

I Care (GB) Limited

# ICare (GB) Limited

## Inspection report

Suite 16 Atrium House  
574 Manchester Road  
Bury  
BL9 9SW

Tel: 01619892965  
Website: [www.icaregroup.co.uk](http://www.icaregroup.co.uk)

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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

### About the service

ICare (GB) limited is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 37 people in receipt of personal care. 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.

### People's experience of using this service and what we found

Staff and relatives of people using the service spoke positively about the service. Relatives told us that staff supported their relatives well and kept them informed of any changes or concerns. People were supported with their medication when required. Risk assessments were completed prior to packages of care commencing.

The service had a training room to support staff learning and development. There were some gaps in the training for staff; however these were addressed following the inspection. Staff escalated concerns appropriately and contacted health care professionals for people when necessary. 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.

Staff knew people well. People were involved in reviews of their care plans, when required. Staff gave examples of how they treated people with dignity and respect. Staff understood the importance of supporting people with their independence and did this where possible. For example, staff supported people to walk around their gardens or complete parts of personal care themselves.

Care notes showed staff supported people in line with their needs and preferences. Staff were aware of people who may feel isolated and tried to support them with meaningful engagement throughout the call care visit. The service were not supporting anyone with end of life care however staff were open to developing their skills in this area.

The registered manager promoted a positive culture at the service. Staff and relatives felt able to contact the registered manager with any concerns or queries. Staff told us there was good communication with people in the office and they were kept up to date with any changes.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

### Rating at last inspection

The last rating for the service at the previous premises was good, published on 17 January 2020.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### Follow up

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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

# ICare (GB) Limited

## 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

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### 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 a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because people are often out and we wanted to be sure there would be people at the office to speak with us.

Inspection activity started on 22 June 2022 and ended on 1 July 2022. We visited the location's office on 22 June 2022.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the

information the provider sent is 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 plan our inspection.

#### During the inspection

We reviewed care plans, risk assessments, audits and staff recruitment files. We spoke with seven staff including the registered manager. We spoke with the relatives of six people using the service. We sought feedback from the local authority.

# 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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service had systems and processes in place to safeguard people from the risk of abuse.
- Staff had a good knowledge of signs of abuse to look out for and knew how to raise concerns.
- A relative told us their relative was, "absolutely safe" and that staff "are flexible to (relative's) needs and have changed the times of visits to suit him."

Assessing risk, safety monitoring and management

- Staff assessed risks relating to people using the service and their environment. The risk assessments did not always link to ways to mitigate risks for people. However this information was contained within the care plan and staff demonstrated knowledge around supporting people safely. The registered manager explained the forms were due to be updated to make this clearer.
- Staff reported any concerns around people to the management team and gave examples where action was taken.

Staffing and recruitment

- Staff were recruited safely. There were some staff who had little employment experience. The records did not always indicate an explanation for the gaps. Following the inspection, the registered manager provided further information to show this had been explored.
- The service were actively recruiting more staff at the time of the inspection.
- Staff told us that the registered manager tries to ensure they support the same people on a regular basis. One relative told us, "Carers are on time most of the time or will ring if they are going to be late, but it seldom happens."

Using medicines safely

- Staff administered medication safely. Staff had received face to face training and had their competency assessed in this area.
- The service had recently moved from recording medication administration on paper to an electronic system. This gave the registered manager the ability to monitor administration in real time.
- When people's medication ran out the service contacted people's relatives to arrange more medication.
- Relatives told us they had no concerns about their relatives receiving their medication. One relative told us, "The carers give (relative) their medication on time and note it on the app."

Preventing and controlling infection

- There was a good supply of personal protective equipment (PPE) at the service. Staff told us they were

able to collect PPE from the office, when needed. A relative told us, "The carers always wear masks and use gloves and aprons when necessary."

- Staff received training in infection prevention and control.

Learning lessons when things go wrong

- There were no recorded accidents and incidents at the service. Staff had good knowledge around what to do if there was an accident.
- Relatives told us they felt able to discuss concerns with the management team and that these were addressed appropriately.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- Staff assessed people's needs prior to delivering care. Appropriate care plans were put in place prior to care delivery.
- Assessments were reflective of people's needs and preferences.
- Care notes were reflective of staff delivering care in line with people's needs.

Staff support: induction, training, skills and experience

- Staff completed an in-house induction upon commencing employment at the service. The service has a training room to carry out training and support staff to complete training in practical elements of care. Staff gave positive feedback about observing other staff before delivering care themselves.
- At the time of the inspection, not all staff refresher training was up to date. Following the inspection, the registered manager arranged for this refresher training to be completed.
- Staff felt supported by the management team, however some staff had not received a supervision this year. The registered manager was aware of this. One member of staff said, "We have spot checks." Staff were also invited to attend team meetings at the service and told us they had good communication with the management team.

