

I Care (GB) Limited

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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?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

I Care is a domiciliary care service that provides support and personal care to people 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 our inspection 64 people were receiving support with personal care.

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

People and family members spoke positively about the service and told us staff were professional, helpful and kind.

Positive relationships had been developed between staff and people they supported. People said calls to their home were never missed and that staff usually arrived on time.

People using the service and staff were involved in the development of their care through regular reviews meetings.

People told us they had no complaints or were confident they would be listened to if they did. The management team completed checks of completed paperwork by staff regularly and submitted quality audits on a three monthly basis for the local authority; we saw that actions were identified and addressed to bring about improvements.

People's care records provided information about individual backgrounds and their support needs, to guide staff effectively. The service worked with family members to maintain people's health and wellbeing.

Staff had been recruited safely. There were sufficient numbers of staff employed to support people. Vacant shifts and calls because of absence were covered from within the staff team. Agency staff were not used.

Staff received a comprehensive induction and regular training and support. Staff told us they enjoyed working for the service.

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

Why we inspected

This service was registered with us on 20/12/2018 and this is the first inspection.

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?

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.

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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 an 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 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 the service 48 hours' notice of the inspection. This was because we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 19 November 2019 and ended on 21 November 2019. We visited the office location on 19 November 2019.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used this information to plan our inspection. 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.

During the inspection

We spoke with seven people who used the service and two relatives about their experience of the care provided. We spoke with eight members of staff including the registered manager, training manager, care coordinators and care workers.

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

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

- Systems and processes were in place to safeguard people from the risk of abuse.
- Staff received safeguarding training and had access to relevant information and guidance about how to protect people from harm.
- People told us they feel safe in their home and enjoyed the daily visits from their carers. Comments included, "They [staff] always arrive on time" and "They [staff] help me in and out of bed. I'm not rushed".

Assessing risk, safety monitoring and management

- Individual risks to people were assessed; risk assessments provided detailed information around people's individual risks and included guidance for staff to keep them safe.
- Risk assessments were completed on the environment in people's homes.

Staffing and recruitment

- Staff had been recruited safely.
- Recruitment records were kept at head office.
- There were sufficient numbers of staff employed to meet people's assessed needs.
- Staff told us vacant shifts and calls because of absence were covered from within the staff team. Agency staff were not used.

Using medicines safely

- Staff involved in handling medicines had received relevant training and were assessed as competent to support people with their medicines.
- Staff explained they checked people's medication was correctly packaged before they administered it.
- People said they were given their medicines at the right time.

Preventing and controlling infection

- Staff used personal protective equipment (PPE) such as disposable aprons and gloves.
- Supplies of disposable aprons, gloves and sanitiser gel were readily available for staff to use and stored in the office.

Learning lessons when things go wrong

- Staff knew how to report accidents and incidents.
- The registered manager discussed incidents with care coordinators to manage any issues and make changes to the service.

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

- Assessments of people's care and support needs were completed and provided guidance for staff to support people based on their needs and choices.
- Regular reviews were carried out to ensure the support provided was meeting people's needs.
- Changes to people's needs and support were recorded and staff were informed through care record system on their mobile phone. This ensured that staff had up to date information about people.
- Staff knew people well and how to best meet their needs.

Staff support: induction, training, skills and experience

- Staff received a comprehensive induction at the beginning of their employment with I Care, which included shadowing shifts with experienced staff.
- The on-site training facility meant staff continued to receive regular face to face training throughout their employment in order to maintain up-to-date skills and knowledge. Records showed staff training was up-to-date.
- Staff received regular supervision to support their developmental needs and attended regular staff meetings.
- People told us they had confidence in what staff were doing when supporting them, for example, when assisting them with personal care.

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

- Staff assessed people's nutritional needs and any risks related to their eating and drinking.
- Staff supported people to eat and drink enough throughout the day.
- People said they were happy with food staff prepared for them as they needed it.

