

I Care (GB) Limited

I Care (GB) Limited

Inspection report

Building 3, Kincaig Business Park
Kincaig Road
Blackpool
Lancashire
FY2 0PJ

Tel: 01253508277

Website: www.icaregroup.co.uk

Date of inspection visit:

13 December 2018

07 January 2019

09 January 2019

Date of publication:

13 February 2019

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

I Care (GB) Limited is a domiciliary care agency. It provides personal care to people who live in their own homes. The service covers a wide range of dependency needs including older people, people living with dementia, people with a learning disability and people with mental health problems.

I Care (GB) Limited also provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

Not everyone using I Care (GB) Limited receives regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

This inspection visit took place on 13 December 2018, 7 and 9 January 2019 and was announced. At the last inspection carried out on 20 and 27 April 2016 the service was rated Good. At this inspection we found the evidence continued to support the rating of Good. There was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

There was a registered manager in place. 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.

At the time of our inspection I Care (GB) Limited was providing a service to 262 people. This included background support and / or personal care to people who lived in one of the six extra care housing services they managed.

People said staff safely supported and cared for them or their family member. They said they were friendly and caring. One person said, "They're so very good to me. They'll do anything you ask." Another person told us, "Nothing's too much trouble for them. I'm well pleased with them."

There were procedures in place to protect people from abuse and unsafe care. Risk assessments were in place which provided guidance for staff. This minimised risks to people. Staff supported people with and managed medicines safely. People we spoke with told us staff were competent in the support they gave with medicines. One person said, "They put my creams on and write everything down so it's clear."

Care plans were in place detailing how people wished to be supported. People who received support or where appropriate, their relatives had been involved in making decisions about their care. They told us they were usually supported by the same group of staff who they knew and liked. They said their staff team were competent and caring and were familiar with their needs and preferences.

Staff told us they had enough time to care for people without rushing them. People said staff never missed turning up, usually arrived on time, stayed for the correct time allocated and did not rush them. One person told us, "They are so gentle, they make me laugh we have a chat." Other people said, "The same carers come and up to now they have been on time." And, "I'm quite happy. I have consistent carers and they are punctual with my appointment time."

Staff were recruited safely and had received training in how to care for people. One person told us, "They (staff) are well trained and know what they are doing, Staff also received regular one to one supervision and appraisal to discuss, care practice, skills and future plans. These measures gave them the skills and knowledge to provide safe and effective support.

Staff supported people to have a nutritious dietary and fluid intake which met their needs and preferences. There were safe infection control procedures and practices and staff had received infection control training. This reduced the risk of infection.

Staff understood the requirements of the Mental Capacity Act (2005). People who received support consented to care where they were able. Where people lacked capacity, appropriate best interests' decisions were carried out.

We found the registered manager and staff team had clear lines of responsibility and accountability. They were clear about their roles and provided a well-run and consistent service. Senior staff monitored the support staff provided to people. They checked staff arrived on time and supported people in the way people wanted. The care manager monitored the service provided and informed the registered manager of any concerns.

People we spoke with knew how to raise a concern or to make a complaint. The complaints procedure was available to them and they told us any concerns were listened to and acted upon. They said they were given opportunities to give feedback about the service they received. They said they were satisfied with the care and support provided and able to discuss this with senior staff. One person said, I would say if I wasn't happy, but I've not needed to."

The service used a variety of methods to assess and monitor the quality of the service. These included regular audits and satisfaction surveys to seek their views about the service provided.

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 remains Good.

Is the service effective?

Good ●

The service remains Good.

Is the service caring?

Good ●

The service remains Good.

Is the service responsive?

Good ●

The service remains Good.

Is the service well-led?

Good ●

The service remains Good.

I Care (GB) Limited

Detailed findings

Background to this inspection

We carried out this comprehensive inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This comprehensive inspection visit took place on 13 December 2018, 7 and 9 January 2019 and was announced. We gave the service 48 hours' notice of the inspection visit as, we wanted to speak with the registered manager during the inspection.