Supporting people to eat and drink enough to maintain a balanced diet

- Staff supported people to eat and drink. Staff provided meals of people's choosing and encouraged people to drink.
- Care plans indicated where drinks should be left for people to encourage good hydration.

Staff working with other agencies to provide consistent, effective, timely care

- The service worked closely with the local authority to support people within Bury. The registered manager attended biweekly meetings with the local authority to discuss new packages of care.

Supporting people to live healthier lives, access healthcare services and support

- Staff supported people to access healthcare services when required. Staff understood their responsibilities to escalate concerns relating to people's health.
- Relatives gave examples of how staff had supported people with their health needs by contacting their GPs and the ambulance service. A relative told us, "(staff) contacted the GP and got the problem sorted."
- Staff gave examples where they had noticed changes in people, escalated these to management and appropriate action was taken.

Ensuring consent to care and treatment in line with law and guidance

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- The service were working within the principles of the MCA. Staff had completed appropriate risk assessments around capacity.
- Staff ensured they obtained consent before providing care. One relative told us, "The carers will ask permission and say what they want to do."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff supported people well. Staff spoke fondly of how they had built a good rapport with people.
- Relatives told us people are supported by a consistent staff team who knew them well. Staff told us, ' I always ask them what they want me to do and how they would like me to care for them.'

Supporting people to express their views and be involved in making decisions about their care

- Staff supported people to express their views through care plan reviews and also during care delivery.
- Relatives told us they were involved in developing care plans and had been asked for feedback.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity and respect and promoted their independence.
- Staff gave examples of how they treated people with dignity during personal care.
- Staff encouraged people's independence by supporting them with their mobility, such as supporting people to walk in their garden. Staff encouraged people complete some elements of personal care themselves. One member of staff told us, "some (people) find it hard to walk so I encourage them and help them feel secure."

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key good. The rating at this inspection remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were personalised. The registered manager explained they were making further improvements to the care plans to make them more personalised.
- Care plans included information regarding people's choices and preferences. Care notes were reflective of people's preferences. One relative told us, "The best thing about the care is that it is bespoke to my relative's needs."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were recorded within their care plans. Staff told us they knew people well and had developed ways to communicate effectively including gesturing and showing people their options, such as for food and clothing.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff were aware of their responsibility to support people to avoid social isolation. Staff gave examples of taking time to speak to people and encourage meaningful engagement.
- The registered manager explained they were exploring supporting people to access the community.

Improving care quality in response to complaints or concerns

- The service responded appropriately to concerns. There was a complaints policy in place and people told us they knew how to raise a complaint.
- One relative gave an example of a small concern they had previously had. The relative gave positive feedback about the response from the manager and the improvements made.

End of life care and support

- At the time of the inspection, the service was not supporting people with end of life care.
- Staff we spoke to expressed an interest in completing training in this area. We fed this back to the registered manager who responded this was something they would explore.

# 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 good. The rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager promoted a positive culture at the service. Staff and relatives told us they felt able to raise any concerns they had and were confident that action would be taken. One staff member told us, "(Registered manager) does their best for us and is very approachable." Another told us, "I think the company has improved from (the registered manager) being there."
- Staff were empowered to raise concerns around people's health needs which meant appropriate action, such as contacting their GP, could be taken.
- The registered manager had implemented a display within the office to celebrate staff's achievements.

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 understands their responsibilities on the duty of candour.
- The management team communicated regularly with people using the service and their families. One relative told us, "If anything was to go wrong I would get to know about it."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff understood their responsibilities.
- The registered manager used the recently installed electronic system to monitor call times and communicated the importance of this with staff, during team meetings. Any discrepancies were followed up with staff at the time. Staff were continuing to learn how to use the system, at the time of the inspection.
- During a recent staff meeting the cost of living crisis was discussed and the impact this would potentially have on staff. The service offered staff access to a frozen meal service at a subsidised rate.

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

- Staff engaged people in expressing their views about the service.
- Relatives told us they had been asked about their feedback and had worked with the service.
- The registered manager held regular team meetings with staff, where people had the opportunity to speak with the registered manager and the coordinators.
- Relatives gave positive feedback about the service. One relative told us, "Their attitude with clients is

good, staff are lovely. I would recommend the agency."

Continuous learning and improving care;; Working in partnership with others

- The registered manager explained how they were working with regional managers to further develop care plans and risk assessments.
- The service worked well with the local authority to support new people to the service. The local authority expressed they had received no concerns from people or their relatives and that the service were "very professional."