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I Care Second Office

Inspection report

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Tel: 01362690533

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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

This was an announced inspection that took place on 17 February 2017.

I Care is a service that provides personal care to people in their own homes. At the time of the inspection, 63 people were receiving care from the service.

The service does not require a manager to be registered as the provider is an individual. The service is managed on a day to day basis by the provider and two deputy managers.

Improvements were required to ensure that effective systems were in place to ensure that people received their medicines when they needed them and that the required checks had taken place prior to staff working for the service. This was to ensure they were of the appropriate character to work within care.

People were cared for by kind, caring and compassionate staff. The provider tried to ensure that people saw the same staff on a regular basis to help them build and maintain caring and meaningful relationships. People told us this was important to them. People were treated with dignity and their diverse needs were respected.

The staff knew the people they cared for well and this meant they were able to provide people with care based on their individual needs and preferences. There were enough staff working at the service to enable them to do this. People were able to make decisions about their own care and the service was responsive to their changing needs and requests.

Staff were aware of how to keep people safe and they had received enough training to give them the skills and knowledge to provide people with effective care. Staff competence had been regularly assessed to ensure their skills and knowledge were kept up to date.

People were protected from the risk of abuse and where it was part of their care package, received support to eat and drink enough to meet their needs. They were also supported with their health when necessary.

The staff and provider listened to people and improved the quality of care they received in response to any concerns raised. Good leadership and direction was provided to the staff which meant they knew what was expected of them.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

We were not assured that people had always received their medicines when they needed them.

There were enough staff to provide people with the care they required. However, the provider had not conducted all of the required checks on staff before they started working for the service.

Actions were taken by the staff to reduce the risk of them experiencing harm and they knew how to protect people from the risk of abuse.

Is the service effective?

Good

The service was effective.

Staff had received training on how to provide people with care and their competency to do this effectively and safely had been regularly assessed.

The staff knew how to apply the principles of the Mental Capacity Act 2005 and acted in people's best interests where they couldn't consent to their own care.

Where it was part of the care package, the staff supported people to eat and drink sufficient amounts to meet their needs. They also supported people with their healthcare needs.

Is the service caring?

Good

The service was caring.

The staff were kind, caring and compassionate and treated people with dignity and respect.

Arrangements were in place to support people to express their views and to be actively involved in making decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's care needs and preferences had been assessed and were being met. The service was responsive to people's individual changing needs.

People knew how to complain. When a complaint had been received it had been investigated by the provider.

Is the service well-led?

Good

The service was well-led.

Systems were in place to monitor the quality and safety of care provided.

The culture within the service was open and transparent. People and staff were listened to and any suggestions they raised acted upon.

Good leadership was in place. The staff understood their individual roles and responsibilities and were given support and direction.

I Care Second Office

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 17 February 2017 and was announced. The provider was given 48 hours' notice before we visited the office because the service provides care to people within their own homes. The provider and staff operated from a central office and we needed to be sure that they would be on the premises so we could speak with them during the inspection.

The inspection team consisted of one inspector and an 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.

Before the inspection, we requested that the provider 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. This was received from the provider. We also reviewed other information that we held about the service. We had requested feedback before the inspection from the local authority safeguarding and quality assurance teams.

During this inspection, we spoke with 10 people who used the service and four relatives of people who received care from I Care. We also spoke with four care staff, the deputy manager and the provider.

We looked at the care plans and risk assessments of five people who used the service, three staff recruitment records and information in relation to staff training. We also looked at how the provider monitored the quality and safety of the service.

Requires Improvement

Is the service safe?

Our findings

The staff administered medicines for some people who used the service. We checked the medicine records of three of these people and found that improvements in this area are required. This is in relation to ensuring that effective systems are in place to monitor that people receive their medicines when they need them.

