I Care (GB) Limited

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Inspection report

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15 February 2018

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This inspection took place on 8, 9 and 15 February 2018. The inspection was announced, which means the provider was given 48 hours' notice as we wanted to make sure someone would be available. This inspection was conducted by an adult social care inspector and two experts by experience who completed a series of phone calls to people in their homes on the second day of our inspection.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults, and younger disabled adults. The service was re-registered by CQC last November due to a change of legal entity. This was the services first inspection under the new provider's registration.

There was a registered manager in post. 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 2008 and associated Regulations about how the service is run.

Everyone we spoke with said they felt safe receiving a service from I care.

Staff were able to describe the process they would follow to report actual or potential abuse, this mostly consisted of reporting the abuse to the line manager. The service had a safeguarding policy in place, which we viewed and staff we spoke with told us they were aware of the policy. Safeguarding training took place as part of the induction for new staff, and was refreshed every year. The service reported and acted upon 'care concerns' and demonstrated that they had implemented lessons learned from any issues raised.

Risk assessments were in place and were reviewed often or when people's needs changed. We did highlight at the time of our inspection that some risk assessments would benefit from being more personalised.

Staff recruitment records showed that staff were recruited safely recruited after a series of checks were undertaken on their character and work history.

People were supported with their medication in accordance with their assessed needs.

Staff were supplied with personal protective equipment (PPE). This included gloves, aprons and hand sanitizer. Staff we spoke with told us they were always able to ask for more PPE when needed. Staff had completed infection control and prevention training, and understood the important of reporting outbreaks of flu and vomiting to the registered manager, so they could cover their work so as not to spread the infection.

The registered manager and the staff understood the principles of the Mental Capacity Act 2005 and associated legislation. However, documentation was lacking in some areas with regards to consent and best

interests in general. We have made a recommendation about this.

Staff undertook training in accordance with the providers training policy. Staff told us they enjoyed the training.

People were supported as part of their assessed care needs with eating and drinking, and staff documented what people ate and drank to ensure they were getting access to adequate nutrition and hydration.

Staff supported people to access other healthcare professionals such as GP's and District Nurses if they felt unwell. We saw in most cases family members would do this for their relative; however, staff were able to describe some occurrences when they had to call other medical professionals, such as 111 for advice on someone's behalf.

We received positive feedback regarding the caring nature of the staff.

People said they were supported to make decisions regarding their care and treatment and they were able to chat with the staff when they came to their homes.

Care plans contained detailed information about people, what their preferences were, and how they liked their routine to be conducted. Information in care plans was regularly reviewed and updated in line with people's changing needs, which showed that the provider was responsive to people's needs and preferences. One person did raise that their care plan contained some inaccurate information, however the registered manager evidenced that action had been taken to correct this.

People and their relatives told us their independence was promoted as much as possible in the way that staff gave them choice and control over how they wanted their care delivered.

Complaints were investigated in line with the providers policies and procedures. We saw that complaints had been acknowledged, and information was available for people to enable them to escalate their complaint to independent investigators if they were not happy with the outcome.

Staff and people who used the service spoke positively about the management. Staff felt the service was person centred, and they were encouraged to get to know the people they supported.

A quality assurance system was in place and the manager looked at ways they could continuously improve the service people received. Some issues we highlighted during our inspection, such as the MCA, were not always picked up on using the quality assurance documentation in place. We discussed this as the time of our inspection with the registered manager.

External visits took place from contract monitoring officers the actions plans formed which were shared with us.

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.

People received their medications on time.

Risks to people were assessed, and there was information with regards to how to manage the risk to people. Some of this information was quite basic, which we discussed at the time with the registered manager.

People told us they felt safe receiving care from I Care

Staff recruitment was robust and checks were undertaken on staff before they started working for the service.

Is the service effective?

Requires Improvement

The service was not always effective.

Information around capacity, decision making and consent was not always clear and consistent in care plans viewed. We have made a recommendation about this.

Staff had the correct skills and knowledge and undertook training relevant to their roles.

