

I Care (GB) Limited

ICare (GB) Limited- Knowsley

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

ICare (GB) Limited-Knowsley provides support and/or personal care to people living in their 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 there were 85 people receiving support with personal care.

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

We could not always be assured that people were receiving their medicines as prescribed. Staff had not always recorded the times they had administered some people's time-sensitive medicines, such as paracetamol, to evidence that safe time intervals had been observed. Guidance was not always in place for staff in relation to the application of topical creams and allergies were not always recorded on people's medicine administration record.

Whilst governance systems had improved since our last inspection, they had not been utilised effectively to identify issues we found in relation to the administration of people's prescribed medicines.

The provider and manager took immediate action during our inspection to address concerns identified in relation to medicine administration.

Risks to people's health, safety and well-being had been assessed and detailed plans were in place for staff to follow in order to keep people safe. People told us they felt safe with the staff who supported them and family members told us they were confident their relatives were well looked after.

Accidents, incidents and safeguarding concerns were recorded and acted upon appropriately. Systems were in place to ensure that learning was taken from incidents to prevent them occurring in the future.

There were enough staff available to ensure that people received their care within the agreed times. People and family members told us staff arrived on time and completed all the tasks they were required to complete. Safe recruitment processes were in place to ensure new applicants were safe to work for the service.

Staff had received training in infection, prevention and control and the provider had systems in place to ensure infection outbreaks were managed effectively.

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.

Improvements had been made since our last inspection. Positive feedback had been received from people, family members and staff about the manager and the overall service provided by ICare (GB) Limited-Knowsley.

Meetings were held with staff to provide them with important information about the service. The manager and provider had worked closely with the local authority to drive necessary improvements to people's care and support.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection and update

The last rating for this service was requires improvement (published 8 July 2021) and there were breaches of regulations. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found the provider remained in breach of some regulations.

Why we inspected

We carried out an announced focused inspection of this service on 25 and 30 March 2021. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what they would do and by when to improve safe care and treatment, staffing and governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. The overall rating for the service remained requires improvement. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for ICare (GB) Limited-Knowsley on our website at www.cqc.org.uk.

Enforcement

We have identified breaches in relation to medicines management and governance. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

This service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

ICare (GB) Limited- Knowsley

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 Health and Social Care Act 2008.

Inspection team

This inspection was carried out by an inspector, medicines inspector and 2 Experts 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 homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was not a registered manager in post. However, the new manager was in the process of registering with CQC.

Notice of inspection

We gave the service a short notice of the inspection. This was because we needed to be sure that the provider or manager would be in the office to support the inspection.

The inspection activity started on 14 February 2023 and ended on 21 February 2023. We visited the location's office on 16 and 17 February 2023.

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 and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to help plan our inspection.

During the inspection

We spoke with 6 people who used the service and 9 family members about their experiences of the care provided. We spoke with 5 staff, the manager and Chief Operating Officer.

We reviewed 7 people's care records and medicine administration records for 5 people. We reviewed 4 staff files in relation to recruitment and range of other records related to the overall management of the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question inadequate. At this inspection the rating has changed to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Managing medicines safely

At our last inspection the provider had failed to ensure that people's prescribed medicines were managed safely. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection, whilst some improvements had been made, the provider remained in breach of this regulation.

Using medicines safely

- Medicine administration records showed some people did not always receive their medicines as prescribed.
- For medicines that are time sensitive, for example paracetamol, we found the actual time the medicine was given was not recorded, so we were not assured the required safe time interval was observed. We found some people were visited too close together to have their medicines administered safely, placing them at risk of overdose.
- Staff did not always have access to guidance around how or where to apply people's prescribed creams.
- Allergies were not always recorded on people's medicines administration record, this meant people might have been given medicines they had previously reacted to.

The provider had failed to ensure that medicines were managed safely. We found no evidence that people had been harmed. However, this is a continued breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider and manager took immediate action to address the concerns raised.
- The provider was in the process of implementing a new electronic medicine administration system. They were confident this new system would prevent future medicines errors or issues from occurring.

Assessing risk, safety monitoring and management; learning lessons when things go wrong

At our last inspection the provider had failed to ensure that systems to assess risk, monitor safety and improve areas of safe care were robustly implemented. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvements had been made and the provider was no longer in breach of this regulation.