We found that people had received most of their medicines when they needed them. However, two people had been prescribed a medicine to be taken once a week to help prevent bone weakness. Both of these people's medicine records indicated that they had not received their medicine on one occasion as required in December 2016. We saw that the service had conducted an audit of these people's medicines shortly prior to these dates. The audit had identified that one person had none of these tablets left and the other had very low stock. However, there was no evidence to show that any action had been taken in response to these findings to ensure these people had sufficient medicines available. We spoke with the provider about this. They told us they were not aware whether they had re-ordered the medicine. They confirmed it was their responsibility to do this. Therefore we could not be sure that these people had received these medicines.

We also found that this medicine for one of these people had not been given in line with the prescribers instructions. It had been prescribed to be taken once a week on a Tuesday. However, we saw that it had been given on Wednesday 7 December 2016 and then again on 13 December 2016 which was a Tuesday. This meant there had only been six rather than seven days between doses. There were also gaps in the other person's records in relation to another medicine they had been prescribed. This had not been identified by the provider's audit and they told us they could not be sure whether the person had been given the medicine.

Where people had medicines prescribed as PRN (as and when required), the provider told us that protocols were not always in place to guide staff on when to give people these medicines. They agreed to review this and put these in place. Where staff were administering pain patches or creams, guidance was not in place to advise staff on how to do this safely or where they needed to apply the medicine. In respect of pain patches, this is important so other staff can check to make sure the patch is still in place. Also, this is needed to ensure staff do not apply the patch to the same area which could cause skin damage or increase the rate of absorption of the medicine into the skin.

The current system in place when recruiting new staff to the service required improvement. We checked three staff recruitment files. We found that all staff had been subject to an appropriate Disclosure and Barring Services (DBS) check as is required. This is a check to ascertain whether the staff member has any criminal convictions or has been barred from working within the care sector. Also, the provider had checked the identification of the staff member to make sure this was in order. However, for two staff, the provider had not explored their full employment history prior to them commencing work for the service. This is required so the provider can check that potential staff are of good character and have genuine reasons for gaps within their employment history.

For one staff member, two references had been requested and received but these were personal references and one had not been acquired from their previous employer. This meant the provider had not checked the staff member's conduct in their previous employment. For another staff member, only one personal reference had been received. An attempt had been made to seek a reference from the staff member's previous employer but this had not been received. The provider told us in these circumstances, their policy was to acquire a further reference from a different source before the staff member commenced employment but this had not occurred. The provider agreed to immediately review their recruitment procedures to ensure they obtained all of the required information in the future.

All of the people we spoke with told us they felt safe when the staff provided them with care. One person said, "When I'm with them I'm safe." They went on to tell us how the staff had once found them on the floor after a fall. The staff member had called the ambulance service and stayed with them until they arrived. Another person told us, "I feel very safe and they are nice people. It's like having family call." A relative told us, "[Family member] is very safe with them and she obviously likes them. They are a nice lot."

There were systems in place to protect people from the risk of abuse. All of the staff we spoke with knew how to protect people from the risk of abuse and told us they had received regular training on the subject. The training records we looked at confirmed this. They understood the different types of abuse that could occur and how to report any concerns. This included reporting concerns outside of the service if the staff member felt this was appropriate. The provider was also aware of their responsibilities to report and investigate any alleged abuse and staff meeting records showed that any concerns were discussed with staff so the service could learn from them.

Risks to people's safety had been identified. These included risks in relation to supporting people to move, taking medicines, equipment they used and the environment. Where necessary, other risks such as people falling had been looked into. There was clear information within people's care records to guide staff on how to reduce these risks. The staff we spoke with were knowledgeable about risks to people's safety and were able to explain to us how they managed these. For example, making sure that people used appropriate equipment when walking to reduce the risk of them falling. The staff were also clear about the importance of respecting people's right to take informed risks. One staff member told us how they had discussed with one person, the potential danger their lifestyle choice was having on their health. They said the person was aware of the dangers and that therefore they respected their right to live their life as they chose.

The provider arranged for staff to check people's smoke alarms regularly when they visited their homes to ensure they were working. They also facilitated the servicing of people's equipment to make sure it was safe to use.

