

I Care (GB) Limited

ICare (GB) Limited

Inspection report

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Date of inspection visit:
08 April 2019
09 April 2019

Date of publication:
24 May 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?	Requires Improvement ●

Summary of findings

Overall summary

About the service:

I Care (GB) Limited is a domiciliary care agency that provides personal care and support to people living in their own homes. Not everyone using I Care (GB) Limited receives the 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. When we inspected the service 17 people were receiving the regulated activity.

People's experience of using this service:

People told us the staff supporting them knew them well and respected their needs, beliefs, preferences and personal privacy.

The provider had safeguarding systems to protect people from the risk of abuse or unsafe care. Care staff had received training on recognising potential abuse. The service had acted correctly to safeguard people by referring them to the local authority safeguarding team but office staff had not been notified of the referrals made. The registered manager addressed this gap in staff knowledge immediately.

The registered manager was also registered as a manager at another larger branch of the company. The care coordinator/administrator was in day to day charge of the office and was in a management development role. The provider did not have a clear development plan for their progression into a management role or guidance on making safeguarding notifications to us during the registered manager's absence. We have made recommendations about staff support and checking their understanding of their role.

There were sufficient numbers of staff working with people and they received regular supervision. The provider had a recruitment process to help make sure new staff were suitable to work with the people in their own homes.

Staff were supplied with personal protective equipment for use to prevent the spread of infections and had received training on infection control.

The registered provider had procedures in place for assessing a person's mental capacity in line with the Mental Capacity Act 2005. 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.

Staff reviewed and updated people's care plans when changes happened. Care plans had been developed with the involvement of the person and family members, if appropriate.

The provider had a procedure for managing complaints. People and their relatives were aware of how to

raise concerns or complaints. People told us they felt they could speak freely to staff if they had any concerns.

Senior staff carried out checks and audits were carried out to determine the quality of the care and 'spot checks' were undertaken by senior staff to check staff practices were in line with people's wishes. The service had systems to monitor quality and people told us they were asked for feedback about the support they received.

Rating at last inspection: This is the first inspection of the service since their registration with us.

Why we inspected:

This inspection was part of our routine scheduled plan of visiting services to check the safety and quality of care people received.

Follow up:

We will continue to monitor intelligence we receive about the service and plan to inspect in line with our inspection schedule for those services rated good. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

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?

Requires Improvement ●

The service was not always well-led

Details are in our Well-Led findings below.

ICare (GB) Limited

Detailed findings

Background to this 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was conducted by two adult social care inspectors 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 service.

Service and service type

ICare (GB) Limited is a domiciliary care service providing support and personal care to people in their own homes. 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.'

Notice of inspection

We gave the service 3 days' notice of the inspection site visit because this is a small service and we needed to make sure that the appropriate people would be available and also to allow time for consent to be obtained for visits and telephone calls.

We visited the location on 8 April 2019, 2019 to see the registered manager and the care coordinator/administrator and to review care records and policies and procedures. We made telephone calls to people who used the service and staff on 9 April 2019.

What we did before the inspection

Our planning considered information we held about the service. This included information about incidents the provider must notify us about, such as abuse. We looked at issues raised in complaints and how the service had responded to them. We obtained information from the local authority commissioners and safeguarding team.

We asked the service to complete a Provider Information Return (PIR). This is information we require providers to send us at least annually to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and the care coordinator/administrator. We reviewed care records and records relevant to the running and quality monitoring of the service. We looked at five care plans and a selection of records including, medication administration, quality monitoring records and the training and recruitment records for three of the staff employed in the last year. We spoke with two people in their homes and looked at the records they kept at home, we telephoned and spoke to three people and two relatives to ask about their experience of the service and the care provided. We spoke with three care staff about their experiences of working for this service

Is the service safe?

Our findings

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

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding procedures so concerns could be raised using the local authority safeguarding policies and procedures to help keep people safe. The registered manager had reported potential safeguarding incidents to the local authority safeguarding team for investigation and to medical professionals to make sure vulnerable people were safeguarded
- People we spoke with told us they felt the personal care they received was safe. A relative told us, "They [staff] use the key safe and make sure everywhere is locked when they leave."
- Everyone said they would be confident asking a member of staff for support if they felt something was not safe.

