

# I Care Dom Care Limited

# I-Care

## Inspection report

Manor Farm Offices  
Corsley  
Warminster  
BA12 7QE

Tel: 01373461438  
Website: [www.icaredomcare.co.uk](http://www.icaredomcare.co.uk)

Date of inspection visit:  
15 October 2019  
17 October 2019

Date of publication:  
02 December 2019

## Ratings

### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

I-Care is a domiciliary care agency providing personal care to 52 people at the time of the inspection, 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.

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

People's care needs and wishes were assessed prior to care packages being arranged. Each person had a care plan in place around their support and how they would like this to be delivered. Their care plans were reviewed regularly and people were supported to share their feedback about their care.

People told us care staff supported them to feel safe and were respectful of their home. Risks to people's safety were assessed and risk reducing measures were documented in their care plans for staff to follow. Care staff had been appointed following safe recruitment processes. Staff competencies were monitored through spot-checks, supervisions and team meetings.

People were supported to have choice and control of their care 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.

The care staff were praised by people and their relatives for having a kind and caring approach. We were told staff promoted their dignity and respected their privacy, particularly during personal care.

Where people had support with preparation of food and drinks, they told us they were happy with what the staff prepared for them.

People and their relatives were invited to share their feedback in regular review meetings, or through annual surveys. Complaints were investigated thoroughly and referred to the local authority safeguarding team when needed. Findings from complaints and outcomes of managerial audits were used to make improvements at the service.

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

This service was re-registered with us on 7 October 2018 and this is the first inspection under the current registration.

The last rating for this service was requires improvement (published 11 January 2017). Since this rating was awarded the registered provider of the service had changed and the service had moved premises. We have used the previous rating to inform our planning and decisions about the rating at this inspection.

#### Why we inspected

This was a planned inspection based on the date the service was 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 not always 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?

Good ●

The service was 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

## 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 completed 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.

#### Service and service type

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

The service had a manager 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.

#### Notice of inspection

We gave 24-hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 October and ended on 17 October. We visited the office location on these dates.

#### What we did before the inspection

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 and we used this information to plan our inspection.

#### During the inspection

We spoke with eight people and five other people's relatives on the phone. We also spoke with six members of staff, including the registered manager and area director. We reviewed the care plans and records for four people and looked at staff recruitment files for four staff members. In addition, we also looked at records relating to the management and quality assurance of the service, including records of compliments and complaints.

#### After the inspection

We wrote to the registered manager for further information about feedback we had received.

# 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 service under the current registration. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- People's medicines were managed safely. People who received assistance with their medicines told us they were happy with how the care staff supported them.
- People's care plans had guidance for staff to follow to make sure people received their medicines safely.
- Where there had been gaps in some medicine administration records, these were identified through monthly audits and addressed with the staff member responsible. Records showed a reduction in the number of missed signatures for medicines administration.

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

- People and their relatives told us they felt the service provided safe care. Feedback from them included, "No [staff member] has ever left my home unlocked or given me cause for concern about my safety." Also, "I feel very comfortable and secure when they help me to use the hoist."
- There were systems in place to prevent the likelihood of harm and abuse occurring. These included a safeguarding policy and procedure which staff were knowledgeable about. People were supported by staff who had received safeguarding training. The staff we spoke with all understood their responsibility to identify and report any safeguarding concerns. Staff understanding of safeguarding was reinforced during individual and team supervision meetings.

### Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and risk reducing measures were in place. These included people's individual risk assessments which were documented in their care plans. Risk assessments gave staff safe guidelines to follow. The risk assessments we saw included those for people who needed mobility support and risks around the person's home.
- Accidents were reported and reviewed by the registered manager to monitor people's safety. The registered manager identified if there were any measures needed to reduce the chance of the accident happening again.

### Learning lessons when things go wrong

- Lessons were learned following accidents, incidents or safeguarding concerns. The registered manager analysed any safeguarding concerns or complaints received. From these they identified if there were any potential areas for lessons to be learned. The reviews from one area of concern had resulted in more robust and safe processes being implemented.

### Staffing and recruitment

- People were supported by staff who had been appointed following safe recruitment processes. These

included obtaining character, employment and background reference checks prior to the staff member starting work. The checks included satisfactory Disclosure and Barring Service clearance (DBS). The DBS helps employers make safer recruitment decisions by preventing unsuitable people from working with vulnerable people.

- People and their relatives told us they received a list to inform them of which staff to expect. Each person we spoke with confirmed they had received good communication from the service if there were changes to the schedule.
- The registered manager had attended a recruitment event to learn more about staff recruitment and retention. Recruitment at the service was on an ongoing basis.
- There were enough staff to meet people's needs. The senior staff and registered manager supported the care team in ensuring the care visits were covered.

