I Care (GB) Limited

# ICare GB Limited - Derby Care Office

## Inspection report

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Date of inspection visit:
21 February 2018

Date of publication:
25 April 2018

## Ratings

| | |
|---|---|
| Overall rating for this service | Requires Improvement |

| | |
|---|---|
| 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? | Requires Improvement |

# Summary of findings

## Overall summary

This inspection took place on 21 February 2018 and was announced.

The service has a registered manager. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

This is a first rating inspection since the home was registered by the provider in November 2016.

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

Statutory notifications were not submitted to the CQC when required and demonstrated that though staff had taken appropriate action to safeguard people when incidents had occurred they had not exercised their statutory obligations and notified CQC.

The registered manager carried out audits of all aspects of the service to ensure it was well-led. People and their relative's views and opinions were encouraged to complete the process.

We received positive comments about the service people received. People and their relatives told us they were happy with the service and registered manager and staff listened to them, wanted to hear their views, and kept them informed about the service. Relatives said registered manager and staff were approachable and they were kept up-to-date with their family member's progress and any changes or developments at the service.

Medicines were managed safely and people told us they received them at the right times. Staff were trained to administer medicines safely and medicines records were audited to ensure they were of an acceptable standard.

The service provided safe care. Staff were trained in safeguarding (protecting people from abuse) and knew how to keep people safe. Staff provided people with the care and support they required and encouraged them and their relatives to be an active part of the care planning process.

Care plans and risk assessments were personalised people and their relatives told us they were involved in helping their relations make decisions about their care and had access to their care plans.

The registered manager operated a recruitment procedure that helped ensure the staff employed were safe to work with the people using the service.

Staff ensured people were having enough to eat and drink and treated people with dignity and respect.

The registered manager operated a complaints procedure which staff were aware of and followed. People who raised concerns had been listened to and told of the outcome of their complaints and what was being done to improve the service in response.

We found breaches of the Regulation 18 Care Quality Commission (Registration) Regulations 2009 (Part 4). Notification of other incidents. 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?

**Good**

The service was safe.

People and their relatives told us they felt safe and staff knew what to do if they had concerns about anyone's welfare. There were enough staff employed to keep people safe and meet their needs. Medicines were safely managed and administered in the way people wanted them. Staff recruitment procedures protected people from unsuitable staff and staff supported people to manage risks. The staff employed provided a culturally appropriate service.

### Is the service effective?

**Good**

The service was effective.

People were assisted to access health care services and maintain good health. Staff were trained to support people safely and effectively and were aware how to support people in line with the Mental Capacity Act. Staff had the information they needed to enable people to have enough to eat and drink and maintain a balanced diet that met their cultural needs.

### Is the service caring?

**Good**

The service was caring.

People and their relatives told us staff were caring and kind and treated people with respect. Staff respected people's privacy and dignity and involved them as far as possible in decisions about their care and support.

### Is the service responsive?

**Good**

The service was responsive.

People received personalised care that met their cultural needs. Complaints were taken seriously and the registered manager took action to investigate them, resolve issues and make improvements where necessary.

### Is the service well-led?

**Requires Improvement**

The service was not well-led.

The registered manager did not ensure their statutory duties were upheld and the CQC were informed of incidents.

The service had a registered manager. The service had an open and friendly culture and the staff were approachable and helpful. The registered manager ensured regular feedback on the service to ensure people were satisfied with the service provided. The registered manager used audits to check on the quality of the service.

# ICare GB Limited - Derby Care Office

**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 registered manager 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 21 February 2018 and was announced. The registered manager was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office.

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. The expert by experience telephoned a number of people who used the service and their relatives.

We reviewed the information the provider had sent us in the Provider Information Return (PIR). 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 looked at information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people and fund the care provided.

We reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes standard information about a service and is required as part of the registration process with CQC. Notifications are changes, events or incidents that providers must tell us about.

We spoke with five people using the service and six relatives. We also spoke with the area manager,

registered manager and three care staff.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at four people's care records and four staff member's records.

