ICare Resource Limited

ICare Resource Limited

Inspection report

Room 16, BEC 2 Enterprise Building
Barking & Dagenham Foyer, 50 Wakering Road
Barking
IG11 8GN

Tel: 02033552088
Website: www.icareresourceltd.com

Date of inspection visit:
10 July 2018
11 July 2018

Date of publication:
03 August 2018

Ratings

Overall rating for this service	Requires Improvement

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?	**Requires Improvement**

Summary of findings

Overall summary

This announced inspection took place on 10 and 11 July 2018. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us. This was the first inspection since the service registered with the Care Quality Commission on 3 August 2016. In addition the provider moved premises in February 2018.

ICare Resource Limited provides a domiciliary care service for people living in their own homes in the community. The service offers support to people who require help with day to day care including personal care and meal preparation. At the time of our inspection there were 77 people using the service who were receiving personal care, the majority of whom were placed by Redbridge social services.

The service is required to have a registered manager and there was one in post who was also a director of the company. 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.

We identified some gaps in recording and discrepancies between medicine administration instructions and medicine administration records that had not been picked up and investigated. Auditing and monitoring processes had not been robust and therefore shortfalls had not always been identified and addressed. Action was being taken to improve these processes and work was ongoing on this.

People and relatives said people were being cared for safely by the care workers. Policies and procedures were in place for safeguarding people from the risk of abuse and the registered manager knew the processes to follow to report any concerns. Risk assessments for people's home environment and individual risks had been carried out and plans put in place to minimise them. Staff said they were provided with personal protective equipment for infection control and understood infection control procedures.

Staff received the training to provide them with the knowledge and skills to care for people effectively. Staff provided assistance with simple meal preparation where needed. Staff said they would report any concerns about a person's health, including contacting the emergency services if necessary.

If there were concerns that people could not make decisions for themselves then mental capacity and best interests assessments were conducted. Staff respected people's right to make decisions about their care and treatment and knew to report any deterioration in a person's ability to do so.

People and relatives said staff were kind and caring, treating people with dignity and respect. People felt they were encouraged and supported to maintain as much independence as they could. Staff encouraged people to make choices about their own care and these choices were respected.

Care records provided staff with information about the care and support each person required. The complaints procedure was made available to people and people and relatives said they would raise any issues they might have so they could be addressed. At the time of our inspection no-one was receiving end of life care.

People and their relatives said it was easy to contact the registered manager and senior staff, who responded promptly. Staff said the registered manager and office staff were approachable and supportive. Policies and procedures were in place and the registered manager was a member of several organisations which they used to keep up to date with current legislation and good practice.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. This was in relation to safe care and treatment. You can see what action we told the provider to take at the back of the full version of the report.

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

Some aspects of the service were not safe.

We identified some gaps in recording and discrepancies between medicine administration instructions and medicine administration records that had not been picked up and investigated.

People and relatives said people were being cared for safely by the care workers. Policies and procedures were in place for safeguarding people from the risk of abuse and the registered manager knew the processes to follow to report any concerns.

Risk assessments for people's home environment and individual risks had been carried out and plans put in place to minimise them. Staff said they were provided with personal protective equipment for infection control and understood infection control procedures.

Is the service effective?

Good

The service was effective.

Staff received the training to provide them with the knowledge and skills to care for people effectively. Staff provided assistance with simple meal preparation where needed. Staff said they would report any concerns about a person's health, including contacting the emergency services if necessary.

If there were concerns that people could not make decisions for themselves then mental capacity and best interest assessments were carried out. Staff respected people's right to make decisions about their care and treatment and knew to report any deterioration in a person's ability to do so.

Is the service caring?

Good

The service was caring.

People and relatives said staff were kind and caring, treating people with dignity and respect. People felt they were encouraged and supported to maintain as much independence

as they were able.

Staff encouraged people to make choices about their own care and these choices were respected.

Is the service responsive?

Good

The service was responsive.

Care records provided staff with information about the care and support each person required.

The complaints procedure was made available to people who together with their relatives said they would raise any issues they might have so they could be addressed.

At the time of our inspection no-one was receiving end of life care.

Is the service well-led?

Requires Improvement

Some aspects of the service were not well-led.