- Risks to people's health, safety and well-being had been assessed and staff had access to information and guidance in order to support people safely.
- Where people had risks associated with specific health or medical conditions, such as diabetes or catheter care, guidance was available to staff to help them identify and at upon any changes to people's health.
- Systems were in place to record accidents and incidents that occurred within people's homes. Records showed appropriate action was taken to keep people safe.
- The manager completed regular reviews of accidents and incidents to look for ways to prevent incidents occurring in the future; for example referrals to the falls team where people had experienced increased falls.

Preventing and controlling infection

At our last inspection the provider had failed to implement and follow infection prevention and control guidance to prevent the transmission of infections. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvements had been made and the provider was no longer in breach of this regulation.

- We were assured that the provider was using PPE effectively and safely and in line with current guidance.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Staffing and recruitment

At our last inspection the provider had failed to ensure that staffing levels and deployment of staff were effectively managed to ensure people received the care they needed and at the times agreed. This was a breach of regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At this inspection enough improvements had been made and the provider was no longer in breach of this regulation.

- Systems were in place to ensure the service had enough staff to support people safely and complete calls at the agreed times.
- People and family members told us staff arrived on time and provided the support people needed.
- Safe recruitment processes were in place. A range of pre-employment checks were completed, including Disclosure and Barring Service (DBS) checks, to ensure new applicants were suitable to work for the service.
- DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from the risk of abuse.
- Staff had received safeguarding training and knew what action to take if they had any concerns.
- Safeguarding concerns were recorded and acted upon appropriately to protect people from harm; this

included referrals to relevant external professionals.

- People told us they felt safe with the staff who supported them. One person said, "I trust my regular carer, I want her to stay for ever. I would not be happy if she went and I really look forward to her coming back." One family member said, "[Relative] is happy and safe. All the [staff] have been good and respectful. She is safe and they phone me straight away if there is any problem at all."

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.

At our last inspection we rated this key question requires improvement. At this inspection the rating has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At our last inspection the provider had failed to implement robust quality assurance and governance systems in order to improve the care people received. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Whilst improvements had been made at this inspection the provider remained in breach of Regulation 17.

Continuous learning and improving care

- Audits and checks had failed to identify some of the concerns we found in relation to people's prescribed medicines. For example, time sensitive medicines, allergies and application of topical creams.

Audits and checks had not been robustly utilised to ensure issues were identified and necessary improvements made. This is a continued breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Other audits and checks completed by the manager and provider on the safety and quality of the service had been effective at identifying issues and driving improvements.
- Following our last inspection, the provider completed a detailed action plan to show what they would do to improve the service. The manager was currently working through this action plan to make necessary improvements.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Since the last inspection, the provider had promoted the deputy manager to manager. They had worked closely with the provider to make necessary improvements to the quality and safety of the service.
- The manager and provider promoted a culture that person-centred and which supported people to achieve good outcomes.
- People's care plans were detailed and provided staff with the information and guidance they needed to support people safely and in a person-centred way.
- Positive feedback was received from people and family members about the support they received. Comments included; "The [staff] are kind and supportive and mindful that they were 'guests' in [relative's]

home. She is settled and feels safe with the carers" and "All the [staff] are lovely and I am very grateful for what I have."

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

- Regular meetings were held with staff to provide them with any important updates or changes to the service.
- Staff told us they felt engaged with and confident they could give their feedback about the service or raise any concerns with the manager. One staff member said, "[Manager] is so supportive. We can talk to her about anything and we can see the improvements since the last inspection."
- Regular reviews were completed with people using the service or their family members where appropriate, to gather their views about the care they received.

Working in partnership with others

- The manager and provider had worked closely with the local authority to ensure improvements were made to the quality and safety of the service.
- Records showed evidence that referrals were completed to relevant health and social care professionals in a timely manner to support people to achieve good outcomes.

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 provider was aware of their duty and legal responsibility to be open and honest when things went wrong.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment We could not be assured that people were always receiving their medicines as prescribed.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Governance systems had not been used effectively in order to identify issues in relation to medicine administration.