Good

# Is the service safe?

## Our findings

People and their relatives told us they felt safe with the staff that supported their relation. One person said, "I feel safe with the carer she really know what she is doing and she really encourages me to do things for myself that in its self makes me feel better."

Staff told us they had been provided with safeguarding training. One staff member said, "I did that at my induction, I think we will be doing it again this year."
Records confirmed that staff had been provided with safeguarding training. There was a safeguarding policy along with a copy of the local authority adult safeguarding policy available to staff for guidance. The registered manager was aware of their responsibility to submit safeguarding alerts to the local safeguarding team as required.

People were protected from the risk of abuse. The registered manager had taken steps to identify the possibility of abuse and prevent abuse from happening. Staff we spoke with had been trained in protecting people from abuse and understood their responsibilities to report concerns to the nominated individual or other relevant agencies if necessary. Staff told us what actions they would take if they were concerned for the safety of people who used the service. Staff told us, and records confirmed they had undertaken training to support their knowledge and understanding of how to keep people safe. Staff were aware of the whistle-blowing procedure to report concerns to external agencies.

We looked at registered manager's procedure to identify and manage risks associated with people's care. Staff told us risk assessments contained sufficient instructions for them to follow to minimise the risk of harm to people. Environmental risk assessments were completed to protect the person from identified issues in the environment such as kitchen equipment, hazardous substances and tripping risks.

We saw risk assessments informed staff how to protect people from identified issues in the environment such as kitchen equipment, hazardous substances and tripping hazards. Staff were able to give us examples of how they ensured people's safety, for example by making sure their home was secure on leaving the property. One member of staff explained, "When I go in to do my 'meet and greet', I scan the house for anything that would put the person or in in danger."

People were protected by the agencies recruitment practices. We found the registered manager followed their recruitment procedure which helped to ensure the staff employed were safe to work with the people who used the service. The staff files we checked showed that staff had the required documentation in place including police checks and references. The registered manager said it was company policy not to employ anyone with a previous conviction that was apparent on the DBS check.

The registered manager showed us that recruitment was on-going within certain areas of Derby. This was a direct attempt to increase the numbers of ethnic minority staff so they could better reflect the cultural make-up of the city.

People were assessed for and agreed to the staffing numbers and hours necessary to provide safe care. People told us they had continuity of care with regular carers visiting them. One person said, "I am very happy with the carers who come to help me I've regular girls who come when one is off then the other one comes."
The registered manager said staff visits had improved and there were few missed or late calls. One person said, "They have never missed a call and have only ever been late once and I got a phone call to tell me."

People were given their medicines safely by a well-trained and informed staff group. There were policies and procedures in place for the safe management of medicines and these were being followed. Care records included the information staff needed to support people with their medicines. Records were personalised so people could have their medicines in the way they preferred.

We checked Medication Administration Record (MAR's) for three people for the two months prior to the inspection. These had been mostly completed correctly with one signing error, and had been followed up with the member of staff. The registered manager ensured all MAR charts were audited when they were received in the office. A computer spreadsheet was kept of the MAR's that had been received so none were missed and they could ensure the accuracy of medicines provided to people.

The registered manager told us if staff made an error on the records they were re-trained as necessary. These measures helped to ensure medicines records were in good order and showed that people had had their medicines when they required.

Some people continued to have their medicines administered by their relatives or staff. One person said, "They come in four times a day and give me my tablets and do all the jobs I can't." A second person said, "I get my tablets when I am supposed to and [staff] stay with me until I have taken them and then write it in the book."

Any changes or outcomes from investigations were documented and any lessons learnt fed back to staff. We saw from the minutes of staff meetings where outcomes were explained and staff prompted to ensure their practice was changed accordingly. If necessary issues were followed up at one to one meetings with staff, to ensure confidentiality.

