

ICARE COVENTRY LTD

# ICare Coventry Ltd

## Inspection report

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Date of inspection visit:  
05 September 2019

Date of publication:  
02 October 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

About the service:

ICare Coventry is a domiciliary care agency. It is registered to provide personal care to people in their own homes, including, older people, people with mental health needs, and people living with dementia. At the time of the inspection visit the service supported 40 people with personal care.

People's experience of using this service:

People were happy with the service they received. People were visited by care staff they knew and who arrived around the time expected. There were enough staff to provide the care and support people required.

People and relatives felt safe with staff who visited them. Risks associated with people's care were assessed and managed safely. There were safe procedures for recruitment of staff and to manage people's medicines.

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. People's needs were assessed to ensure they could be met by the service. Staff received training and support to be effective in their role. Where required, people were supported with their nutritional needs.

People described managers and staff as very kind and caring. Staff respected people's rights to privacy and dignity and supported people to maintain independence. People felt involved in their care and made decisions about their care and support.

Care plans contained all the information staff needed to provide personalised care. Systems were in place to manage and respond to any complaints.

The provider understood their regulatory responsibilities. Managers and staff understood their roles and responsibilities and staff received good support from the managers. There were processes for regularly assessing and monitoring the quality of the service. This included obtaining people's feedback which was used to make improvements to the service.

Rating at last inspection: The last rating for this service was Good (published on 1 April 2017).

Why we inspected: This was a planned inspection based on the date and the rating of the previous inspection.

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

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any concerning information is received, we may inspect sooner.

## 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 Coventry Ltd

## 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 Care Act 2014.

#### Inspection team

One inspector and an expert by experience carried out the inspection. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of service. The expert by experience supported the inspection by making phone calls to people who used the service.

#### Service and service type

ICare Coventry is a domiciliary care agency. It provides personal care to people living in their own homes, including, older people and people living with dementia. CQC regulates the personal care provided.

The service had a manager registered with the Care Quality Commission. 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. The registered manager was also the provider of the service.

#### Notice of inspection

This comprehensive inspection took place on 5 September 2019. The inspection was announced. We gave the provider 48 hours' notice of the inspection because we needed to be sure the manager and other staff would be available to speak with us.

Inspection activity started in August 2019 and ended on the 5 September 2019 when we visited the office location to meet with the managers, speak with staff; and to review care records and policies and procedures.

#### What we did before the inspection

Prior to the inspection, we reviewed the information we had received about the service since the last

inspection. We sought feedback from health and social care professionals that work with the service, this included an organisation that supported people who paid for their own care through direct payments. We reviewed the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. All this information helps support our inspections.

#### During the inspection

We spoke with five people who used the service and nine relatives by telephone to obtain their views of the service provided. We spoke with the registered manager, who is also the provider of the service, the branch manager, and three members of staff.

We reviewed a range of records. This included, three people's care records, including daily records, risk assessments and medicine records. Three staff personnel files, including recruitment and training records and the provider's quality audits and checks.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, people's call schedules and the provider's website.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe with the staff that visited them and staff knew how to keep people safe from abuse and harm.
- Care staff had completed training, so they knew how to recognise abuse and understood their responsibilities to report concerns to the managers. A staff member told us, "I have done this when a person had no food or shopping. The family were responsible for this, so I reported it to the office. After that the family made sure there was always food there."
- The managers knew the procedure for reporting concerns to the local authority and to us (CQC).

