

ICU Care 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

This inspection took place on 5 and 7 June 2017 and was announced.

ICU Care limited provides personal care to people who live in their own homes.

At the time of our inspection the provider confirmed they were providing personal care to 4 people.

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.

Staff attended induction training where they completed mandatory training courses and were able to be shadowed by the registered manager. All staff were taking part in the Care Certificate qualification.

Staff understood how to keep people safe, and people had risk assessments in place to enable them to be as independent as possible. All the staff we spoke with were confident that any concerns they raised would be followed up appropriately by their manager.

Staffing levels were adequate to meet people's current needs. Everyone we spoke with told us they saw the same staff and their calls were never missed or late.

The staff recruitment procedures ensured that appropriate pre-employment checks were carried out to ensure only suitable staff worked at the service. References and security checks were carried out as required.

People were supported to take medicines safely. We saw that systems and training was in place to make sure medication was administered accurately.

Staff members had induction training when joining the service, as well as regular on-going training. Staff members were regularly encouraged to improve their skills with training.

Staff were well supported by the registered manager, and had regular one to one meet ups and observations.

People's consent was gained before any care was provided and the requirements of the Mental Capacity Act 2005 were met. Consent forms were signed and within people's files.

People were able to choose the food and drink they wanted and staff supported people with this, and people could be supported to access health appointments when necessary.

Staff treated people with kindness, dignity and respect and spent time getting to know them and their specific needs and wishes.

People and their families were involved in their own care planning and were able to contribute to the way in which they were supported. People told us they felt in control of their care and were listened to by staff.

The service had a complaints procedure in place to ensure that people and their families were able to provide feedback about their care and to help the service make improvements where required. The people we spoke with knew how to use it.

Quality monitoring systems and processes were used effectively to drive future improvement and identify where action was needed.

## 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.

Staff were knowledgeable about protecting people from harm and abuse.

There were enough trained staff to support people with their needs.

Staff had been safely recruited within the service.

Systems were in place for the safe management of medicines.

### Is the service effective?

Good 

The service was effective.

Staff had suitable training to keep their skills up to date and were supported with supervisions.

People could make choices about their food and drink and were provided with support if required.

People had access to health care professionals to ensure they received effective care or treatment.

### Is the service caring?

Good 

The service was caring.

People were supported make decisions about their daily care.

Staff treated people with kindness and compassion.

People were treated with dignity and respect, and had the privacy they required.

### Is the service responsive?

Good 

The service was responsive.

Care and support plans were personalised and reflected people's

individual requirements.

People and their relatives were involved in decisions regarding their care and support needs.

There was a complaints system in place and people were aware of this.

**Is the service well-led?**

**Good** ●

The service was well led.

People knew the registered manager and were able to see her when required.

People were asked for, and gave, feedback which was acted on.

Quality monitoring systems were in place and were effective.

# ICU Care Limited

## **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 5 and 7 June 2017 and was announced. The registered manager was given 48 hours' notice of the inspection. We did this because we needed to be sure that the registered manager or someone senior would be available on the day of the inspection to help respond to our questions and to provide us with evidence.

The inspection was carried out by one inspector.

Before the inspection, we reviewed the information we held about the service, including data about safeguarding and statutory notifications. Statutory notifications are information about important events which the provider is required to send us by law. We also contacted the Local Authority for any information they held on the service.

We spoke with one person who used the service, two relatives of people using the service, one support worker, and the registered manager. We reviewed four people's care records to ensure they were reflective of their needs, four staff files, and other documents relating to the management of the service.

# Is the service safe?

## Our findings

People told us they felt safe. One person told us, "So far so good, I think the staff are very good and I feel safe." A relative of a person using the service said, "Yes, the staff know what they are doing, and they make sure [person's name] is safe."

We talked to the staff about safeguarding procedures and the steps they would take should they feel that someone was at risk. All the staff had a good understanding of safeguarding vulnerable people and were confident that anything they reported to the manager would be followed up. One staff member said, "I have not had to report anything of concern, but I know I can reach the manager if I need to, or just call the police if it was serious." We saw that staff had a handbook which gave guidance on what to do should they wish to report any concerns about the safety of people.

Risk assessments were in place to assess the risks that were present for people. The staff we spoke with all felt happy that the risk assessment process was robust and provided them with the guidance they required to safely support people. We saw that risk assessments were in place for things such as moving and handling, skin care, eating, drinking and communication. Risks were clearly documented with the assistance required and actions staff should take. All the assessments we looked at were regularly updated.

