

# iCare Group Limited

# iCare Domiciliary

# Southampton

## Inspection report

Ocean Village Innovation Centre  
Unit 64-66 Ocean Way, Ocean Village  
Southampton  
Hampshire  
SO14 3JZ

Tel: 02381040040

Website: [www.icaredomiciliary.co.uk](http://www.icaredomiciliary.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

iCare Domiciliary Southampton offers people personal care and support in their own homes. On the day of the inspection, the service was providing personal care to 26 people who tended to be older.

The inspection took place on 16 August 2017 and was announced. We gave 24 hours' notice of the inspection as we wanted to ensure staff were available. This was the first inspection of the service.

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 and associated Regulations about how the service is run.

The provider had policies and procedures in place designed to protect people from abuse and staff had completed training in safeguarding people. The registered manager knew how and when to use safeguarding procedures appropriately. Risk assessments identified when people were at risk and plans were in place to minimise those risks and to deliver care and support which met people's needs. People's needs were met by suitable numbers of staff. Appropriate recruitment procedures were in place. People received safe and appropriate support with their medicines when needed.

People's needs were met by staff who were trained to do so as the provider had an ongoing training programme in place. The management and staff were clear about people's right to consent to their care and support. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People were supported to eat and drink and access healthcare when necessary.

Staff formed positive caring relationships with people. People, their relatives and professionals told us how the staff had a caring attitude. Staff ensured people could make everyday choices and respected their privacy and dignity when supporting them.

People received personalised care that was responsive to their needs. People had a care and support plan in place which detailed the care and support which had been agreed with them. Staff found the care plans were up to date and ensured they reported any changes in people's needs.

People and their relatives felt able to complain. The provider had a complaints procedure in place and people were made aware of how to complain.

The registered manager and provider promoted a positive culture that put people at the centre of the service provided. The registered manager sought the views of people, their relatives and staff in a meaningful way. There were systems in place to monitor the quality of the service provided and ways to improve the service were sought and implemented.

## 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 had completed training in safeguarding and the registered manager knew how to make appropriate safeguarding referrals.

People had risk assessments in place to ensure every day risks were identified and minimised where possible.

Staff had been recruited following satisfactory pre-employment checks. There were enough staff to meet people's needs.

People received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective.

People were supported by a staff team who were well trained to meet people's needs.

Staff supported people's rights to consent to their care and support

People were supported to eat and drink where necessary.

Staff recognised when people were unwell and ensured they could access healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

People were at the centre of how the service was run and staff cared about them.

The service supported people to express their views and be actively involved in making decisions about the care and support.

Staff supported people whilst being mindful of their privacy and dignity.

**Is the service responsive?**

**Good** ●

The service was responsive.

People received care and support which met their assessed needs.

The provider had a complaints procedure in place and people were made aware of how to use it.

**Is the service well-led?**

**Good** ●

The service was well led.

The registered manager and provider promoted a positive culture that put people at the centre of the service provided.

The registered manager sought the views of people, their relatives and staff in a meaningful way and acted on their feedback.

There were systems in place to monitor the quality of the service provided and drive continuous improvements.

# iCare Domiciliary Southampton

## **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.

The inspection took place on 16 August 2017 and was undertaken by one inspector. The inspection was announced and we gave 24 hours' notice of the inspection as we wanted to ensure staff were available. This was the first inspection of iCare Domiciliary Southampton.

Before the inspection, we reviewed the information we held about the service. The provider had not been asked to complete a Provider Information Return prior to this inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We discussed this information with the registered manager during the inspection.

During the inspection process, we spoke with three people, four relatives, one member of staff, a senior staff member and the registered manager. We received written feedback from a further three staff as well as six health and social care professionals. We looked at a range of records including three care plans, three staff recruitment files and quality assurance records.

## Is the service safe?

### Our findings

People told us they felt safe with the support staff who visited them at home. The provider had policies and procedures in place designed to protect people from abuse and staff had completed training in safeguarding people. Comments from staff included, "I feel I have had sufficient training in safeguarding. I would call the office if I suspected abuse and I feel appropriate action would be taken" and "I have been fully trained in safeguarding; I have refresher training as needed. If I suspected abuse, I would contact the office who would then raise the concern with the appropriate team within the authority. I am confident that the management team would raise any concern to the correct team."