Auditing and monitoring processes had not been robust and therefore shortfalls had not always been identified and addressed. Action was being taken to improve these processes and work was ongoing on this.

People and their relatives said it was easy to contact the registered manager and senior staff, who responded promptly. Staff said the registered manager and office staff were approachable and supportive.

Policies and procedures were in place and the registered manager was a member of several organisations which they used to keep up to date with current legislation and good practice.

ICare Resource 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 10 and 11 July 2018 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be available to speak with us.

The inspection was carried out by one inspector and telephone calls to obtain feedback from people using the service and their relatives were carried out by 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 also reviewed information we held about the service including information received from the local authority and notifications. Notifications are for certain changes, events and incidents affecting their service or the people who use it that providers are required to notify us about.

During the inspection we viewed a variety of records including seven people's care records, medicine administration record charts for three people using the service, recruitment and training details for four care workers, a sample of policies and procedures, monitoring records and other records relevant to running a care service. We spoke with the registered manager who was also the owner of the business, the care coordinator, a field worker, the human resources officer and five care workers. We gained feedback from six people using the service, five relatives and a fire safety officer. Following the inspection we sought feedback from three social care professionals and did not receive any responses.

Requires Improvement

Is the service safe?

Our findings

The provider did not have suitable arrangements to ensure that medicines were always managed safely, which could place people at risk of not receiving their medicines as prescribed. We saw the medicine administration record charts (MARs) were hand written. The entries had not been signed and there were some gaps in signing to show whether medicines had been administered, that were not coded or explained. We also noted that one person had been prescribed antibiotics that had been recorded on the MAR. The instruction section stated it was to be given three times daily, however it had been signed for twice a day. This had not been picked up when the MAR was returned to the office and there was no explanation available. The registered manager said they would investigate this.

The above paragraph shows the provider was in breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People told us they took their own medicines or sometimes their care worker would ensure they remembered. One person said, "I take my own medicines from the pack but the carer does check this for me sometimes." Other MARs we viewed had been completed and entries had been made in the daily log to confirm people had taken their medicines. Staff confirmed they received training in medicines awareness and administration prior to handling people's medicines. The registered manager said that either they or one of the senior staff usually wrote up the MARs, or one of the senior care workers who had been trained by the registered manager to do so. We discussed ensuring they followed relevant guidance with the registered manager, who was aware they were responsible for the MARs. They said they would ensure these were completed accurately in future.

People and relatives said that people always felt safe and trusted the staff. They confirmed they knew who to call if they should ever feel unsafe. Comments included, "I feel well looked after. It's good to know that I can be looked after in my own home rather than having to go into care" and "We are so pleased our relative is safe and someone is taking care of them and they let us know if there are problems." Policies and procedures were in place for safeguarding people from abuse and these were followed to protect people using the service. Staff were clear on safeguarding and whistleblowing procedures and said they would report any concerns to the management. They also knew to contact the police, the local authority and CQC if the need arose or if the registered manager did not address concerns that were raised, however they were confident the registered manager would act appropriately. The registered manager told us they had shared the safeguarding policies and procedures for Redbridge with all the staff so they had this information to hand and knew what the placing authority's expectations were.

Risk assessments for people and for their homes were in place and covered each aspect of care including the risks of developing pressure sores, falling and those associated with moving and handling. We saw that where people required the use of moving and handling equipment such as a hoist to get around in their home, this had been assessed and staff confirmed they received training from an occupational therapist on how to use the equipment. The registered manager said that if any environmental concerns were identified, for example, a fire safety risk, then they took action to address this. Where appropriate they would refer

people for a home fire safety visit, which is a free visit carried out by the Fire Brigade, so the situation could be reviewed and, where necessary, action taken to improve safety. People and their relatives could not recall the risk assessments having been done and the registered manager said she would make sure this was clearly explained for future assessments. Where staff provided help with household tasks we saw that assessments for the control of substances hazardous to health (COSHH) for using cleaning products had been completed, to ensure staff understood the hazards and took action to minimise them.

Recruitment processes were in place to ensure only suitable staff were employed. Staff had completed an application form and a health questionnaire. The provider took up references including one from the person's current/last employer. Disclosure and Barring Service checks were carried out prior to staff working with people. Information about individuals including proof of address and the right to work in the UK with copies of passports was kept in the staff files. Staff confirmed pre-employment checks had been carried out as part of the recruitment process, including exploring the reasons for any gaps in employment so these were known.