Assessing risk, safety monitoring and management: Staffing and recruitment

- An assessment was completed at the start of the service that identified any potential risks to people's care and support.
- Where risks associated with people's care had been identified, plans were in place to manage those risks. Such as, helping people to move, and administration of medicines.
- The provider had identified the risk assessment procedure could be improved. They were in the process of updating people's risk management plans to provide more detail of how identified risk should be managed.
- Staff knew about risks associated with people's care and had completed training to manage people's risks safely.
- There were copies of risk assessments in the home for staff to follow. These included checks on equipment to make sure it was safe to use.
- People confirmed staff knew how to manage identified risks. This included one person who had a history of falls before moving to ICare, who told us, "The carers are extremely kind and patient with me and tell me to take all the time I need ... Since being with them, I haven't experienced a single fall, for which I'm very grateful."
- There were enough staff to allocate all the visits people required and to ensure people were safe.
- The provider used an electronic system for call scheduling, which also monitored the time staff arrived and left people's homes.
- Records confirmed calls to people were scheduled to regular staff who arrived around the pre-arranged times. One person said, "Remarkably they always manage to appear on time, or at least within ten minutes of the time I'm expecting them. If they ever do get held up in emergency, then someone will always call from the office to let me know and make sure I'm alright until they can get to me."
- The provider's recruitment process included checks to ensure staff who worked for the service were of a suitable character. Records confirmed checks and references had been obtained before staff started to work with people.

### Using medicines safely

- Most people administered their own medicines or had family members that supported them to do this.
- Where staff supported people to take their medicines, this was recorded in their care plan.
- Staff had been trained to administer medicines safely.
- Staff had observations of their practice which included medication administration. However, this was not a robust assessment of competency to administer medicines safely. Following discussion with the managers a competency assessment was implemented.
- People confirmed staff supported them to take medicines safely and as prescribed. One person told us, "What I really like about this agency is they (two care staff) both check the tablets to make sure they are giving me the correct ones, before handing them over to me with a glass of water. They insist I take them while they watch, before it can then be written up."

### Preventing and controlling infection

- People told us care staff were well presented, with clean uniforms and their hygiene standards were extremely high. For example, one person told us, "I've never once had to remind my carers about washing their hands. They are also very quick at changing their gloves and putting on their disposable aprons when they are about to help me in the shower."
- Staff received infection control training to help ensure they followed good hygiene practices to reduce risks.
- A staff member told us, "The company provide gloves, aprons, and arm covers, they also provide shoe covers. I have plenty. You need to change gloves if you apply cream or make meals."

### Learning lessons when things go wrong

- The provider had a procedure for recording accidents and incidents.
- There were no identified trends or patterns from recorded incidents.
- Where needed care plans and risk assessments were updated, and care adjusted to keep people safe.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People's needs were assessed before they started using the service. Assessments included people's care and support needs, likes and life style choices. This ensured people's needs could be met.
- Information from assessments was used to develop care plans that were kept under review to identify any changes.

Staff support: induction, training, skills and experience

- People and their relatives said staff had the skills and training to look after them. For example, people who used equipment to move told us staff did this safely. One person said, "I have to use a rotunda (standing aide) to get in and out of bed and the carers are very good and know exactly what they are doing. They support me where I need it the most, we've never had any accidents with it."
- Staff received an induction when they first started working at the service. This involved training and working alongside experienced staff.
- Staff new to care completed the Care Certificate. The Care Certificate is a nationally recognised induction standard to provide new staff with the skills and knowledge to carry out their roles effectively.
- Staff completed ongoing training and received individual meetings, to support them with their work.
- Managers regularly observed staff working in people's homes and checked they carried out their role safely. One person told us, "They [managers] visit regularly to either supervise the carers or train new ones, which we really like because it means we have the opportunity to meet them before they come on their own."
- Staff spoke positively about the training they completed. One told us, "I have had all my training, including medication, NVQ level 2 and moving and handling. All training is regularly updated. We have professional trainers who explain properly, it's very good."
- The branch manager had recently completed training for assessing vocational training of staff and for assessing and ordering equipment for people.

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

- Staff made sure people who required support with their nutritional needs had enough to eat and drink. For example, we were told, "The carers organise all my meals for me. Nothing is too much trouble and they never mind making me whatever I fancy to eat. They'll also tell me what needs eating from my fridge as well."
- People told us staff made them drinks while they were there and left them with a drink before leaving. Comments included, "My carers are very good and because I have a catheter they do encourage me to drink as much as I can. They always leave a hot drink, and also a little jug and a glass by my chair so that I can



easily get a drink for myself when they are not here with me."

- Where people required support with meal preparation, eating and drinking this was recorded in their care plan.