There were sufficient numbers of staff to meet people's needs and to keep them safe. All of the people we spoke with told us that the staff always attended their care calls. They added that the staff stayed for the length of time they needed which enabled the staff to provide them with safe care. One person told us, "They take their time to do my care." Another person said, "Yes, they are on time. I've not been let down and they stay for the full time." The relatives we spoke with agreed with this. One relative told us, "They take the full time but if it's all done they will check with me and I'll let them get away if it's all sorted. They never rush."

All of the staff we spoke with told us there were enough of them to meet people's needs. They said they were given sufficient time to give people the care they required. The care records we checked confirmed this. The provider told us they currently had enough staff in place to meet people's needs and that this was kept under regular review. They said they always ensured they only took on new packages of care if they had the

required number of staff in place. Existing staff, the provider and deputy manager were utilised to cover any absences such as sickness or annual leave if needed.

Good

Is the service effective?

Our findings

People received effective care from staff who had the knowledge and skills to perform their role. All of the people and relatives we spoke with said they felt the staff had been trained well. One person told us, "You are so well looked after, and the carers are top drawer. Nothing you can fault." A relative said, "Two staff each visit. They use a hoist. Previously it was a stand aid. They had no accidents with the kit. They have been trained in how to use it."

All of the staff we spoke with told us they had received enough training to give them the skills and knowledge to provide people with effective care. They said that the training was very good and that it involved e-learning and practical hands on training. Staff had received training in a number of subjects including but not limited to: how to support people to move safely, food and nutrition, infection control, safeguarding adults and dementia. They told us the provider arranged for them to have further training in other subjects if they wanted this. For example in relation to specific conditions people had such as Parkinson's disease. They said this helped them understand people's specific needs. Some staff had been trained to become dementia coaches. The aim was for them to share their skills with other staff working for the service to enhance their skills in relation to providing care to people living with dementia.

Staff had received training from a relevant healthcare professional to perform other tasks such as catheter and stoma care. Records were available to show that when doing these tasks, their competency to do this safely and effectively had been assessed. However, the provider told us that staff were checking some people's blood sugar levels. We asked who had given them training to so this and the provider said they had. However, the provider confirmed they had not received any specific training themselves to do this safely. They agreed to speak to a healthcare professional about this to ensure that they and the staff were able to perform this task safely.

New staff received a comprehensive induction to their role as a carer. Part of their induction involved them shadowing a more experienced member of staff until they were confident they could work independently. During their induction period, new staff completed the Care Certificate. This is an industry recognised training programme for staff working within health and social care. We spoke with one staff member who was new to the service. They said their induction had been very good and that they had been given sufficient time before being asked to provide care to people independently. They also told us their competency to perform their role had been regularly assessed and feedback given to them as necessary.

The staff we spoke with told us they had regular supervision with the senior staff. This involved face to face meetings, appraisals and checks of their competency. All of the staff we spoke with were happy with the amount of supervision they received. They told us they received feedback about their care practice, both positive and in relation to any areas they needed to improve. They also said they were supported to progress within the service by completing qualifications within health and social care.

All of the people and relatives we spoke with told us that the staff asked for their consent before care was provided. One person said, "They are considerate in our house and if you don't want something done you

can just say so."

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. We checked whether the service was working within the principles of the MCA.

All of the staff we spoke with demonstrated they had a good understanding of the MCA and worked within its principles when providing people with care. For example, some staff were clear about the need to assume that people could consent to their own care. They therefore always ensured they asked them before performing a task such as supporting them to wash or dress. Other staff told us how they supported people to make a decision by giving them a choice of clothes to wear or food to eat. Staff were aware that if people were unable to make a decision for themselves, that any decision made on their behalf needed to be in the person's best interests. The staff were also aware of the need to report any concerns they had about people in their own homes being deprived of their liberty. This was so the matter could be referred to the Court of Protection if necessary.

The care records we viewed contained information about people's capacity to make decisions for themselves and what support staff needed to give people to enable them to make choices about their own care. The provider told us that some people had a Power of Attorney (PoA) in place who could consent on that persons behalf. However, when asked, the provider was not sure what type of PoA was in place. In this case, the Attorney needs a PoA with regards to the health and welfare of the person. The provider had also not checked the Attorney held the relevant paperwork to confirm they had this power. The provider agreed to immediately review this to ensure that consent was being gained fully in line with the relevant legislation.