The inspection team consisted of one adult social care inspector and two 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. The expert by experiences on this inspection had a background supporting older people and people with dementia.

Before our inspection we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affected the health, safety and welfare of people the service supported and previous inspection reports. We also checked to see if any information concerning the care and welfare of people who used the service had been received. Prior to our inspection visit we contacted the commissioning department at the local authority and Healthwatch. Healthwatch is an independent consumer champions for health and social care. This gave us additional information about the service

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with a range of people about the service. They included eighteen people who received care and support, and six relatives of people who received care and support. We also spoke with the registered manager and three care staff. We looked at the care records, risk assessments and medicines information of three people, staff training matrix and staff and service user rotas. We checked

staff recruitment and staff supervision records of three staff which were held at the head office in Blackpool. We looked at records relating to the management of the service and quality assurance monitoring. We also checked the office base to check it was a safe workplace.

Is the service safe?

Our findings

We spoke with people and their relatives supported by the service. People told us they felt safe with their carer's. One person told us, "They are very good for me. Yes, I'm safe, they are good girls." Another person said, "Yes I'm safe. Although I self-medicate, carers help me bath." A relative told us, "[Family member] is definitely safe with [the carer] and when they use the hoist they do it safely."

People told us staff were careful of their safety and security. One person said, "When my carer's off they always ring and to confirm the name of the new one" Another person said, "They give me a print out of who's coming in the week so I know. If they change the times it's on the print out." A relative commented, "They are very smart in full uniform and have ID on them, And, "They are all in uniform so even if I didn't know them I would know they were from I Care."

Procedures continued to be in place to minimise the potential risk of abuse or unsafe care. Staff said they had received training in safeguarding vulnerable adults and would report any concerns if they became aware of these. Risk assessments seen identified potential risk of accidents and harm to people. There were instructions and guidance for staff to minimise risks to people. This included assessing safety in the person's home to reduce any environmental risks. Staff had received infection control training and understood their responsibilities in relation to infection control and hygiene. People and where appropriate, their relatives were involved in the assessment and review of risks.

Recruitment continued to be safe and staffing sufficient to meet people's needs and to arrive on time. Most people spoken with were positive about their support. They said they did not miss visits. One person said, "I've been with them for years and they've never missed me once."

People said they had the same group of carers who usually arrived on time and let them know if they were going to be late. comments included, "They arrive on time and stay as long as they should." And, "They let me know if they are going to be late but they are mostly on time." And "Generally I have the same carer every day. One day a week I have a replacement, I know her though." However, two people were less satisfied with their support. One person told us, "I know the carers at the moment but the staff are inconsistent at times and I just want the same ones." Another person commented, "Most of the time I have the same carer, but sometimes you get a different carer when it is holidays. It's not good if you're feeling down and they don't know the routine, but I mostly have my main carer."

There were procedures in place for dealing with emergencies and unexpected events. People told us they were able to contact the on-call rota where needed. We looked at how accidents and incidents were managed by the service. We found where they occurred accidents, incidents or 'near misses' had been reviewed and reflected upon to see if lessons could be learnt. We saw the organisation had learnt lessons from an accident, investigated by the Ombudsman where a person had received a burn. Care records had not been accurate and informative. Since then the registered manager had introduced more guidance and training to staff.

Medicines continued to be managed in line with The National Institute for Health and Care Excellence (NICE) national guidance. We found people were supported with their medicines as recorded in their care plan and staff had received training in medicines. One person told us, "I have skin conditions and I have lots of creams. The carers are good, they meet my needs." Another person commented, "I do my own medicines but they get my tablets out under my supervision I'm unable to do that. They log everything down they check everything over and write it down for my records."

Is the service effective?