The registered manager knew how and when to use safeguarding procedures appropriately. A health and social care professional told us "iCare have always shown a much more proactive response in raising issues of concern around an individual's behaviour/presentation, or issues arising from support provided to an individual, such as an individual not being able to have their care needs managed effectively and safely with the support hours allocated." The service was therefore pro-active in recognising issues before they affected people's well-being.

Risk assessments identified when people were at risk and plans were in place to minimise those risks and to deliver care and support which met people's needs. A healthcare professional said the staff asked for, "advice regarding moving and handling and will request assessments from professionals to ensure they are using appropriate moving and handling techniques with clients." Trained staff completed the risk assessments which covered moving and handling as well as more individual specific risks. This meant the risk assessment was more accurate. A staff member told us the risk assessments in people's homes were accurate and if they became aware of changes they notified the office. Risks assessments were then updated and staff made aware.

People's needs were met by suitable numbers of staff. A relative told us staff did "not rush" their relative when supporting them with personal care. The provider had taken the decision to focus the service on particular geographical areas so staff did not have too far to travel between visits. In addition to this, where two staff were needed to support people, the same two staff worked and travelled together, where possible, to ensure they arrived at the same time. A staff member told us there was enough travel time between visiting people because they were all close together. Any staff absence through leave or sickness was picked up within the team so that calls were covered and not cancelled.

Appropriate recruitment procedures were in place. The provider sought references and completed checks through the Disclosure and Barring Service (DBS) before employing new staff. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

Some people were assessed as needing support to take their medicines and systems were in place to manage people's medicines safely. Staff had received training in administering medicines and their competence was assessed. Care plans included details of what support people needed and records were

kept which detailed when people had taken their medicines. The service used a new medication administration booklet for each month, which had sections covering health alerts, information and what medicines people were prescribed. The registered manager said if there were to be any medicines errors, staff would undertake extra training and their competence would be re-assessed.

## Is the service effective?

### Our findings

People were supported by staff who were trained appropriately for their role. New staff completed an in-house induction which was based on their previous experience and included completion of the Care Certificate. The Care Certificate is an identified set of standards that health and social care staff adhere to in their daily working life. It provides assurance that care workers have the skills, knowledge and behaviours to provide compassionate, safe, high quality care and support.

New staff shadowed experienced staff at first and the registered manager sought feedback from both the people they visited and the staff they were working with. The provider had an ongoing training programme in place which included moving and handling and medicines administration. The training manager told us bespoke training would be available if necessary to meet people's individual needs. The registered manager told us they offered face to face training, rather than e-learning as this was more beneficial to their staff. Staff told us, "Adequate training has been given and it meets my needs to do the job" and "We all have the relevant training required and if I feel need extra training or support I would contact the office and ask for this and am confident they would arrange training or mentoring as needed." The management team who delivered the training had completed the relevant "train the trainer" training which ensured they were able to train staff appropriately.

Staff were further supported in their work through regular supervisions and appraisals. Supervision and appraisal are processes which offer support, assurances and learning to help staff development. Staff confirmed they received supervision from management and said "I can ask for further training" and "[The supervisor] asks during supervision if I feel I need any additional training." The registered manager also undertook "spot checks" when he checked on staff as they were supporting people, at any time of the day or evening. Staff also confirmed that the checks took place. This meant people were supported by staff who were supported in their role.

Staff had training about the Mental Capacity Act 2005 (MCA). The 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.

The registered manager was aware of the need to consider people's mental capacity when they gave consent to care and support and kept the issue under review. The registered manager gave an example where a person had previously had an assessment which suggested the person did not have capacity to make some decisions. The person was subsequently admitted to hospital with an infection and the registered manager suggested that the infection might be the cause of their lack of capacity. A re-assessment confirmed that once the person was better, they did have capacity to make decisions and consent to care. Conversely, the registered manager had noted that another person had made some decisions recently which may have meant they were not retaining the information sufficiently well to make an informed choice and their mental capacity was reassessed so they could be supported to make decisions.

The ethos of the service was based on people being enabled to make choices and personal decisions. Staff

told us, "I feel that every service user can live their lives as they wish" and "All service users are encouraged to make choices"

Where necessary, staff supported people to eat and drink and heated up meals for them. Staff recorded what people ate and drank so their nutritional needs could be monitored. Some people lived with relatives who provided their food which meant staff did not need to support people with eating. Staff received training to support people with fluid and nutrition, which covered food hygiene, balanced nutrition and fluids and weight loss observation and management.