People told us that where it was part of their care package, that staff prepared their food and drinks to their liking. One person told us, "They will do me a snack if I want and she makes me a sandwich and a cup of tea. They take a bit of trouble." Another person said, "Oh yes, they help me with meals. They do lovely meals."

The staff we spoke with told us they were aware of the importance of supporting people to eat and drink sufficient amounts for their needs. One staff member said they always made sure they left people with a drink and monitored how much they had drank between visits. Another staff member said that one person they provided care for sometimes refused to eat lunch when asked what food they wanted to eat. Therefore they made sure they left the person a sandwich or another meal they could eat later at a time of their choosing.

Most of the people we spoke with told us they arranged their own healthcare. However, they said they were confident that the staff would assist them with this if required. One person told us, "They alert me if they think I need to get the doctor and I had a fall recently and the carers helped me. I injured my leg. They got the doctor and they came out specially to help." Other people we spoke with reflected this.

All of the staff we spoke with told us they would contact the relevant healthcare professionals if they had any concerns about people's healthcare. One staff member told us how they had recently called the emergency services when they had found a person unwell in their home. The staff had a good understanding of the different types of healthcare professionals who could be contacted to help people maintain good health. These included an optician, district nurse, GP or occupational therapist. They told us that if they had ever raised a concern with the provider or deputy manager in relation to people's healthcare needs, that referrals had been made to a healthcare professional to address this. We were therefore satisfied that staff supported

people to maintain their health.

Good

Is the service caring?

Our findings

The people and relatives we spoke with told us the staff were kind, polite and caring. One person said, "They are pleasant people and we have a laugh. It's nice to have them calling. It's a pleasure." Another person said, "Very good. Very punctual and they are very nice ladies. At Christmas they got me a card and a present… what a nice touch!"

People told us that for the majority of their care visits, they saw the same member of staff which helped them build meaningful relationships with them. This had a positive impact on their wellbeing. One person told us, "I mainly have regulars." Another said, "They are mainly people [staff] I know who call. But that's not all the time but the newer staff are okay and they are also nice." A further person told us how seeing the care staff cheered them up. They added, "They will chat and my main carer is like a friend and knows me well." A relative said, "We know and like them. [Family member] has regular staff."

All of the staff we spoke with demonstrated that they knew the people they provided care for well. They told us the provider ensured they were able to see the same people which had enabled them to develop positive and caring relationships with people. They also said they had sufficient time to provide people with all the care and support they required. The records we saw confirmed this to be the case.

Some staff and the provider told us how they had supported people outside of their normal care visits. One staff member told us how the staff team had arranged to have a meal with the family of a person who had used the service but who had recently passed away. This was to celebrate the person's birthday. The staff member had personally taken the time to make an item of this person's clothing into a pillow for their family member to provide them with some comfort through this difficult time. Another staff member talked about how they would get shopping for people who were unable to do this themselves or carry out tasks such as picking up their prescription from the doctors. One person told us how they had needed a new hob and the staff had helped them to get one.

The provider told us how they regularly took people who used the service to the doctors or to hospital appointments in their own time to ensure these were attended. For one person, the provider said a staff member had taken them to visit their family member in hospital every day during a period of illness. People who moved home were assisted by some staff outside of their normal working hours with moving furniture and driving a van to their new premises.

People were involved in making decisions about their care. They said they were visited by a representative from the service before they started using it to discuss and agree their care needs. They also told us that the provider checked with them regularly to ensure they were happy with the care they received and to ask if they wanted to make any changes to it. One person told us, "They came and saw us and they come here and check it out every few months." Another person said, "I have a folder [that staff write in]. And [carer] does reviews. I had one not long ago." A further person said, "They alter it [care] and let me choose. They treat me like a customer and give me a choice." The staff we spoke with told us they were aware of the importance of offering people choice so they could make their own decisions about their care.