#### Preventing and controlling infection

- People were supported by staff who had received training in infection prevention and control.
- Staff had access to personal protective equipment (PPE) and carried supplies with them when visiting people. The PPE included items such as gloves and antibacterial hand-gel, to reduce the likelihood of any cross-contamination.



# 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 service under the current registration. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- Staff had access to a range of training topics and almost all were delivered via online learning, with exception of moving and handling, and catheter care.
- New staff received an induction which covered a range of different training topics including person-centred care and medication awareness. New staff completed shadow shifts of more experienced staff following their classroom induction. Records showed staff completed online training in the days following their induction. This included refresher training in all areas covered during their classroom session.
- Staff received one-to-one supervision meetings with their line manager. These gave them the opportunity to discuss whether they felt they needed any further support. The registered manager was looking at including the results of staff's online training in these discussions to ensure staff could apply their learning.

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

- Prior to people's care packages being confirmed, their care needs were assessed. This was to ensure the service could meet their needs and deliver the care they wanted to receive.
- When people's care needs changed, the service would reassess them to ensure they were able to continue to meet their needs. If the service was unable to do so, discussions took place with the person, their family and the funding authority.

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

- Some people were supported by staff to have their meals and drinks prepared. People we spoke with were happy with how staff prepared their food or drink. One person explained, "All the carers have the basic skills they need to be able to make the things for me that I like. I don't think any of them have said no to anything I have asked them to make."

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

- People were supported to access healthcare support. People and their relatives told us staff recognised if they were unwell. Staff supported them to either contact a family member or to make a healthcare appointment.
- One person's relative told us they felt the staff were quick to recognise any changes in their family member's skin integrity. They explained, "They have noticed the start of a pressure sore before, they have called out the community nurse who was able to come and start treatment straight away. This meant it didn't get any worse."
- The service provided reablement care packages. People receiving these packages were assisted with their

care needs while returning to full health after an injury or hospital stay. One staff member explained, this was to "help people get back to where they were."

- Staff felt the office support staff acted quickly if any cause for concern was brought to their attention about a person's health. They explained the office staff made prompt referrals, whether it be for a healthcare appointment, or for equipment.

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.

- People told us staff asked them for their consent prior to any care being delivered. One person told us, "Nobody ever pressurises me into doing something I am not comfortable with."
- People were supported by staff who had received training in the MCA.
- People's mental capacity to consent to their care had been considered as part of their care planning.

# 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 service under the current registration. 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

- People were supported by care staff who they felt treated them well. The positive feedback included one person telling us about how the care staff gave them company. They explained, "I always so look forward to them coming each day, because quite often they are the only people I see during the entire day. I love just having a normal conversation with them, rather than a one-sided conversation with the radio or television."
- We received feedback from people and their relatives about the times when staff had done more than was expected of them. One person's relative explained, "For me, it is the fact they noticed [family member] had a small stroke and the way they supported her really showed me their caring attitude. They would have been prepared to stay with me while we waited for the ambulance if I needed them to, which I thought was very considerate of them."
- Staff received training in equality and diversity, and the provider had resources or tools available to support people's different cultural needs.
- There were different systems in place to monitor the quality of care people received. These included supervisors regularly completing spot checks on care staff practice and the records held in the person's home. As part of these spot checks, people were asked for their feedback about their care.

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

- People were supported to express their views through different methods. These included surveys, during face-to-face or telephone reviews, and when managerial staff completed care visits. One member of the management team explained, "I do a lot of the reviews, we check the care is ok. I also do face-to-face and annual reviews as well. Any concerns raised in those I discuss them with the registered manager. I ask the person what they would like us to do, to see if there is anything we can sort out for them."
- The most recent survey results were mostly very positive with people rating their care as 'excellent' or 'good'. People had also shared their views during their reviews and the comments included compliments to different staff members. For example, '[Staff member] knows her stuff, I am very happy with the care I receive.'
- People told us when they had made specific requests these had been acted upon. One person said, "They certainly listened to me when I told them I wasn't getting on very well with one staff member. They told me they wouldn't send them back to me and they have not done since."
- One person was able to tell us they felt actively involved in decisions about their care. They explained, "They make you feel fully involved. Even when they cannot always deliver on everything I would like. For me, the quality of the care I have more than makes up for the fact that sometimes I have to wait a bit longer in the morning to get up."

Respecting and promoting people's privacy, dignity and independence

- People's dignity and independence were promoted by the care staff who visited them. One person's relative told us the staff always knocked before entering their family member's bedroom. They said the staff member always waited for the person to say they could enter before they go in.
- One person's relative explained how the staff promoted their family member's independence. They told us, "My [family member] can manage some of their shower routine if they are careful. The care staff let them do this before doing the rest of their body, which [family member] can't reach anymore. It is probably only a small thing, but at least [family member] feels they are not totally incapable."