People were protected by the prevention and control of infection. Staff received training in relation to Infection Control and food hygiene. Staff told us they were provided with a uniform, name badge and protective equipment. They said they were told to use the protective gloves and aprons on each visit and dispose of them before leaving the property. There was guidance and policies that were accessible to staff about Infection Control. In addition, staff were supplied with Personal Protective Equipment (PPE) to protect people from the spread of infection or illness. The registered manager and other senior staff completed monitoring visits to ensure staff were caring for people safely.

The registered manager stated any changes or outcomes from investigations would be documented and any lessons learnt fed back to staff. We saw from the minutes of staff meetings where outcomes were explained and staff prompted to ensure their practice was changed accordingly. Each member of staff signed a copy of the staff minutes to confirm they had read and understood any safety updates. The provider stated if necessary issues would be followed up at one to one meetings, to ensure confidentiality.

Good

# Is the service effective?

## Our findings

People's care needs were assessed to ensure that their needs could be fully met. The assessment covered people's physical, mental health and social care preferences to enable the service to meet people's individual cultural needs. The registered manager told us it was their role to complete the initial assessment for people before a care package was offered. They involved family members and care managers, if and when appropriate to ensure accuracy of information.

People and most of their relatives thought that staff were well-trained. One relative said, "I am not sure everyone is trained on using the hoist so I always stay in the room and once I have shown the carers how to use the hoist properly I am sure [named] will be safe." Records showed staff completed a range of training courses. These included induction training and then a range of training to equip staff with the knowledge to care for people, for example moving and handling and medicine administration.

Care staff told us the management supported them with their training. One care worker said, "I did induction training the first week I was employed, I am due some refresher training soon."

The registered manager told us the company had employed an 'in house' training manager who visited all the agencies offices to provide face-to-face training on all aspects of providing care.

Care staff supported people with their meals. One person said, "During breakfast I am asked what I would like for dinner and [named carer] gets it out of the freezer and when they come back at dinner time they cook it for me."

Staff were trained in nutrition and hydration and food safety during their induction, and then periodically with refresher training so they were aware of the importance of people maintaining a balanced diet and adequate fluid intake. Records showed that people had nutritional assessments to identify the support they needed with their meals. Care plans set out people's cultural and dietary requirements and gave staff the information they needed to help ensure people's individual needs were met. For example, if a person was at risk of choking care staff were made aware of this and instructed how to prepare food so it was easier to swallow.

Care plans detailed the assistance people required to ensure they had enough food and drinks throughout the day. Where people lived alone staff ensured people were provided with enough to eat and drink. A relative said, "I've never known [named] left without everything she needs when the carers go [named] has water biscuits they are their favourite, a cup of tea and anything she needs so she will be fine between calls."

People's healthcare was identified in their care plan along with details of their medical history and medicine needs. One person said, "If I ever need anything getting especially picking up my tablets they get them for me and I think [named carer] made a doctor's appointment once when I wasn't very well, nothing is a trouble at all."

Staff we spoke with told us that they would seek medical support if they were concerned about a person's health. One staff member said, "If I found a person on the floor, I would make sure they were breathing and call an ambulance. Then I would let the office know and record something in the notes." This demonstrated that staff were effective and monitored people's health needs to ensure that appropriate medical intervention was sought when needed.

People's consent and ability to make decisions had been assessed and recorded in their care plan. Where people were deemed not to have capacity a best interests decision had been recorded, and any decision had been assisted by a close relative. Staff had received training about the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and understood their responsibilities under the act.

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. 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.

The registered manager had a MCA policy in place which set out how staff were to meet legal requirements with regards to the MCA. Staff were trained in the MCA and understood their responsibilities to protect people and alert other agencies if they felt a person's rights were being compromised.

Staff understood how to seek consent from people in line with legislation and guidance. Care staff we spoke with understood the need for people to consent to their care. One relative said, "While [carers] are busy with [named] I can hear them asking is it alright to do things for them and sometimes I can hear [named] answering."

Good

# Is the service caring?

## Our findings

People and their relatives told us the staff were caring and treated their relations with respect. One person said, "They treat me with respect." A second person said, "I can't fault the carers who come to help me all of them show they really care nothing is a trouble for them, in fact I have [named staff] who I class as friends I hate to think what I would do if they stopped coming."