The provider maintained a working relationship with healthcare professionals. The registered manager told us, for example, that when supporting people new to the service, they had sought advice and input from an occupational therapist. New equipment had been provided as a result of this, which better met people's needs. Staff knew when people were unwell and called healthcare professionals or the emergency ambulance service if necessary. A relative said, "[Staff] know if he's not well. They saw his foot and knew he needed an ambulance."

## Is the service caring?

### Our findings

Staff formed positive caring relationships with people. Comments from people included, "[Staff] are very caring", "and [Staff] are absolutely brilliant in very way. They get me dressed, showered, shaved and are caring" and "[Staff] are a jokey bunch, we always have a laugh and a joke. They are a lovely group, all the gang. There is no messing about, they do anything you ask them to do, within reason!" Relatives said, "[Staff] are always friendly, they look after [my relative] well", "[Staff are brilliant! You couldn't get any better. [Staff] are always happy to see you, happy to talk to you. They are lovely and very caring." The registered manager further demonstrated how the service cared about people by telling us that staff had called an ambulance for a person they were supporting but needed to leave to support other people. The office was contacted and two senior staff went to sit with the person while they waited for the ambulance to arrive. The service had received a 'formal compliment' from another person who had telephoned to say thank you to a particular staff member. When staff had arrived earlier in the day, a relative had already called an ambulance. The staff member was not therefore able to complete the person's personal care as other people were present. However, the staff member had returned later in the day, after they had finished their round to see how the person was and then supported them with personal care.

Comments from health and social care professionals included, "It would appear that iCare 'care' about their service users as they wanted to make amends with the family having initially encountered problems when they were first commissioned to provide care", "From observation, all persons within iCare are caring. I have observed carers building a good rapport with clients which enables them to both meet their physical needs and psychological needs. I have observed carers reassure their clients when they deliver care i.e. when moving clients. They are also caring towards client's family" and "iCare have shown an excellent level of compassion and empathy towards current and potential clients; respectfulness and non-judgemental attitudes from managers and office-based staff; and I have only heard good reports about their front-line staff. iCare have also shown a very high level of passion about wanting to provide an excellent service for individuals from all walks of life, and wanting to make a difference and help improve people's lives." People were supported by kind and compassionate staff.

The service supported people to express their views and be actively involved in making decisions about their care and support. Staff said "I always give people a choice, for example, if they are not hungry, I ask 'do you want a little something?' One person is asked twice a day if they would like a wash but often says no. We wait two or three days and then we say, 'We need to cream your feet [they need to be washed first], you may feel better' and then [the person] will. I also offer a choice of clothes - I get some out to show them." Another staff member told us, "We talk to all service users, if they have any worries or concerns which cannot be dealt with by me, I would advise them to call the office who will always help."

People told us staff treated them with respect. Staff told us how they protected people's dignity and said, "I talk [with people] and prompt them where necessary to make them feel involved and I offer encouragement", "I close the doors and pull the curtains [to protect people's dignity]", "I encourage all service users to be as independent as possible" and "I always ensure that personal care is completed in a private environment."

The registered manager told us that people new to the service were made aware that the agency employed male and female staff. Where people had expressed a preference, for example, for female staff, the computer system ensured that only female staff were allocated to that person. The registered manager also said that some people needed the support of two staff. Where one of these staff was a male, to support a female, the female staff would support with their personal care. This meant people's preferences with regard to their dignity were respected.

## Is the service responsive?

### Our findings

People received personalised care that was responsive to their needs. One person told us, "[Staff] came to assess [my needs]" and "I am delighted with what [staff] do." Another person agreed staff supported them according to their wishes and said, "If there's anything you don't like, [staff] like you to tell them, right away." People said staff came at the time they expected and one person said, "Sometimes, [staff] come later, but it's because there has been an emergency somewhere else. [My relative] had an emergency; [staff] were here with us for ages. [Staff] do ring if they're going to be late." Another relative said of staff, "They are a cheerful crowd; they try to do their very best. They always ask if there is anything else they can do. They are a great help."