Safe recruitment practices were followed. The staff we spoke with told us that they had undergone a full Disclosure and Barring Service (DBS) check before starting any work with the service. We saw that the service maintained a record of all staff members DBS checks. We looked at staff recruitment files and found application forms, a record of a formal interview, two valid references and personal identity checks that confirmed who they were and their right to work.

People told us that staffing levels were good and they did not ever have any missed or late calls. At the time of inspection, the service was providing care to four people who required end of life care. The people and family members we spoke with felt safe in the knowledge that the staffing was consistent, and people received the support they needed. We saw that the registered manager also went out to visit people and provided cover as required. Rotas we looked at showed us that visits were planned ahead and covered appropriately.

Staff supported people with the administration of medication in a safe manner. One family member said, "The staff support [person's name] with medication, they do a good job, no problems." We saw that training in medication administration had been completed by staff, and that medication administration records were being accurately used to record and monitor the medicines people were taking.

## Is the service effective?

### Our findings

Staff were trained and confident. They had the knowledge and skill to provide people with the care they needed. One person told us, "They are a small company, that's why I like them. Everyone is trained well and they know what they are doing." The staff told us they were all confident in their ability and felt that the support and training they received was of a good standard.

An induction training package was completed for all staff before starting work within the company. The registered manager said, "I take people to shadow me on visits, before offering them the job formally. This enables me to see how people react to them, and how they react to people. I will know if they are suitable for the job." The registered manager also told us that all staff would complete the Care Certificate before starting any shifts. The Care Certificate is a qualification that covers the basic standards within care. We saw that all staff had gone through this process, and that on-going training sessions had been planned in with an online training programme.

Staff told us they received regular supervision with the registered manager. One staff member said, "Yes I am supervised regularly, it's good as I can talk about anything and sort out any problems." We saw that the registered manager had carried out formal supervisions, spot checks and competency checks which all formed part of the staff teams supervision.

Consent was gained from people before care was given. One person said, "Yes they always ask and gain consent. I'd soon say something if they didn't." One family member said, "From what I have seen, they always ask [Person's name]. She may not always understand, but that's why I am involved, and they always keep me informed and ask me things. They pick up the phone and call me if there is any queries about anything." We saw that consent forms had been signed by people and kept within their files.

The staff we spoke with all had an understanding of Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS). 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 and we saw that they were.

People were able to have support to maintain a healthy diet. One person said, "My family cook for me, but the staff always make sure that I am offered a drink before they leave, they are very good like that." One family member said, "They make sure [person's name] has the food they need. I check on everything and I know they do a good job." We saw that information around people's likes and dislikes with food was recorded, and food and fluid monitoring was also in place for some people who needed this information to be recorded to monitor their on-going health.

The service had a good relationship with health professionals and made sure that people received the health care that they required. At the time of inspection, the service was mostly providing end of life care for people. One staff member said, "We have a good relationship with the district nurses and the staff at the



hospice. I think we work together as a team to make sure people get what they need." We saw that people had detailed information about their health requirements within their files which was regularly updated.

## Is the service caring?

### Our findings

The people and relatives we spoke with told us that the staff were caring people, and they had developed good relationships with them. One person said, "I am very happy. The carers are very good, polite and friendly." A relative of a person said, "They are excellent. Sometimes they spend more time than they have allocated, to make sure everything has been done for [person's name]." We saw that people had provided written feedback about the staff. One person had written 'All of the carers have a pleasing personality and smile, and take their time to communicate with my father and the rest of the family'. All the staff we spoke with said that they felt proud to work for the service because everyone put good care first. One staff member said, "The most important thing is to make sure people are happy."

Staff were aware of people's preferences. We saw that positive examples of the work that staff had done with people had been recorded. One example showed that a staff member had gone out of their way to find a particular brand of marmalade for a person, as their family were not able to get it. Another example we saw was a staff member who knew the specific type of biscuits a person liked, so made sure to bring them some on a visit. We saw care plans contained personalised information that helped staff to provide person centred care and understand the specific wishes of the people they were supporting. All the care plans we saw were being updated regularly with more information being added as required.

People and their relatives told us they were able to express their views and be involved in making decisions about their care. One person said, "Yes I am in control of my own care. The staff listen to me, and my family. We make the decisions and the staff respect that." All the people and relatives we spoke with confirmed that they had been involved in their care planning from when they started using the service.