People were supported with their meal preparation in line with their assessed needs.

Is the service caring?

Good

The service was caring.

People said that staff kind and caring.

People and their families confirmed that they had been involved in care planning.

There was advocacy information available for people who required this type of support.

Is the service responsive?

Good

The service was responsive.

We received positive information regarding the complaints process, and complaints had been responded to in line with the provider's policy.

Care plans contained person centred information about people's likes, dislikes and how they preferred their care to be delivered.

Staff were trained in end of life care and people were supported to remain at home as long as possible.

Is the service well-led?

Good

The service was well-led.

There was a registered manager in post.

There were audits and Key Performance indicators in place which highlighted the need for improvement in most areas of service provision.

Everyone we spoke with said they liked the registered manager and management in general.

People and their families confirmed that they were routinely asked for their feedback and views.

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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 checked 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 was the providers first inspection since moving to a new location.

At the time of our inspection, the service was providing personal care and support to 60 people.

The inspection was conducted by an adult social care inspector and two expert by experiences who made phone calls to people in their homes after the inspection took place.

An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. In this instance, care for people at home.

This inspection took place on 8,12 & 15 February 2018 and was announced. The provider was given 48 hours' notice as the service provides domiciliary care, and we wanted to be staff and people who used the service would be available to speak with us.

Inspection site visit activity started on 8 February 2018 and ended on 15 February 2018. We visited the office location on 8 and 15 February 2018, to see the registered manager and office staff; and to review care records and policies and procedures. We also made phone calls to people in their own homes on 12 February and 15 February.

Before our inspection visit, we reviewed the information we held about I care. This included notifications we had received from the provider about incidents that affect the health, safety and welfare of people who used the service. We accessed the Provider Information Record (PIR) we received prior to our inspection. 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.

We spoke to 10 people who used the service via telephone and 15 family members who cared for their relative. We spoke with seven staff, and the registered manager. We also spoke a quality monitoring officer from the local authority who shared some feedback. We looked at the care plans for four people and other related records. We checked the recruitment files for three staff. We also looked at other documentation associated to the running of the service.

Good

Is the service safe?

Our findings

We received the following responses when we asked people and their family members if they felt safe receiving care and support from I care. "I feel safe and they make sure when I'm moving around I don't fall", "I feel very safe that they[staff] come and see me". Also, "I have the same staff so I can feel safe with them". And, "They come for half an hour every morning to help me have a shower, get dressed and make me a cup of tea and they are always on time I can set my clock by them." "They are excellent. I really get on with them particularly [carers name] she is great. I have no concerns or worries and if I did I would have told someone." Another person said, "I generally get the same people coming apart from their day off but I have seen them all before so I know their faces." Family members told us, "Continuity is good", "The office phone me if the staff are running late", also, "The girls [care staff] are very friendly with [family member] and I know that if they think anything is wrong they will ring me so I have peace of mind that they are safe." The quality monitoring officer we spoke with also raised no concerns with regards to the safety of the service.

We looked at how rotas and calls were managed by the service. We viewed a selection of rotas for staff and saw that call times were adequately spaced, with enough travel time in between calls for staff. This meant that the service was ensuring that staff were on time for their calls. Staff we spoke with told us that they were happy with their rotas and they mostly visited the same people. Most people we spoke with confirmed this was the case, and the instances where someone raised that different staff visited them, this was not described as a problem. "I get different girls coming round but they are all very very good I haven't a bad word to say about any of them."

We discussed the procedure for Electronic Call Monitoring (ECM). ECM is a technology where carers 'sign in' to their calls either using a smartphone or the persons home telephone. This then alerts the office or out of hours on call that a carer has attended that call and it helps to avoid missed visits from occurring. The registered manager informed us that the company were in the process of upgrading their ECM processes to a more updated version.