Assessing risk, safety monitoring and management

- Assessments had been carried out with people before they started to use the service so the staff could make sure they could meet the person's care needs safely.
- We saw that each person had assessments that identified personal and environmental risks that might affect their safety and that of the staff who visited.
- There was a system in place to make sure that equipment used by staff was safe.

Staffing and recruitment

- The provider had recruitment procedures to make sure that the care workers were suitable.
- The recruitment files we saw were in line with the organisation's procedure and covered the relevant checks of suitability.
- People told us they were supported by sufficient staff. They said they were usually supported by the same group of staff who knew their preferences and needs.

Using medicines safely

- Risk assessments had been completed with people for the management of their medicines.
- Staff received training in the management of medicines and there were procedures to guide them. They prompted the person or administered the medicines when the person needed assistance.
- Care plans contained information on the medicine support people needed.

Preventing and controlling infection

- Staff had received training around preventing and controlling infection and had access to relevant guidance and information.
- Staff used personal protective equipment [such as gloves and plastic aprons] to minimise the risk of spreading infection.

Learning lessons when things go wrong

- By the end of the inspection the registered manager had put in place a system for office staff to notify us of safeguarding referrals in their absence.
- Advice was being requested from human resources about making sure recruitment evidence was available at the registered location.
- The registered manager acted quickly to address these system failings.

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

People's outcomes were consistently good, and people's feedback confirmed this.

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.

- Care plans referenced offering people choices and involving them in decision making. Staff assumed people had the capacity to make decisions, unless they had been assessed otherwise.
- People confirmed that staff asked their permission for the care and support being given at each visit.
- Care records identified if people had a power of attorney registered and who had had legal authority to make decisions on their behalf.

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

- People's care and support needs were being regularly reviewed and updated when changes happened.
- Staff delivered people's support in line with their individual assessed needs and their stated preferences.
- Staff used recognised tools to assess people's needs and choices in line with legislation and best practice.

Staff support: induction, training, skills and experience

- Staff had ongoing training relevant to their roles and the support they provided. Staff told us if there was anything they did not understand they would speak to their manager.
- People told us staff were "very professional" and were "always very pleasant and helpful."
- Records showed new staff had completed an induction to the service and staff confirmed this. People told us new carers were introduced to them and shadowed more experienced staff when they first started them.
- The registered manager had reviewed staff training and addressed any gaps in training using online e-learning.

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

- People who used the service had an assessment regarding any nutritional and hydration needs and preferences. A relative told us "They [staff] do make meals and sometimes have to encourage [relative] to eat".
- Specific dietary requirements were clearly stated in people's care plans, for example if a soft diet was needed or if a person was diabetic.
- People told us they were happy with the support staff gave them with meals and were supported to have a

choice for their meals.

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

- The service provided timely care and treatment. People told us staff did not miss calls and acted quickly if they needed any help or were feeling unwell. We were told "Mostly on time but the odd day they may be later if there is an emergency elsewhere. They have rung in the past if they are going to be late".
- We saw examples of information being shared with other professionals so support could be given with behavioural issues. This included working with the memory clinic regarding people who were living with dementia and working with district nurses to support people with stomas and catheter care.
- Records confirmed people were supported to have access to health care professionals to help them stay healthy. We saw examples of information being shared with other professionals to support people's health needs and treatments.

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

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; Respecting and promoting people's privacy, dignity and independence

- People's right to privacy and confidentiality was respected. The comments we received were positive. People told us the staff were "kind" and "considerate."
- We asked people if the carers respected their privacy and dignity when providing care. They all said "Yes" and one told us "They do just fine."
- Everybody we asked said the staff treated them with respect and respected their chosen lifestyles. One person told us "They are very good like that."
- We asked people if carers supported them to do as much as they could for themselves. People confirmed this was the case and told us, "They don't do everything". A relative said staff encouraged their relative to do as much as they could to stay independent because "[Relative] needs persuading to do most things."
- When we visited people in their homes we saw that staff knew them well and displayed positive and familiar relationships with them. There was a relaxed atmosphere during the visits, sharing jokes and comments comfortably.
- Information was available to help people use advocacy services if they needed independent support to express their wishes about their lives or help them make decisions.