People told us they felt their privacy and dignity was respected at all times. One person said "All the staff are respectful. They help me have a wash, and I am happy with the support they give." We saw that information within care plans guided and reminded staff to respect the privacy and dignity of the people they were working with. For example, we saw that a personal care routine documented that a person liked to have a towel across their lap whilst being supported to wash. Another plan stated that currently, a person did not wish to discuss their end of life plans, but would do so at a later date.

People were supported to be as independent as they could be. Care plans took in to consideration what people were able to do for themselves, what their family did for them, and what the staff should do. All the people we spoke with told us that staff respected and promoted all the things they were able to do for themselves.

We were told that advocacy services could be made available should people require them. At the time of our inspection, no one was using the services of an advocate.

## Is the service responsive?

### Our findings

A pre assessment of needs was carried out for each person before they received a service. The registered manager told us that she would go out and meet a person, and take a staff member with her. The registered manager said, "Clients will never get a carer they have not been introduced to at some point." The people we spoke with confirmed that pre assessments had taken place. We saw that the pre assessment information was recorded, and that regular updates to a person's care were documented as time went on.

People received personalised care that was specific to their needs. A family member said, "They are a lot better than the last company we used. The carers take their time and have got to know [person's name] really well." We saw that people had personalised information within their care plans that included personal history, individual preferences and interests. The registered manager explained that due to taking on mainly end of life clients, it was not always easy to document people's backgrounds and preferences, but they would always record whatever information they were able to get.

Updates to care plans and risk assessments were regular and overseen by the registered manager. The staff we spoke with were all confident that they could inform the manager of any changes, and she would record them.

People were encouraged and supported to develop and maintain relationships with people that matter to them. One family member said, "The staff know I have had problems with a previous care company. They have been very good in understanding and respecting my role, and what we do for [person's name]. The communication is excellent and they always phone me or another family member."

People were given the time they needed to receive care in a person-centred way. One family member said, "I am able to monitor when the staff go in and out. I have to say they are very good. They never rush, and often stay for longer than they are allocated." All the people we spoke with made similar positive comments

The service had a complaints policy and procedure and the people and family members we spoke with knew how to use it. One person said, "I would be comfortable to make any complaints, but I have not had to." We saw that information on the complaints procedure had been handed to people. No complaints had been made but we saw that the system in place was appropriate and allowed for actions and outcomes to be recorded.

## Is the service well-led?

### Our findings

The people we spoke with told us they found the registered manager to be approachable and friendly. One relative told us, "It's a very small service, which is what appealed to me. The manager is an excellent role model to all the staff. She is not just a voice on the phone, she comes out and gets involved, and checks on everything." A staff member said, "I get the support I need. The manager is very good, we can go and see her whenever we need to, and it's a good company to work for." We observed that the registered manager had an excellent knowledge of the people that were receiving a service, their likes and dislikes, and family relationships. The registered manager also understood the skills and abilities of the staff team and was able to support them as required.

The service was organised well and we saw that staff were able to respond to people's needs in a proactive and planned way. The service was small and had a structure which included the registered manager and four staff members. All the staff we spoke with were aware of the visions and values of the service and felt positive about working there. We saw that the registered manager was confident in the service growing and taking on more clients and staff, but understood the need to grow at a pace which was manageable and meant that good quality care remained priority.

Incidents and accidents reporting procedures were in place. We saw forms showed that responses and actions to any incidents could be recorded. At the time of inspection, no incidents or accidents had occurred. The registered manager was aware of their responsibility to report certain incidents, such as alleged abuse or serious injuries, to the Care Quality Commission (CQC), and had systems in place to do so should they arise.

Staff members were able to raise concerns and felt they were responded to promptly and appropriately by the registered manager. All the staff we spoke with had confidence that they would be listened to and any issues would be dealt with professionally.

We saw that quality audits were taking place regularly within various areas of the service. Care planning, daily logs, care records, risk assessments, medication records and training were all areas in which a quality audit system was in place. We saw that when any errors or areas for improvement were found, actions were created.

Feedback was gathered by the service in the form of written feedback from people and their families. We saw that people had completed the forms with positive feedback for the staff and service. The people we spoke with all confirmed they had various opportunities to feedback to staff and the registered manager on the quality of care. They all confirmed that they felt listened to and that any problems would be quickly and appropriately dealt with.