Staff where able to explain the course of action that they would take if they felt someone was being harmed or abused. This was reflected in the organisations safeguarding policy. Staff we spoke with said they would 'whistle blow' to external organisations such as CQC if they felt they needed to. Staff had received training in safeguarding and their responses were in line with procedures set out in the service's safeguarding policies. Information regarding safeguarding for people who used the service and relatives was readily available on the noticeboards in the office and the service user guide. People we spoke with confirmed they knew how to raise concerns should they have any. We looked at 'care concerns' to see if there was any evidence of lessons learned from issues which had been highlighted by the local authority as a concern not a safeguarding. The registered manager explained to us the action they took when a care concern was raised. There was nothing documented to evidence where improvements were being made. We discussed this at the time of our inspection with the registered manager, who assured us they would take this on board and start documenting any lessons learned.

Staff records viewed demonstrated the registered manager had robust systems in place to ensure staff

recruited were suitable for working with vulnerable people. The registered manager retained comprehensive records relating to each staff member. Full pre-employment checks were carried out prior to a member of staff commencing work. This included keeping a record of the interview process for each person and ensuring each person had references on file.

The registered manager also requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a check for all staff employed to care who support people within health and social care settings. This enabled the registered manager to assess their suitability for working with vulnerable adults. This confirmed there were safe procedures in place to recruit new members of staff.

As staff were expected to carry out their duties in people's own homes we asked the registered manager how they ensured the staff had a safe environment to work in. We saw that an environmental risk assessment was completed for each person's home the staff visited, including any parking restrictions, distances staff were required to walk to the person's home and any hazards in the home, such as damaged flooring or pets.

We looked at a number of care records which showed that a range of risk assessments had been completed to assess and monitor people's health and safety. We saw risk assessments in areas such as falls, nutrition, medication, pressure area care, moving and handling, use of particular equipment such as a hoist and physical health. For example, we saw that one person required a specific moving technique to ensure they were comfortable, and to prevent skin breakdown. Even though there was information in this risk assessment which detailed what the risks were and why, the information did not instruct staff with regards to how to manage the risk specifically for that person, it was generic. This meant people's specific requirements in relation to risk management were not always being considered. We spoke to the registered manager about this, who told us that they were in process of re- formatting some of their paperwork to include more specific risk management information. We saw on day two of our inspection this information was in the process of being added to care plans.

We checked to see how the administration of medication was being managed at the service. People's medications were stored in their own homes. We saw that reasons for people self-medicating or not, were clearly documented. People prescribed PRN (medication when required) had a detailed protocol in place which explained when the PRN was needed and why. Staff recorded their signatures in Medication Administration Records (MARs) when they had helped someone take their medication. There was also a list of all medications the person was taking within their care plans. This meant that staff knew what medication each person took and what it was used for.

Staff were supplied with personal protective equipment (PPE). This included gloves, aprons and hand sanitizer. Staff we spoke with told us they were always able to ask for more PPE when needed. Staff had completed infection control and prevention training, and understood the important of reporting outbreaks of flu and vomiting to the registered manager, so they could cover their work so as not to spread the infection.

Requires Improvement

Is the service effective?

Our findings

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 the processes for assessing people's capacity and gaining consent. We saw that some information concerning people's capacity was confusing. For example, one person was described as having capacity. However, when we looked at some of their other documentation there was conflicting information around the person's decision making ability, and what support they required to make certain decisions. This meant that we could not be sure that their capacity was considered when care plans were completed. We also saw that some care plans had not been signed by people, so we were not sure if they were able to consent to their care or if this would need to be a best interest decision. Our conversations with staff and the registered manager indicated that they understood the principles of the MCA and everyone we spoke with confirmed that staff asked for consent before they provided care. However, some information in people's care plans around capacity and consent required improving so it was more consistent.

We recommend the provider reviews their processes relating to the MCA and consent, and takes action accordingly.

We received the following comments in relation to the staff skills and training. "They know what they are doing so they must be trained and I get everything I need." Also "The staff know what they are doing, [I am] very happy."