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

- People and relatives told us they felt comfortable telling staff how they wanted to be helped and when expressing their views about their care.
- People told us that staff did not hurry them but allowed them time to do things themselves. One person told us, "They [staff] do take their time and are patient with me."
- People told us they decided on their daily routines so staff followed what they wanted. Everyone said the carers did not disrupt their daily routines or try to alter how they wanted things done. A relative told, "They always ask [relative] what they want."

Is the service responsive?

Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans were person centred and had been developed with the involvement of the person and/or their family members, where appropriate, and had been regularly reviewed. Everyone we asked said they felt the carers understood their needs and what was important to them. People told us, "I am aware of my care plan" and "I have had to sign it."
- Staff completed a daily record at each visit to ensure that any concerns or identified changes were recorded. This ensured that staff had access to relevant and up-to-date information. The PIR the service provided stated that it was looking at improving its assessment and recording processes as it continued to develop its use of technology. New systems being implemented would allow staff to complete records digitally making information more accessible and current.
- Care plans took account of people's likes, dislikes, wishes and preferences in relation to their daily lives and routines. People told us that the service was flexible and worked with them to suit their needs. A relative told us, "[Relative] is a late riser so we decided what time the carers came to suit them. We needed to change the time for the late visit as well so it was not too early. The manager changed the times straight away to suit."
- Socialising within the local community was also seen as important to reduce social isolation. The registered manager told us they encouraged social activity by adapting visit times to accommodate people's preferred activities and interests.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure that was given to people when they started receiving the service.
- People told us they would feel comfortable raising a complaint with the registered manager. A relative told us, "I talk to the manager regularly, they are always helpful". The people we spoke with told us they had not had a reason to make a complaint.
- The provider had policies and procedures to support staff with regards to whistle blowing and raising concerns.

End of life care and support

- People's preferences about their care and support should their condition deteriorate or alter was included in their care plans so staff were aware of their wishes.
- The registered manager told us that care staff worked under the direction of, GP's and district nurses to help support people and families when people deteriorated or approached the end of their lives.

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations may or may not have been met.

- The registered manager was aware of their duty of candour and to notify us of significant incidents. However, we found instances where we had not been notified of safeguarding referrals that had been made to the local authority safeguarding team to keep people safe. Other incidents and events that required notification had been made to us. This was discussed with the registered manager during the inspection for immediate action. Office staff had not followed internal procedures and informed the registered manager of the referral so they could make sure we were notified. This was addressed immediately with staff.
- The registered manager was also registered as a manager at another larger branch of the company, where they also spent their time. The care coordinator/administrator was in day to day charge of the office in the registered manager's absence. The care coordinator/administrator was in a management development role but did not have a formal development plan to provide structured practical management training and oversight to prepare them for role progression and management responsibilities.

We recommend that the provider takes advice and guidance on structured development and support for staff working towards management roles.

Planning and promoting person-centred, high-quality care and support with openness and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- People received personalised care which met their needs and reflected their agreed plan and preferences.
- 'Spot checks' were undertaken by the clinical lead that included checks that staff practice was in line with people's wishes and the agency's procedures, medicines administration was correct, staff dress code and appropriate hygiene.
- Checks and audits were carried out to determine the quality of the care and care recording and to make sure care and medicines records were correct and up to date.

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

- Staff had developed and reviewed care plans with people and were aware of their different faiths, beliefs and cultures.
- People told us that they were happy with how the service was managed. They told us they were asked to give feedback about the service at reviews and when staff visited and asked them. One person told us, "They [management] come every now and then to make sure I am happy." A relative commented "The manager is part of my mother's care. I have seen her quite a bit."
- Staff that we spoke with felt supported in their role and told us they felt able to speak freely and raise any concerns with the office staff.

Working in partnership with others

- The service understood the importance of working in partnership with others to support people's care and treatments.
- Care records included the involvement of GP, district nursing and mental health services, physiotherapists and occupational therapists to make sure people received the right care.