People met their carers before the service commenced, and new staff were introduced before working alone with the person. People had time to develop positive and caring relationships with staff since they commenced receiving a service from ICare GB Limited - Derby Care Office.

People and their relatives told us that regular care staff were necessary to provide a good level of consistent care. One relative said, "We have the same carers most of the time [named carers]. What a team, we as a family couldn't ask for a kinder caring [staff], we wish they didn't have to have time off, nothing is a trouble at all."

Staff told us the service promoted equality and diversity. The management team followed provider's policy on delivering a culturally and as far as they could manage a gender appropriate service. We saw there were a number of male staff and carers who could communicate and speak in a variety of minority languages.

People's relatives told us that due to some of their relations lack of abilities, they were involved in making decisions about their care, though when able the person was involved as well. People had access to a copy of their care plans which were stored along with other contact information at the home.

People and their relatives told us that staff respected their relations privacy and dignity. One person said, "My dignity is respected, it's done automatically I am covered with a towel, the curtains are drawn in the bathroom and bedroom so no one can see in." A second person said, "I am treated with respect all the time as well as a [named] I have certain house rules and no body disrespects them."

People and their relatives were positive about the attitude and approach of staff, and confirmed that staff closed windows, curtains and doors to ensure people's dignity was preserved. Staff told us it was important to cover people up when offering personal care, which helped protect them from embarrassment.

Staff told us it was important to encourage people's independence, so they could retain their abilities they had. One staff member said, "We have to keep them mobile if that's in the care plan, or even just washing their face, it's not us taking over and doing everything for them."

Staff gave examples of how they made sure they maintained people's privacy when supporting them with personal care. One member of staff told us, "Respect is about manners, calling the name they want to be called, making them feel special." The registered manager and staff confirmed staff's care practices were regularly observed to ensure they upheld people's privacy and dignity. This was done through spot checks where staff were observed providing care to people. The registered manager said personal care was only

observed with the consent of the person who received the care.

Good

# Is the service responsive?

## Our findings

People and their relatives told us that care staff responded to people's needs and any changes were documented. One person said, "I am satisfied with how I am looked after." A second person said, "It's like having a friend help me out, nothing is too much trouble to them." One relative said, "[Named] care plan is properly reviewed about every 6 months someone comes from the office, and we sit together and go over everything that we need to. If anything changes in the meantime [named] care plan is changed so that the care staff all know what's going on."

People and their relatives said that care staff followed the care plan and completed the call, and then, if time allowed, asked if there was anything else that they could do. People's care plans were personalised and included an explanation of what people wanted to achieve with the support of the care staff. For example one relative told us, "It [the service provided] used to be a complete disaster if the regular carers were off. I would say recently there are some really good carers so if our regular ones are off nothing changes its really good if [named] is happy, I am happy."

We received a mostly positive response when we asked people's relatives about the timeliness and flexibility of calls. One person said, "The time the carers come suits us well and as near as dammit they come at the same time each day." A second person said, "The only time we have a problem is if we need to change the time (of a visit). I ask in plenty of time to change the call and it's agreed but invariably the carer doesn't come, I hasten to add this is a very rare occurrence and when I rang they were full of apologies."

We spoke with the registered manager about this, and they said there were problems with some staff not reading their updated visit times, but this had been resolved and the company were planning to introduce a new mobile phone and monitoring system, which would provide far more detailed and up to date information for staff.

The service looked at ways to make sure people had access to the information they needed in a way they could understand it, to comply with the Accessible Information Standard (AIS). The AIS is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us they were aware of the AIS standard and had one person they that staff communicated with by use of picture cards and another who used a touch screen computer. This demonstrated that the service provided responsive care that met people's individual needs.

People and their relatives we spoke with knew how to make a compliant or raise a concern with the registered manager. They said they knew they could telephone the office, and felt their concerns would be listened to and acted upon, though no one we spoke with said they had made a formal complaint. They confirmed they were provided with information on how to make a complaint when the service commenced.