Copies of staff identity (ID) badges for wearing when attending people's homes were in the staff files. Few people or their relatives had noticed the ID badges being worn and the registered manager said they would remind staff about this.

The registered manager said that they only took on new packages of care if they had the staff available to provide the care and support the person required. The registered manager said they were able to provide cover if necessary. There had been no missed calls and people were happy that staff attended on time or contacted them if they were going to be late, for example, if the traffic was bad.

Policies and procedures for infection control were in place to minimise any infection risk. Staff said they received personal protective equipment (PPE) including gloves, aprons, shoe covers and hand gel and said they used PPE when providing personal care. Some of the people we spoke with said staff partially wore this, for example, they did not always use an apron. The registered manager said they would remind staff regarding this. Staff were also aware of those people who requested use of shoe covers either for keeping flooring clean or for religious or cultural reasons and said they respected this.

The provider had systems in place to record, investigate and learn from untoward events to improve practice. For example, as part of a safeguarding investigation it had been identified that an ex-care worker had been working for several employers concurrently. As a result of this, the provider had introduced a 'staff inducements and conflict of interests' form, on which staff have to declare any other employment and unpaid work they were involved with. This meant that the provider could monitor that staff were not compromising their work. Another incident occurred where a care worker said they had attended a call but had not used the electronic log-in system, so it was not clear if they had attended. The provider had since implemented compulsory use of the electronic log-in system, so they could monitor and ensure all calls were being attended in a timely way. We saw that topics of practice were discussed at staff meetings and lessons learned.

Good

Is the service effective?

Our findings

People's needs had been assessed to identify the care and support they required so the registered manager could plan for this accordingly. People were referred by social services or by the hospital discharge teams and we saw copies of the assessments that had been done by these teams and those completed by the registered manager. Together they provided good information about the person, their needs and wishes and some background information, to provide staff with some knowledge of the person and their lives. The assessments had been used to draw up the support plans and these were clear and listed the care and support each person was to receive. The registered manager said that if a person's needs changed, then they were referred back to the placing authority to be reassessed so their care package could be reviewed if necessary.

Staff received the training they required to provide them with the skills and knowledge to care for people effectively. People and relatives confirmed that care was delivered in a way that allowed people to feel supported and reassured as it was consistent. They also said that care workers delivered care in a competent, professional manner and appeared to have had some training. Staff told us they completed an induction training, which covered each aspect of care and support and shadowed experienced staff to gain the practical skills and knowledge they required. Staff confirmed they were able to shadow for as long as was necessary to feel confident to care for people alone, and this also depended on their previous work experience.

Care workers were registered for the Care Certificate and we saw that several had completed this training, with others progressing through it. The Care Certificate is a nationally recognised set of standards that gives staff an introduction to their roles and responsibilities within a care setting. Training records confirmed that staff had completed training in topics including medicines awareness and administration, safeguarding adults and children, challenging behaviours and moving and positioning. The registered manager said they arranged regular training sessions and identified different topics. For example they had identified the need for training around the changes in the Data Protection regulations which they had arranged to cover in July 2018. Spot checks and one to one supervision sessions took place to monitor and review each staff members work and training needs.

Staff said they assisted people with the preparation of simple meals and people could choose what they wanted to be prepared. People confirmed this and said they chose what they wanted to eat. Staff said they encouraged people to drink, especially in the hot weather, and made sure people had drinks available and in reach before the staff left. Staff said if they had concerns about people's eating and drinking they would contact the office so this could be flagged up with relatives or healthcare professionals if necessary.

People and relatives said that people could still book their own healthcare appointments, but would feel able to ask the care workers if necessary. One person said, "I suppose I could ask the carer to get my appointments but all the time I can do this myself, I will." The registered manager had access to the Community Treatment Team and explained they could contact this team if someone was unwell and needed non-urgent attention. We saw information about people's GP and other health and social care

professionals involved with their care was recorded in the care records, so this could be accessed if required. Staff were clear to contact the emergency services if, for example, they found someone acutely unwell or who had fallen and hurt themselves. Staff also recognised signs of someone becoming unwell, for example, changes to their urine that might indicate an infection, and said they would inform the office so action could be taken,

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this for people living in their own homes are through the Court of Protection. We checked whether the service was working within the principles of the MCA.