The records we saw showed that the person and their relative if required, had been asked how they wanted to be cared for during the initial assessment of their individual needs when they started to use the service. This was completed by a member of staff who visited the person to understand what care they required. The assessment covered people's care needs and stated how they would like their care to be delivered. People and/or their relatives were also involved in regular reviews of their care where they were asked for their opinion and input into their care.

People were treated with dignity and respect. One person told us, "Yes, they provide the care with dignity and are very careful." Another person said, "I'm very relaxed and at ease with them. They treat me with respect. They take the time to do it right. I can also do a bit so they help me and they are aware to do just what I need. But it's nice to know they are there." A relative told us, "The staff are polite and respectful." People also said that the staff were respectful of their home and their personal belongings. They added that staff always ensured their home was left tidy after they had provided them with support which was important to them.

The staff we spoke with told us they were aware of the importance of treating people with respect and protecting their privacy at all times. They said they always ensured that people's doors and curtains were closed when providing them with care and that they used towels to protect people's dignity.

People told us they were encouraged to be as independent as they could. The staff explained they assisted people to do as much as they could for themselves. For example one staff member told us how they encouraged one person to perform most of their personal care including facilitating them brushing their own teeth. Other staff told us how they contacted occupational therapists so they could provide people with equipment to help them be more independent. These included raised chairs and toilet seats.

Good

Is the service responsive?

Our findings

People received personalised care that was responsive to their needs. All of the people we spoke with told us this was the case. They also said they could get hold of staff in the office when they needed and that the service was responsive if their needs changed. One person told us, "Yes, the care is based on my need and they deal with it nicely. I've had an infection and they came straight away to do something about it. I just asked for extra help this week and they've responded." Another person said, "Yes, I can get in touch with their office easily enough." A relative told us, "They do everything when they call and ask if there is anything else. The office is easy to contact."

The provider told us how they had recognised that it was important to one person that they regularly had a shower. The person had not been able to do this due to having dressings on their legs. In response to this, the provider had arranged for a specialist piece of equipment to be delivered to their home which protected their leg so they could have a shower. Another person had contacted the on call service late at night as they were frightened. The provider told us they had therefore gone out and visited this person to ensure they were safe and provide them with reassurance.

People told us that staff usually arrived to provide them with care at their preferred times. The relatives we spoke with agreed with this. They said that if staff were running late, they were informed about this so they could understand what was happening. One person told us, "They are mostly on time." Another person said, "They are normally on time. They've not let me down." One relative said, "The times are okay and they come right on time and on Sundays a bit earlier so we can go to church. Generally they are on time."

The staff we spoke with told us they had the time to provide people with care based on their own individual needs and preferences. This included being able to support people to get up when they wanted to, eat their meals at their preferred times and have the gender of carer they preferred. They were clear about people's individuality and diverse needs and were able to explain how they supported people who had such needs.

An assessment of people's individual needs and preferences had been conducted before people used the service. This included information in relation to people's health, social and cultural needs. A summary care record had been put in place to provide staff with guidance on what care people required. The information within these varied. Some were very detailed and gave a good picture of what staff needed to do to meet people's individual needs whilst others only held basic information. Despite this, the staff clearly understood how people wanted their care to be provided. For example, one staff member told us how one person liked to have warm towels when being assisted with personal care. Therefore, they ensured they placed them on the radiator when they arrived at the person's home. Another staff member told us how one person liked to have their hair brushed in the morning. Staff were also able to tell us about people's individual food likes and dislikes and how they liked their beds to be made. We spoke with the provider about the variation in people's care records. They agreed to immediately review these to ensure they contained sufficient information and guidance for staff on how the person wanted to be cared for.

The staff told us the communication was good in relation to people's changing needs. They said they always

received an updated care record in these circumstances. This was to inform them of any changes they needed to apply when supporting people.

The provider and the staff told us they were aware that some people who they provided a service to were socially isolated. In response to this, they advised people of local community events that were taking place such as the local dementia café meeting.