Staff working with other agencies to provide consistent, effective, timely care: Supporting people to live healthier lives, access healthcare services and support

- The managers and staff worked closely with health and social care professionals to improve outcomes for people, including social workers, GPs and district nurses.
- Staff followed instructions from health care professionals to maintain people's wellbeing. This included speech and language therapists (SALT) where people required special diets, such as pureed food or thickened drinks. They also accessed district nurses for advice on pressure area prevention which included completing skin checks and repositioning to prevent skin damage.
- People made their own healthcare appointments or had family who supported them to arrange these.
- Relatives said whenever care staff had concerns about the health or well-being of people, they would always let them know.
- People said staff would contact the GP or district nurse if they were concerned about their health.
- A relative told us, "In our experience they've looked after [person] very well and from being in and out of hospital before we started with this agency, [name] hasn't been admitted to hospital once since their care has commenced."

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 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.

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

- The managers understood their responsibilities under the Act and knew to contact the local authority if they had concerns about a person's capacity.
- People told us they had signed their care plan to consent to the care being provided.
- People using the service made daily decisions for themselves, or with the support from relatives and staff. Comments from people included, "Nobody has ever forced me to do anything I didn't wish to do, nor do I think they would do this in the future."
- Staff knowledge of MCA was limited, but they knew to gain consent before providing care.
- Following feedback to the provider about staff awareness of MCA, the provider confirmed further training and information to support staff knowledge was being arranged.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 told us what caring meant to them. One said "Caring means to look after people, treat them with dignity, make sure people are safe."
- People were happy with the staff that visited them and described care staff as professional and very caring in their attitude.
- A relative told us about their family member who could be difficult at times, "It takes some strong nerves to stick it out and still be able to provide the personal care [name] so desperately need. The entire family are very grateful to them [care staff] for how they look after [relative] in such a professional and caring way."
- Staff had time to talk with people, so they got to know them well. Comments from people included, "We always have a bit of a chat about what I'm up to or what I've been watching on the television. I do like having a bit of a laugh with them."
- Staff showed they cared about people by doing extra things for them without being asked. For example, a relative told us staff regularly, changed their family members clothes and bed linen, did the washing and folded this for them. Even though this was not in the care plan.
- Staff knew how to treat people well. One person told us, "I like the fact that my carers don't just run straight in and start doing things at 100 miles an hour. They take their time to ask me how I'm feeling ... it just feels like old friends coming to visit."
- Managers and staff understood people's cultural needs and where required could communicate with people in their first language.
- The provider supported staff's cultural and religious needs. This included giving staff days off for religious festivals according to their beliefs.
- Staff said they felt valued and appreciated.
- The managers showed people and staff they were thought about and valued. They sent cards and gifts to people at Christmas and remembered their birthdays by sending a card. They recognised staff hard work providing gift vouchers and organising an end of year party.

Respecting and promoting people's privacy, dignity and independence

- Staff knew how to maintain people's privacy and dignity. Relatives told us, "The carers are very polite and always call [person] by their first name, which [name] likes," and, "I can hear them asking how she is before they close the door behind them and the door doesn't open again until [name] has had a wash and got dressed."
- The care and support people received supported them to maintain independence

and remain living at home. People told us, "It's very important to me that I can still manage to get about a little bit on my own in my home. My carers are very patient and will give me the time to move myself about whilst they are still there, to support me if I have a wobble. I've always been told that you must 'use it or lose it' and my carers very much support me to do this."