The complaints records showed that three complaints had been received by the service. Records showed these had been dealt with appropriately because registered manager had investigated the issues, taken

action and informed the person making the complaint of the outcome. The registered manager said complaints could also be sent to the head office, though was not aware any had been so far.

The staff team had received training on end of life and palliative care and a policy was in place to help them support people who are nearing the end of their life. The registered manager informed us they were not providing end of life care at the time of the inspection, but staff training would be kept up to date.

Requires Improvement

# Is the service well-led?

## Our findings

We had been made aware by the local authority of some situations that the registered manager should have notified CQC about as part of their conditions of registration. We spoke with the registered manager who was not clear about their responsibilities with regard to notifications they had to send to CQC. They told us they would ensure they were compliant with their responsibilities and send us all notifiable incidents in the future. We were not informed of safeguarding investigations and the death of a person who received a service.

This was a breach of Regulation 18 Care Quality Commission (Registration) Regulations 2009 (Part 4), Notification of other incidents.

The registered manager demonstrated a clear vision with an emphasis on delivering high quality care. One relative said, "They [registered manager and staff] have never been anything other than professional and polite." A second relative said, "Thinking about the first class service [name] has had, it gives me no cause for concern about how the service is run."

The company had a statement of purpose and service user guide which provided essential information on how to contact the service, and how to make suggestions on how the service could be improved.

The registered manager demonstrated that the staff were given a staff handbook which provided them with important information such as basic health and safety information and policy and procedure reminders. Staff also received updated information through staff meetings which were minuted. Two copies of these were provided for each member of staff and a signed copy kept on their personnel file to confirm they understood any updated information and changes that had been implemented.

There were effective systems in place to monitor quality. The registered manager carried out regular audits of the service. Where shortfalls were identified, the registered manager ensured staff knew what to do to bring about improvements. For example, following an audit of medicines records, the registered manager spoke with staff to clarify their responsibilities with regard to completing MAR charts and following the medicines administration policy.

None of the people we spoke with nor their relatives could remember if they had been sent a quality assurance questionnaire. One relative confirmed the registered manager contacted them by phone to enquire how staff were performing the care provided and attitude and dress code of visiting staff.

We spoke with the registered manager who confirmed these had been sent out to all the people who used the service on three occasions recently. We looked at the information that had been gathered from those that had been returned. These gave people or their relatives the opportunity to share their views about the service, anonymously if they chose to.

The registered manager said three sets of questionnaires had been sent out to the people who used the

service and their relatives. The most recent of these were in October 2017, where most of those returned contained positive feedback. We asked the registered manager how they resolved any negative comments. They told us where people had provided their contact details they visited the person in a bid to resolve the issue. For example one person was not happy that their carer had been changed, the registered manager explained the person had left the company and that was the reason behind the changes. Another relative was unhappy about the number of carers visiting, again it was explained that their relation needed four visits by two staff a day, and that staff required time off. The registered manager said both people accepted the explanations given, and their issues were resolved.

The staff we spoke with said they felt supported by registered manager. One care worker told us, "I had to speak with the [registered] manager about a staff issue, it was all sorted out." That demonstrated that the registered manager listened to staff and made efforts to provide a good working environment. We spoke about this to the registered manager who said, "You have to make staff feel valued it makes them do a good job."

The registered manager also said the office was located on the first floor of the office block. The provider is looking for ground floor accommodation which would make access to the office to a greater number of people and their relatives if they wanted to visit the office for any reason.

The registered manager communicated with care staff through staff meetings and individual supervision. Staff meeting minutes showed training opportunities, improvements to medicines recording, uniforms and PPE and call monitoring were discussed. Staff meetings and supervision helped to ensure staff understood their responsibilities and provided good quality care and were acknowledged for the work they had done.

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 18 Registration Regulations 2009 Notifications of other incidents<br><br>There were inadequate systems and processes to enable the provider or registered manager to notify us, without delay, of incidents involving people being cared for by the agency. |