All of the people and relatives we spoke with told us they did not have any complaints but knew they could contact the office if they had any concerns. They added they were confident that the provider would look into any issues they raised. One person told us, "If I've any problems they just put it right." Another person told us how they had requested for a change of carer and that this had been respected. They said, "Well I can only speak well of them. I had one [carer] who was not so good. I just rang them and the carer after that was really nice." A relative said, "We've had no complaints."

We saw that any concerns raised had been investigated and comprehensive responses had been sent back to the complainants. We were therefore satisfied that people's complaints had been taken seriously and dealt with appropriately.

Good

Is the service well-led?

Our findings

All of the people and relatives we spoke with were happy with the care that was being provided. They all told us they would recommend the service to others. One person told us, "You can't do better than one hundred percent everything is right. I would definitely recommend them and have done so." Another person said, "They are all very nice the ones I have who come. It's a good service and it's working well for me." A further person told us, "I Care are brilliant. They have been marvellous." A relative said, "Well they've looked after [family member] very well. No faults to be honest. Yes, I would recommend it. Very good." Another relative told us, "They are 100 percent. I would happily recommend them. Excellent."

All of people and relatives felt that the service was managed well and had an open culture. They knew the provider well and spoke fondly of them. They told us they felt the provider had instilled a culture of respect into their service and that this was why they received good care. One person told us, "[Provider] owns it now and she is very good. She is very caring. She checks how it's going when she can. It's excellent." Another person said, "At this firm the lady runs it well. [Provider] has seen me since and if there is anything she takes it up. I can't find fault." A further person told us, "I'm very satisfied with them. [Provider] has been out to see me." The relatives we spoke with agreed with this. One relative said, "[Provider] is very attentive. She has been out and calls in on her own or with the care teams. She is very hands on. She is good. And helps make sure it's done with dignity."

The staff said they received good leadership and felt supported. They understood their individual roles and responsibilities. They told us that the provider and senior staff were approachable and open and that they felt able to raise concerns with them if they felt this was necessary. They added that the provider and senior staff listened to them, praised them when necessary and made them feel valued. They also said that the provider and senior staff always took action in relation to any concerns they raised about the care provided. Staff morale was good and they said they all worked well as a team to deliver good care. Some staff also told us how they had received internal promotions and were supported to gain qualifications within health and social care.

The provider kept their knowledge up to date with good practice by attending provider and manager meetings that had been held in the local area. They also had links with other local organisations that advised them of training opportunities that were available for their staff.

Most of the systems in place were good at assessing and monitoring the quality and safety of the care provided. However, the current system in place to check that people had received their medicines had not always identified issues in this area. The provider told us they would immediately review their audit processes to ensure they were more effective.

There was an electronic system in place that was used to monitor when staff had visited the person in their home to provide them with support. The staff 'clocked in' and 'clocked out' which was recorded on this system. This enabled the provider to monitor that staff had completed their visit, stayed the appropriate time and at what times they had arrived and left. The provider told us that the system was checked regularly

throughout the day and that any issues were addressed with the staff in supervision meetings.

Staff practice had been being monitored regularly. This was completed by the senior staff who conducted 'spot checks' of staff's care practice. This formed part of the staff's supervision and these covered areas such as personal care, moving and handling, food hygiene and dignity and respect. The staff we spoke with told us that these checks occurred regularly. The completion of staff training and supervision was also monitored. Where any shortfalls had been identified, action had been taken to correct this.

People's views on the care they received had recently been sought in the form of a survey. The provider had analysed this information and actions were being taken to address any concerns raised. For example, some people were concerned that they did not always see the same staff. In response to this the provider was reviewing their allocation of staff in an attempt to group them into certain geographical locations. The staff were aware this issue had been raised and told us that they had seen improvements in this area.

The provider was also looking at other ways to try to improve the continuity of care people received. They had recently set up a link with the local job centre. They had agreed with them that any new staff wanting to work within care would complete a course prior to being introduced to the service. The provider told us this would ensure that the potential new staff member would have a better understanding of working in care before applying to work within the sector. They hoped that this would help them to retain staff which in turn, would increase their ability to provide people with care from the same staff.