager told us how they always worked at the pace that the person was comfortable with and continuously explained to them what they are about to do. A relative told us, "[The registered manager] is very patient, they never rush."

No one who used the service had food prepared for them or given to them as part of their care. During discussions the registered manager displayed an understanding of how to support people who may need food in a different consistency or had specialist diets to help support them with their conditions.

Relatives we spoke with told us that they managed people's appointments with health care professionals. The registered manager described how they would appropriately support someone if they felt they needed medical attention in the case of an emergency.

## Is the service caring?

### Our findings

Relatives said that the registered manager was helpful, respectful and kind. Comments included, "I think she is a very kind person overall, very caring and nice." They also told us, "She cares for [my relative] very kindly and nicely." Relatives said they could express their views and felt involved with decisions about the care and support which was being given. One relative said, "She satisfies us perfectly."

It was clear from talking with the registered manager that they understood the needs and preferences of the people they supported very well. They were able to tell us of detailed likes and preferences of people and how to support them if they became distressed or unhappy. One relative said, "She is really patient, I can hear them together and she never rushes or gets flustered."

The people receiving personal care were able to express their wishes and to this extent they were involved with their care plans. The registered manager had a good understanding of the role of advocates and had access to information about advocacy services in the local area. At the time of the inspection no one had needed the support of an advocate.

The registered manager spoke very respectfully and kindly about the people they supported, and explained how they would ensure that people were given choice and how they made sure they respected peoples' dignity and privacy. For example the registered manager told us how they always closed the door to provide people with privacy, and that they always knock on doors before going in. A relative explained to us how they had observed the registered manager offering choices to the people they were supporting while they delivered personal care and made sure that people did as much for themselves as possible to maintain their independence. Relatives we spoke with confirmed that people's privacy and dignity was respected.

## Is the service responsive?

### Our findings

The registered manager told us that an initial assessment of each person's needs was undertaken before their care package began, and this along with the local authority's care assessment was used to draw up a care plan. The care files we sampled contained individualised information about the areas the person needed support with, and how they liked that support to be given. However, we were unable to judge the effectiveness of the care and support planning over time and in response to a range of needs as the service had not been in operation for a long enough period of time. The registered manager told us that they took guidance from people they supported and that they directed their own care within their home. Relatives we spoke with confirmed this.

The registered manager demonstrated detailed knowledge of the people they supported, their care needs and their wishes.

The service had a complaints procedure that was in the process of being updated. A relative told us, "I could complain, I would be listened to." and "I could ring anytime, [the registered manager] would help." The registered manager was aware of their responsibilities if anyone complained and was very proactive at addressing any issues or concerns quickly. Since the service began no complaints had been received.

## Is the service well-led?

### Our findings

Relatives told us they felt the service was well organised and they found the registered manager to be very approachable. Relatives we spoke with told us they were able to contact the office and speak with staff when they needed to. One relative said, "[The registered manager] is very obliging, she fits us in very quickly if needed."

The registered manager was actively involved in the service and routinely monitored the quality and safety of the service provided. The registered manager checked the care records to ensure the information recorded was correct and up-to date. There was no formal quality audit process in place. As the service only delivered a very limited service at the time of the inspection they were able to address any issues as they arose and deal with them effectively. The registered manager was aware that as the service expanded they would need to be proactive about the development of the quality assurance processes. We were unable to assess the effectiveness of the Quality Assurance and audit processes at the time of the inspection.

Our inspection visit and discussions with the registered manager identified that they understood their responsibilities. The registered manager had kept up to date with new developments, requirements and regulations in the care sector by accessing the internet and by completing a relevant professional qualification.

Organisations registered with the Care Quality Commission have a legal obligation to notify us about certain events. We found the registered manager had met their legal obligations around submitting notifications to CQC and the Local Safeguarding Authority. We also noted that the registered manager was aware that information about the inspection rating had to be displayed prominently as required by the law.