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

- It was important to people to have regular care staff who they could build trust and relationships with.
- People were involved in their assessment process, care plan reviews and made everyday decisions about their care. A relative told us, "When we've had a review or someone from the office has rang up and asked, we have been able to tell them exactly how we feel about the care that is being provided. I don't think we could have been any more involved than we have been."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People confirmed they had an assessment completed when the service started. A relative told us, "[Branch manager] came out to visit my [relative] and we had a long chat about everything that was needed. We were asked what times of day we would like the visits, whether [relative] preferred male or female carers and how often they would like a shower rather than just a wash.
- Everyone told us they had a care plan in their home for staff to follow. People said they had been fully involved in writing their care plan and organising their care. A relative told us, "We felt fully involved in the planning of the care and we have been encouraged by the fact that so far they have delivered on everything promised."
- People said their call times were consistent with what had been agreed. For example, "We have never had any trouble with their timekeeping, and if they do finish all the jobs early, they will always sit down and have a chat before they go."
- People were visited by regular care staff they knew well and who understood their needs and preferences. Comments included, "We really grilled the agency about their promise to find a small number of regular carers for [name]. The agency has been as good as their word [name] has a maximum of five or six carers that she sees most of the time. They know her well and more importantly know how she likes things doing."
- People told us the service was very flexible if they had appointments and their call times needed to be changed.
- We reviewed four people's care records that included care plans and risk management plans.
- Plans were personalised, detailed and provided staff with all the information they needed to support people in a way that met their needs and preferences.
- Where people had been identified at risk of skin breakdown, care plans did not always remind staff to check people's skin during the care call. Following the inspection, the provider took immediate action to rectify this.
- Plans were reviewed with people regularly and were updated if people's needs changed.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was meeting the AIS standards. Information was available in different formats, such as large print if required.

- People told us communication with the agency worked well.
- People were visited by care staff that knew them well and could understand their communication needs. For example, a staff member told us about a person they visited who had difficulty with speech but as they had been visiting the person for three years they knew them well and could understand what they were saying.

#### Improving care quality in response to complaints or concerns

- Systems were in place to manage and respond to any complaints or concerns raised.
- People knew how to raise complaints and had been provided with complaints information when they started to use the service. One person told us, "I'm fairly sure there is something about how to make a complaint in the folder where the carers sign the records every day. To be honest there hasn't been any [complaints], in all the time I've been looked after by them."
- There had been no formal complaints received by the provider.

#### End of life care and support

- At the time of this inspection no one supported by the service was at the end stage of life.
- Care records contained information about people's end of life wishes, if they chose to share it.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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: Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People considered the agency to be well-managed because the service ran very smoothly. One person commented, "I often think of the TV advert that says, 'it does what it says on the tin,' because everything they've promised, they've delivered."
- People told us they would recommend the agency to others.
- People who had used other agencies told us ICare Coventry were "head and shoulders" above their experience of others.
- Staff spoke positively about the managers. Their comments included, "[Registered manager] is very kind and very nice. He listens to you, he never rushes you, he gives you time. I really like him."
- Feedback from people, relatives and staff was encouraged through satisfaction visits, review meetings, phone calls and quality questionnaires.
- People were provided with telephone numbers, so they could contact the managers if they needed to.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements: 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 service was led by the registered manager and the branch manager who staff said were, supportive, approachable and knowledgeable.
- The provider, who was also the registered manager understood their roles and responsibilities. They understood what they needed to notify us about and their ratings were displayed as required.
- The registered manager and branch manager had a good oversight of the service and were motivated to provide a good service to people.
- Staff felt supported in their role and received regular individual meetings and observations of their practice to make sure they worked in line with the provider's policies.
- There were effective processes to monitor the quality of the service.
- Records from people's homes had been audited when returned to the office.

Continuous learning and improving care

- Feedback from people and staff were used to support continuous improvement. One person told us, "I do find communication with this agency is particularly good and they do seem genuinely interested in finding

out our experiences, whether good or bad so they can learn from that in the future."

- The managers told us they did not have a documented improvement plan but did have plans for improving the service. Which covered all aspects of the service which they regularly reviewed in management meetings.
- Since the last inspection the provider had implemented several improvements to the service. Such as an electronic call scheduling and planning system. This supported the managers to ensure all arranged visits to people were allocated to consistent staff and enabled them to monitor staff had arrived at people's homes.
- A branch manager had been employed to support the management of the service, who deputised in the registered managers absence.
- The branch manager had recently made improvements to several procedures including the risk management and care planning process.
- In July 2018 the provider attained an Investors in People Award. Which meant the provider had achieved the required standards to become accredited with the organisation. The organisation reviews their accredited services annually to make sure they continue to meet the required standards.

Working in partnership with others

- The management team had developed positive working relationships with people's families, health and social care professionals and the organisation that supports people with direct payments.