We viewed the training matrix in place for the staff. We saw that staff had completed their mandatory training and some were booked to attend training refreshers in the next few weeks. Training was a mixture of e-learning and practical sessions, for manual handling and medication. Staff were also required to complete a competency assessment to ensure they were able to administer medication, this was signed by a senior member of staff. We checked certificates for staff training courses attended against the training matrix and found that the dates matched for the courses attended. This meant that staff training was up to date. New staff were inducted in accordance with the principles of the Care Certificate. The Care Certificate requires staff to complete a programme of learning and have their competency assessed before working independently. Staff attended formal supervisions every eight weeks, and received an annual appraisal.

We saw that where possible, people had been pre-assessed before their care package commenced. We saw however, that on some occasions there had not been the opportunity for the senior care staff to meet people before they started receiving support from I care, due to the urgency of the care package needing to be in place. We did see, that where this was identified, the care plan from the local authority or care arranger was requested and put into place for the staff to refer to until the person could be visited by a senior

member of staff to discuss their more individualised needs and preferences. This demonstrated that the service was working effectively with other services to ensure people were supported in the best way possible. Care and support delivered focused on people's individual outcomes and what they wanted from their care package. For example, one person only required support with personal care, so their care plan focused on that. However someone else required support with medication, and meal preparation. This meant that people's needs and choices were assessed prior to care being delivered.

People we spoke with and their relatives told us that the staff helped them prepare their meals in accordance with their needs and wishes. One person said, "I do my breakfast and the rest of my meals but they make me a cup of tea in the morning and if I'm feeling a bit off they will do something for me and clean up the kitchen." Also, "I'm always asked what I would like to eat or drink" and "I like all my carers and they always ask me what I would like to eat and drink".

People we spoke with said staff will offer to call the GP on their behalf if they felt unwell. Each person had contact details for their GP and pharmacy in the front of their care plans. One person said, "They [staff] are very sensible and if they thought I needed a Doctor they would call one for me." This meant that staff were supporting people with their medical needs and appointments when needed.

Good

Is the service caring?

Our findings

We received the followed comments about the caring nature of the staff and the service as a whole. Some of the comments we received from people included, "All I can say is that they are very sweet, very helpful and I look forward to them coming to my house." "They [carers] are very helpful."
Also, "They are very kind and patient with me and I never feel rushed when they are helping me " and "They are lovely with me. Even the young ones are fantastic." Also, "They get on with it and I have no complaints about any of it. I am used to it now and they are very kind and friendly towards me." "Very caring staff, cannot do enough for me". Some of the feedback we received from family members included, "In general I am happy" and "Lovely staff."

Most people we spoke with said that the staff promoted their independence as much as possible. One person told us, "I try and do as much as I can for myself. I like to do the bed if I can manage it but they are there to help if I need them." Also one relative told us, "They encourage my [relative]". And, "They [staff] always ask and tell my [relative] what they are going to do."

Staff we spoke with talked fondly about people, and described how they ensured people's dignity was respected. One staff member said, "I make sure I knock on the door and say good morning." Feedback from people who used the service and their families confirmed that staff were respectful. One person said, "Staff respect me and my home". Gender of care staff was not specified in care plans, however no one raised this as a concern. One person said, "I don't mind ladies looking after me I'm fine with it. I don't feel embarrassed or uneasy and they ask me before they do anything."

Even though care plans we viewed did not always contain signatures of the people who used the service, people told us they were involved in their care plans. Comments included, "I was involved in the care plan and reviews". Additionally other people told us, "I was involved in the care plan"
"Care planning was good, I could give my views." "Care plan was very good, I was involved in all the planning."

There was no one accessing advocacy service at the time of our inspection, however there was information available in the service user guide with regards to local advocacy agencies.

Good

Is the service responsive?

Our findings

Everyone we spoke with told us that they staff were responsive to their needs and knew them well. One person raised that their care plan contained some incorrect information, so we raised this with the registered manager at the time of our inspection. They explained additional action that had been taken to put this right.