Our findings

Care plan records confirmed an assessment of people's needs continued to be completed with each person or their relative before the agency provided support to them. Staff then provided a plan of care to follow. This was regularly reviewed with the person or their representative to ensure the care still met the person's needs. One person told us, "I have seen my care plan and my log book."

We looked at how the service gained people's consent to care and treatment in line with the Mental Capacity Act (MCA). People's mental capacity had been considered and was reflected in their care records. People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act (MCA). The staff working in this service made sure that people had choice and control of their lives and supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

We saw people's dietary needs for health, religion, culture or personal preferences had been assessed and recorded so staff were aware of any dietary needs. We saw staff had received training in food safety and were aware of safe food handling practices. They noted any changes in health, informed families where appropriate or assisted people with their healthcare needs. They shared pertinent information about people's health needs so relevant people knew their care needs and the most appropriate care or treatment could be provided.

People told us staff knew and understood their or their family member's care needs and preferences. One person said, "They would do anything for me, they know what to do and make sure I am settled before they leave. Another person told us, "They're always cheerful, its mostly the same faces we see." A relative said, "They do a good job, they're very gentle with [family member]. I can't fault them."

We spoke with people supported I Care (GB) Limited, their relatives and staff and looked at the service's training matrix. People felt staff were trained and competent. Comments included, "You can tell they are well trained and know what they are doing. And, "They are effective and trained but, some of the new ones could do with better care instruction. But (laughing), I'm known for speaking my mind." And "The carers are confident, some more than others but they are well trained."

We saw staff received training including medicines, safeguarding, fire safety, food safety, dementia awareness, and equality and diversity. This assisted them to provide care that met people's needs. Staff also attended staff meetings and received regular supervision and observation of care practice. There were one to one and group meetings held with their line manager where staff received relevant information and had the opportunity to request additional training and discuss any ideas or issues.

We saw evidence the provider was referencing current legislation, standards and evidence based on guidance to achieve effective outcomes. This supported the service to ensure people received effective, safe and appropriate care which met their needs and protected their rights.

Is the service caring?

Our findings

Staff had a good understanding of protecting and respecting people's human rights. This included checks of protected characteristics as defined under the Equality Act 2010, such as their religion, disability, cultural background and sexual orientation. They were aware of the importance of supporting people's different and diverse needs. One person said, "They know my ways. I hate conforming." Care records seen had documented people's preferences and information about their backgrounds and considered the support needed to maintain their individuality, independence and live a meaningful life.

When we spoke with people they were praising of their carers. Comments included, "The ones I have now they are very good, they come in and they are always smiley and happy, If it's a day when I am low, they will give me a cuddle to try and buck me up. I feel that they do care." And, "The service is very caring every time they come in, they ask how I am, they are very careful with my condition. They are so considerate. They ask me what I am up to and after my family. They feel more like friends to be honest."

People told us staff were friendly, caring and helpful and understood they were all different. They told us they were pleased with the way they were supported, looked forward to the visits and got on well with the carers. One person said, I can have a laugh with them, I look forward to them coming, they're all very caring." Another person told us, "I've dropped lucky with them and we can have a bit of a giggle." A relative said, "[Family member] likes the banter and they get on well," One person was not happy with one of her carer's, felt she was always in a hurry and didn't stay the correct amount of time. When we spoke with the registered manager he had already stopped the member of staff from providing the person's care. He was also carrying out additional monitoring of their performance.

We asked people if staff respected their privacy and dignity. They told us staff cared for them compassionately and sensitively. One person told us, "They help me bath and dress every day they are very mindful of my dignity, I struggle with my breath but they take their time." Another person said, "They always shut the bedroom door. I feel its personal and private. They are very good. They do anything for you." A relative told us, "They are the carers who care."

We spoke with the registered manager about access to advocacy services should people in their care require their guidance and support. The service had information details for people if this was needed. This ensured people's interests would be represented and they could access appropriate services outside of the service to act on their behalf.

Is the service responsive?