# 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 service under the current registration. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People's needs and choices were assessed prior to their care package being agreed. In these assessments people could state their preferred care visit time. The registered manager told us they were clear with people as to whether these preferred times could be met by the service. They also explained there had been times where the local authority assessments had provided conflicting information about visit times. This had led people to expect a visit time which could not be delivered due to high demand for popular times and logistics of scheduling staff. While people had preferred visit times, it was not always possible for the service to meet these. In people's care plans there were disclaimers about the visit times stating they could be up to 60 minutes either side of their preferred time.
- People's care plans contained personalised information about how they would like their needs to be met. For example, people's preferred routines were known, such as the day they would like to have a shower. Also, how people would like staff to enter their home.
- People and their relatives knew there were care plans in place. They told us the care plans were reviewed regularly. This ensured the information was kept up to date and reflected people's needs and preferences.
- When people first started receiving care from the service, they were supported by the staff member who had completed their initial assessment. One staff member told us this helped in continuing to build the rapport with the person. They could also find out more about how they wanted their care to be provided and introduce the care staff to them gradually.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place and there were examples of processes being improved following a complaint relating to an incident. All communication relating to this complaint showed the concerns had been investigated thoroughly and responded to openly.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The service had introduced an information booklet about local services and opportunities available to people. This informative guide gave information such as what days certain clubs ran, how much they cost and who they could contact for more information. The guide included information about social groups for different ages, genders, beliefs and health conditions.
- People told us they appreciated the social interactions the care staff visiting their home provided them with.

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.

- There were examples of information being adapted to meet people's communication needs. These included providing a person with a large blank rota, where the staff names could be added in large print each week in black marker pen. For another person, a colour coded list of what the care staff would do each visit was introduced. The person previously couldn't see the information. Staff also help the person to update their communication board, so the person knows what is happening throughout their day.

#### End of life care and support

- Although the service was not supporting anyone with their end of life care at the time of the inspection, they had done so previously. The registered manager told us it had been a recent decision to start supporting people with end of life care packages. They said a senior staff member would put together the end of life care plan and communicate with a core staff team about what support was needed.

- The registered manager explained they had received feedback about how the staff had provided emotional support to people's families. They told us, "We have heard that staff had sat with the family and provided a comforting ear. Nothing is too much."

# 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 service under the current registration. 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.

### Continuous learning and improving care

- At the last inspection there had been breaches of regulations. At this inspection we found improvements had been made. The staff told us they felt the registered manager had been consistent in implementing improvements at the service.
- There were plans in place for the future development of the service. These included the provider introducing an electronic system for staff to use during their visits. One function of this system would include staff would be prompted about medicines administration. This system was operational and effective in the provider's other services and was scheduled to be introduced at this service.
- Audits were completed by the management team of different areas of the service. The audits gave the registered manager an oversight of what was happening and areas for improvement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 management team consisted of the registered manager and supervisory staff. The supervisors worked in supportive roles assisting with areas such as rostering staff and ensuring visits were covered. They also completed supervisions and spot checks on staff delivering care in the community.
- The management team completed care visits. This meant they got to know each person who received care. They could also make sure the care plans documented the actual care needed. People told us they had met with someone from the office for their initial assessment and for other care calls since.
- The registered manager had recently completed their level five management and leadership qualifications. They told us how they had completed a project as part of this about staff retention and found the skills gained to be beneficial to their role.
- The registered manager understood their responsibility to act upon the duty of candour.

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

- There were systems in place to monitor the quality of care people received and to ensure the service continued to deliver person-centred care.
- We received mostly positive feedback about the care people received. There was praise for the person-centred approach of staff and supporting people to achieve good outcomes.
- The registered manager told us the values of the service were, "Treating everybody as equals, promoting high standards of person-centred care, and equality and diversity." This was supported by what the staff told

us about the culture of the service. All staff told us they enjoyed working at the service because of getting to meet and support different people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The service tried to promote keeping people engaged with providing regular feedback about their care. People knew they could contact the care office if they needed to and they knew they would be contacted for their views about their care. One person explained, "We are always asked our opinion when we have a review meeting and also a few weeks ago I was rung up and asked if I had any concerns at all. They do seem to treat seriously what I say to them."
- The registered manager attended networking opportunities for developing their knowledge and the service. These included attending a recruitment event to learn more about initiatives they could try as part of their ongoing recruitment plans.
- Staff attended team meetings, although some told us the location of the office made this difficult. At the team meetings there were opportunities to discuss learning, important information and any concerns. Staff also received a regular newsletter with updates they needed to be aware of. Staff were also asked to share their feedback through survey's and the most recent survey results were mostly positive.