Feedback from health and social care professionals included, "iCare have shown great flexibility around client needs. iCare have always done their best and gone out of their way to remain in place supporting a client", "iCare are always responsive to any concerns [raised about peoples' needs] and will be responsive when asked to take on packages of care" and "I have found the service responsive in all aspects; [a senior staff member] has worked jointly with myself with one particular client with complex needs. He has been vital in ensuring that carers are following care plans and is very responsive if a client's needs change. In addition, their care plans are updated immediately and training cascaded to ensure the best outcome for clients." Another professional told us, "I was impressed with their response to the service user's needs (physical and cognitive) and consequent risks this posed. A discharge-planning meeting was effective in structuring the care plan and actions required in anticipation of any issues arising following discharge from hospital. iCare have been effective in supporting and keeping the service user at home rather than moving into residential care. They responded promptly and swiftly when planning discharge from the hospital – they were also flexible to accommodate meetings." Health and social care professionals therefore felt people were well supported by the service.

People had a care and support plan in place which detailed the care and support which had been agreed with them. Care plans described the care and support that people needed as well as showing staff how people preferred their needs to be met. Staff said the care plans were up to date and ensured they reported any changes in people's needs. Comments from staff included: "I read them to ensure I know the client's preferences and medication and I write everything that occurs down in the visit log" and "All care plans are always up to date as the office staff come out to all the service users to update and make any changes needed. I can also call the office and do so regularly to update on day to day changes with services users. We read all the care plans when we first deliver care and then regularly after that to check for changes. We also read previous care notes to check for day to day issues." They also said there were systems in place to communicate with managers and other staff and that the office staff updated all staff with any changes in people's needs and choices.

The provider had a procedure in place which advised people how they could complain or give a compliment. The information was given to people when they started using the agency in the 'service user's handbook'.

People and their relatives felt able to complain. One person told us, "There was once an incident, but it was all put right." Other people said they had never had cause to complain but would contact the office if they needed to. The provider had not received any formal complaints.

## Is the service well-led?

### Our findings

People, relatives and health and social care professionals told us the service was well-led. Relatives said the staff at the office were helpful. One relative said, "They help me straight away" and another said, "They are very good at communication." A staff member said communication was open and honest and "We get emails about people's needs changing. [Management] have a good rapport with clients, staff and family." A health and social care professional told us, "I would say that communications with the office have been thorough and detailed. The client and carer appear satisfied with communications and service provided and have relayed no concerns to me."

A health and social care professional told us, "From my dealings with iCare management I have every confidence their service is well led. The directors and branch manager are experienced professionals." They went on to say that they had, "noticed significant changes to the quality of service provision, and the front of business or face of the business has improved ten-fold due to [the registered manager's] passion and dedication toward wanting to provide such a high quality service."

Staff spoke highly of the way the service was managed. Comments from staff included, "Management are supportive", "Management do listen to staff; any client concerns, they intervene" and "I feel that iCare is well led. The management team have always been supportive and approachable. We regularly catch up both in the office and in the field. All staff are encouraged to be open; if mistakes are made, I feel confident that I can call the office and they will work with me to correct this and make sure it doesn't happen again. To my knowledge, the office will call service users to apologise for any mistakes." This approach meant there was an open and transparent culture promoted by the service.

The registered manager sought the views of people, their relatives and staff. The registered manager visited people, at least every other week, in the evening to discuss their views on the service provided and to conduct spot checks on staff. They did this in the evening, rather than the day, because days were "busy" for people. The registered manager went on to say, "I do reviews on the weekend as the family are more likely to be there. I update paperwork with them every month." A formal questionnaire was in the process of being designed to gather further views and the service acted on feedback they received from reviews.

The registered manager demonstrated good management and leadership. They told us, "Staff all have my [telephone] number. Staff will stay [working for the service] if they know they can call me out at 9pm if they are struggling - I will go out to help." The registered manager also worked with support workers once a month and told us, "I will work part of the shift with them and reflect on [the shift] in supervision. [Senior managers] were 'front line carers' in the past and still go out [to support people's care needs]. We listen to the front line carers and [a senior manager] works in the field with staff and checks their training is being used."

The registered manager had quality assurance systems in place. The quality of the service provided was monitored through a range of audits as well as the use of a 'mock inspection toolkit', which was used on a monthly basis. The audits were undertaken by reviewing the communication logs (the record of the visit),

medicine charts and financial records. The registered manager told us they checked whether notes have been recorded for each call, whether the records were clear and did they show the times staff entered and left the person's home. Action was taken if necessary, for example, the registered manager had noticed an error in the way a person's prescription had been written. The amendment was made and a new form was sent to the home and staff made aware. People's files were also audited to ensure they contained all the necessary information.