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

- Staff had good relationships with health and social care professionals who had contact with the service.
- Staff worked with relatives to keep them informed of any changes in people's health needs.
- People who received care in their home told us that staff were rarely delayed; they received support when they needed it.

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's capacity was assessed.
- Consent for taking photographs, medicines, sharing information was recorded when required. Some consent forms we saw had not been signed by the person. We asked the registered manager to address this.

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

- Staff treated people with kindness and compassion. There was a stable staff team who knew people well. Positive and caring relationships had been developed between people, their relatives and staff.
- Staff clearly knew people very well and were able to tell us about individuals and their lives and families. This enabled them to engage well with people.
- People spoke positively about the staff who supported them; their comments included, "Couldn't ask for anyone better", "Amazing", "Wonderful", "Confident" and "Kind" and thoughtful".

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

- Regular review meetings were held with people and family members to discuss their care and obtain people's views.
- Some review documents we saw were not signed by the person to evidence they had seen the content of the meeting.
- Where people had made comments or suggestions about their support there was no written evidence that this had been followed up. However, subsequent reviews did not contain the negative comments which indicated the issues had been addressed. The registered manager was able to reassure us this was the case. We advised this evidence should be recorded.
- Questionnaires were sent regularly to people who received support in their home to monitor the quality of the service provided. Feedback we saw was positive.

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to be as independent as possible. One person told us how staff supported them and encouraged them to do things for themselves.
- People spoke highly of the care they received from staff and how they respected their privacy and dignity. They felt staff were patient and listened to them at all times.

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 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

- Care and support plans were person centred and identified people's needs and routines. Plans included information regarding their social history and likes and dislikes to allow staff to get to know people before providing support.
- The service used an electronic care planning system which meant staff had access relevant and up-to-date information regarding people's call times and tasks to be completed at each call.
- The electronic devices allowed for both office staff and care staff to send immediate messages about changes in people's needs to ensure that records were updated where required.
- People received the care and support at their preferred times.

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 service recorded and shared information relating to people's communication needs. Care records provided guidance for staff to effectively communicate with people who were identified as having communication needs or difficulties.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which outlined how complaints would be responded to and the time scales. However, no complaints had been made.
- People and family members told us they knew who to contact if they had any concerns and were confident any issues would be dealt with. However, we received only positive and complimentary feedback.
- People's comments included, "Couldn't ask for anyone better", "[Staff] cheer us up and we have a laugh", "The staff do a good job" and "They're amazing".

End of life care and support

- The service was not supporting anyone at the end of their life at the time of the inspection.
- Care records we saw were still to be updated with people's end of life wishes and identify if any 'Do Not Resuscitate' (DNAR) decisions so staff supporting people were aware.

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

- People and family members spoke very positively about the service. They said staff went beyond what was expected, particularly when they had been unwell and had no family to support them.
- People received their support when they needed it and said the support met their needs. They said visits by the same staff helped people to get to know them.

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

- People's opinion of the service was sought currently through their individual reviews. Questionnaires were due to be sent when the service had been operational for 12 months.
- Staff were engaged and involved through regular team meetings.
- Staff told us they enjoyed working for the service; comments included, "Proud to work for them, its brilliant" and "Best thing I've done coming to work for them".
- The registered manager and provider recognised the hard work and commitment of all staff by awarding 'employee of the quarter'.

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 registered manager was supported by the provider. They were also supported by two care co-ordinators who worked extremely closely with care staff to help provide better outcomes for people.
- The registered manager ensured we were notified of events as required by regulation.
- The registered manager and provider were aware of their legal responsibilities and the importance of investigating incidents/events that occurred as well as complying with duty of candour responsibilities.

Continuous learning and improving care

- The registered manager collated data and information to complete quality audits as part of their local authority contract. This included actions which were identified and addressed to bring about improvements.
- The registered manager was keen to continuously learn and improve their skills and maintain up-to-date knowledge to ensure better care was provided for people.

Working in partnership with others

- The management team had developed working relationships with other organisations and family members and worked collaboratively to provide good outcomes for people.