Relatives said that their family members were encouraged to do as much as they could manage to keep some independence. Staff were clear about the importance of letting people make decisions for themselves. One care worker said, "For everything you let them take the lead, they are in charge. It is their house and we are there to support." If there was a concern regarding a person's ability to make decisions for themselves, then mental capacity and best interests decision assessments had been carried out and the person's relative had been involved with the care records and were present during the care workers visits, so they could answer questions if someone was unable to participate. The registered manager said the majority of people using the service had capacity and where they wanted it, could give permission for their family members to be involved with their care records. We saw that people or, where appropriate, their representatives had signed to evidence their involvement and agreement to the care records. People confirmed staff did not make assumptions and always respected what the individual wanted. One person said, "I love the fact that the carers now know me well and could get on with things but they always, always check first."

Good

Is the service caring?

Our findings

People and relatives described the care workers as very caring, kind and patient. One person said, "Staff explain what they are going to do before they do it and ensure I am okay with that." People and relatives said sometimes the care workers had time to stop for a chat but that generally most conversations took place alongside their care. One relative said, "My [family member's] carer always stays the full time and will often have a cup of tea and quick chat." Another said, "We have no concerns about the staff that care for [family member] who are really kind and caring." Staff saw caring as a priority in their work. One told us, "You come here to look after people and that is important." Another said, "Making sure people get what they pay for. Getting the quality of care and make sure they are treated equally."

People and relatives told us that staff did not provide support or care unless each person was comfortable with this. They said that staff learned to provide care and support in the way each person wanted, so their wishes were respected. The assessments carried out by the referring authority included information about people's preferences for the gender of their care worker. People confirmed their wishes were respected and one person said, "I usually get the same carers I asked for, females only. I have never had a problem getting female carers." One care worker said, "The care is tailor-made to suit the client." Another told us the most important thing about their job was "Passion, you have to have the passion to care. With the passion the sky's the limit!"

People and relatives we spoke with did not have any cultural or religious support needs to discuss. The registered manager said they had people whose first language was not English and who requested care workers who could communicate with them, which they did, for example, staff that spoke Punjabi, Bengali or Hindi.

People and relatives said staff respected people's privacy and dignity. One person said, "The carers are lovely, understand the need for privacy and avoiding any awkward moments." A relative told us, "If we are visiting the carers will always make sure that our relative is not embarrassed or uncomfortable." Care workers understood the importance of respecting people's privacy and dignity. One told us, "When meeting the needs of our clients, dignity has to be maintained. We respect their environment and culture, we respect them." Another said, "We all have rights and the client comes first." People were encouraged to do what they could to maintain some independence. One person said, "The carers let me do as much as I can and make sure I am safe and I appreciate this."

Care workers said ensuring people's satisfaction with the care and support they provided was paramount in their work. One told us, "Walking in the door and seeing the smile on their face, then you know you are doing a good job." Another said, "There's nothing like having a job where you look forward to getting up in the morning."

Good

Is the service responsive?

Our findings

People and relatives were aware that there were care records in people's homes. One person said, "I know there is a care plan and it is reviewed sometimes - my son helps with this now" and "I was asked about my care plan, but I'm not sure when the last review happened." Care records identified the care and support each person required and the tasks to be completed at each visit. We saw that reviews had been carried out with some people using the service and the registered manager said this was done every six months or when there were changes in people's care. A relative told us, "Our family would always want to be involved in discussions about the care, it's all about what is best for my [relative]."

The provider offered a reablement service for people who were transitioning from hospital back to their own homes. Relatives and people told us that the care workers encouraged people to regain and maintain whatever independence they could. People and relatives confirmed that they trusted the care workers and this 'removed their worries'. Staff said they could access information about people using the secure electronic record system and that they received updates and information about the people they cared for. This meant they could read up about people new to the service and also any changes in people's care and support needs, so they were kept up to date.