Care plans viewed contained details about people's likes, dislikes and routines. For example, in addition to the task being outlined, which the carer must complete for the person while visiting them, such as medication, wash, dress, make supper, there was also very specific information. One person's information stated, 'Please make sure you open the curtains for me.' Also, 'I like cups of tea with no sugar.' Other care plans contained information regarding what time people liked to go bed, and any additional tasks they liked staff to do. This shows that the service is taking time to get to know people, and encouraging staff to support them in a way which they were comfortable with.

Staff were trained in end of life care. People were supported to remain at home if they wished, supported by staff and other medical professionals. People had information in their care plans regarding what arrangements would be needed to be made in the event of their death. The service had recorded and responded to people's deaths appropriately and sensitively.

People, relatives and visitors told us they were routinely listened to and the service responded to their needs and concerns. One person said, "I have never had cause to complain." Also, "I have not had to complain about anything I am very happy with the service they provide." Family members of people receiving support from I care told us in relation to complaints, "Any concerns I call the office and am confident they will listen and take action". Also, "I call the office and they will take on board my comments". Additionally, "I have called the office with a staff member problem and they have sorted it for me", "Confident if I call the office they will take action". This shows that the service has acted upon complaints. One person told us their complaint sometimes was not listened to but would not elaborate further.

People and their relatives told us they were aware of how to make a complaint and they would have no problem in raising any issues. The complaints and comments that had been made had been recorded and addressed in line with the complaints policy. We checked some recent logged complaints and saw they had been responded to in line with the provider's procedures. The policy contained details of the Local Authorities safeguarding procedures as well as the contact details for the Local Government Ombudsman (LGO) if people wished to escalate their complaint.

Good

Is the service well-led?

Our findings

There was a registered manager in post who had been employed at the service for a number of years.

People and their family members told us that they liked the managers and the office staff and would recommend the service to others. One person said, "Yes I would definitely recommend."

We looked at the auditing process for the service. We saw that audits and organisational Key Performance Indicators (KPI's) had been completed in areas such as care planning, health and safety, the environment, safeguarding, falls, and medication. We saw that the registered manager had identified some areas that needed to be improved. For example, some of the paperwork in one person's file had been identified as needing to be updated, and we saw this was being actioned. Also, some training refreshers had needed to be re-booked, and we saw this had also been actioned.

However, even though these auditing systems were in place they had not highlighted some of the issues we found during our inspection in relation to capacity, best interests and consent. We discussed this with the registered manger and they have since informed us that another auditing tool has been developed and implemented to focus on capacity, best interests and consent separately.

We saw that the service was committed to achieving good outcomes for people. Most people's outcomes were to remain as independent as possible in their own home, and this was the ethos of the service. We saw during team meetings this was discussed, along with how to ensure people's dignity was protected. Care plans contained some basic outcomes for people, such as 'live at home as long as possible'. Staff we spoke with felt that they worked well as a team and were working hard to achieve this. Staff told us they liked working at I care. One staff member said, "I have been here for so many years I couldn't imagine working anywhere else."

Our conversation with people who used the service and their relatives confirmed that they were contacted either by telephone or sent a questionnaire in the post to ask for their feedback regarding the service. We saw some of these had been completed, and the information we viewed contained positive feedback. The registered manager showed us an example of a negative comment that was raised, and how this was followed up with a phone call and then a visit to the person's home. This showed that the provider routinely listened to feedback from people who used the service and their families.

The service worked well with the local authority to facilitate care packages at short notice where possible. The quality assurance officer we spoke with confirmed they had a good working relationship with the provider.

Team meetings took place every month. We were able to see minutes of these, and saw agenda items such as staffing, call times, training and health and safety.

The service had policies and guidance for staff regarding safeguarding, whistle blowing, involvement,

compassion, dignity, equality and safety. There was also a grievance and disciplinary procedure and sickness policy. Staff were aware of these policies and their roles within them. This ensured there were clear processes for staff to account for their decisions, actions, behaviours and performance.

The registered manager was aware what was required to be reported to CQC by law. As this was the services first inspection under the new provider's registration there were no requirements for previous ratings to be displayed.