Our findings

We found the service provided care and support that was focused on individual needs, preferences and routines of people they supported. People we spoke with told us how they were supported by staff to express their views and wishes. This enabled people to make informed choices and decisions about their care. One person commented, "My carers are approachable and they always listen to what I've got to say." Another person told us, "If you ever need to talk to them, they're there and they go out of their way to help me. They even let my dog out in the garden and feed him."

Care plans seen and discussion with people confirmed they had been involved developing and reviewing their care plan. The plans contained information about peoples' wishes and preferences as well as their care and support needs. One person said of their care, "It's been a godsend. If my social worker hadn't convinced me I don't know what! it's not just helped me but my family tremendously. They have really involved me in everything." Another person commented, "I've seen my care plan and they [staff] sit with you and log and write their reports."

We asked people what arrangements the service had made to identify, record and meet people's communication and support needs. They said staff had discussed how the person communicated before care was arranged. Staff made sure they were familiar with people's methods of communication, particularly where the person was non-verbal or had a different first language. Care plans seen confirmed people's needs including the ways the person communicated. were recorded in their care plan

We asked if the service were responsive to any changes or additional support requested. People told us they were adding, "Yes If a carer wasn't to turn up we would then phone the office, And, "Yes, I can phone or cancel when I want. I can just phone to rearrange."

I Care (GB) Limited were able to support people heading towards the end of life. Their wishes had been recorded where they were willing to discuss these, so staff were aware of how they wanted to be cared for. We saw staff had received additional training to assist in providing good end of life care.

The service had a complaints procedure copies of which were kept in people's care records in their home. The procedure was clear in explaining how a complaint could be made and reassured people these would be dealt with promptly. The people we spoke with told us they were satisfied with the complaints process. Comments included, "Yes I have made a complaint. I had to ring twelve months ago because I didn't feel comfortable with one carer. I raised the issue and it was resolved." And "I made one complaint and it was sorted out." Other people told us, "I've no complaints whatsoever." And, "I've had no complaints in all these years so they must be good." And, "I can contact the office if I have to. I've never had to I'm very happy with them."

Is the service well-led?

Our findings

There was a registered manager in place. 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. The registered manager was registered with CQC to manage the Blackpool location of I Care (GB) Limited and another I Care (GB) Limited location. He was mainly based in Blackpool.

People we spoke with told us it was easy to get in touch with the registered manager and office team. They said they were easy to speak with and helpful. One person told us, "I would say this service is 9 out of 10."

We found the registered manager and staff team had clear lines of responsibility and accountability. Almost all people told us staff were experienced and knowledgeable about the needs of the people they supported. One person said, "I don't ring the office, but they contact me." Another person told us, "The manager comes out every six weeks, they go through my reports and everything." A relative commented, "The manager comes every so often to check everything's alright with the carers." However, two people told us, "The people who answer the phones can be a bit forgetful and messages don't always get through. And, "I've passed messages on but nothing gets done, but they are nice."

Discussion with the registered manager and staff team confirmed they were clear about their role and provided an effective and consistent service. All staff spoken with were positive about the support and training given to them.

Staff told us they felt supported by the care manager and could also speak with the registered manager when they wanted to. They felt they could contribute to the way the service ran through staff meetings, training, supervisions and appraisals.

The service had systems and procedures in place to monitor and assess the quality of their service. Regular audits had been completed reviewing the services medication procedures, care plans, environment and staffing levels. Actions had been taken as a result of any omissions or shortcomings found so continuous improvement could be maintained.

The service worked in partnership with other organisations to make sure they followed current practice, providing a quality service and the people in their care were safe. These included healthcare professionals such as G.P's, district nurses, falls prevention team and occupational therapists. This ensured a multi-disciplinary approach had been taken to support care provision for people in their care.

The service had on display in the reception area of their premises and their website their last CQC rating, where people could see it. This has been a legal requirement since 01 April 2015.