People and relatives were aware of the complaints process and the registered manager confirmed this information was contained in the files in people's homes. People said about complaints, "I do know how to complain and have rung about a couple of things, nothing major but I always get a call back" and "I would chat to the carer before escalating anything and she would call the office if needed to get it sorted." A relative told us, " Yes, we know how to complain, it's one of the first things we found out how to do, not had to use the process yet though." We viewed the complaints records and saw that these had been investigated and responded to. The registered manager was dealing with one complaint at the time of the inspection and sent confirmation this had been addressed and an action plan put in place to address the issues that had been raised.

At the time of our inspection no-one was receiving end of life care. However, staff told us about an example where they supported a person at the end of their life alongside the specialist palliative care team. They said they were well supported by the office staff during the time they cared for the person and when they passed away, they received counselling and support to help them come to term with the situation.

Requires Improvement

Is the service well-led?

Our findings

The provider had auditing and monitoring processes in place, however these had not always been robust and shortfalls had not always been identified and addressed. We found some shortfalls with the completion of the MARs that had not been identified and therefore not investigated by the provider.

We noted that for one person who we were told was not able to communicate, the information on the telephone feedback form indicated that the member of staff had spoken with the person, whereas it was ascertained they had communicated with their next of kin, but had not reflected this. The registered manager said they would address these findings.

The provider had employed a quality assurance person who had been working through the care records to identify any shortfalls so they could be addressed. We saw examples of action plans that had been completed with timescales for completion, some of which had been addressed and the quality assurance officer said they were ensuring all were completed in a timely way.

We saw in the staff meeting minutes for May 2018 that registered manager had instructed staff to return the MARs to the office at the end of each month so they could be audited and monitored. We saw that since this had been implemented there had been an improvement in the completion of and recording on the MARs.

People and relatives said they could contact the management staff if they needed to, including at weekends, and that the office staff were always pleasant and helpful. One person said, "I think the office are helpful, they take my call and someone gets back to me quite quickly sometimes." People were not sure about feedback calls or monitoring visits from the senior staff. We saw evidence of feedback calls having been made and the registered manager said they would ask staff to be clear about the reason for their call when they contacted people in future. The registered manager was responsive to our findings and said they would address the issues we raised.

People told us they would recommend the service because 'the staff are caring and kind'. Overall people and relatives were happy with the service provision. A relative said, "The carers that visit my [family member] are happy and focused, there is no negativity." Comments from people using the service included, "I think the service is very good and I am very pleased", "The carers have given me freedom through their wonderful care. I constantly worry about falling and their care and support helps me manage better" and "They do what they say they will do and that is reassuring for me and my family."

The registered manager had a management qualification in health and social care and was also a qualified social worker and a registered nurse. They said they kept up to date with current legislation and good practice and were a member of the United Kingdom Homecare Association, which provided them with a variety of training and management updates and the opportunity to network with other managers to share experiences and good practice. The registered manager said they were also members of the Dementia Action Alliance and were signed up for the CQC newsletters. They told us that the information received from all these organisations helped them to keep up to date with current legislation and good practice guidance

and that they shared the information with the staff, so they were also enabled to keep up to date.

Good practice information and guidance was shared with staff and staff said the registered manager and office staff were approachable and supportive. Their comments included, "It's in the name – ICare – everyone cares, the management care for us", "We are given the chance to express ourselves and say what we think" and "How good the communication is here – it makes the job a lot easier." Staff said they had monthly reviews with their supervisor and annual appraisals. They said there were monthly staff meetings and satisfaction questionnaires to complete, so information about their knowledge and views was sought. Staff were happy with the level of support and training they received and enjoyed working for the service.

People could not remember if they had completed a feedback survey about the service. The registered manager said they had sent out questionnaires in 2017 and had 18 responses, however these were not available to view. The registered manager reported that with one exception the responses had been positive and action had been taken to address the concern that had been raised. The human resources officer said they were intending to send out a further survey in August 2018 and had this ready to go via email or, where required, would print them out to give to people. They showed us the template and this was clear for people to complete.

The registered manager had introduced electronic log-in and recording systems to improve the monitoring of calls carried out by the care workers and so staff could record information electronically. Work was ongoing with these systems and by introducing them the registered manager said they sought to improve the experience for people using the service and for staff. Policies and procedures for each aspect of the service provision were in place and were updated periodically to keep the information current.

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 The provider did not always ensure the proper and safe management of medicines. Regulation 12(1)(2)(g)