

ICare Resource Limited

# ICare Resource Limited

## Inspection report

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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 Resource Limited provides personal care to adults living in their own homes. At the time of our inspection, the service provided personal care to 58 people. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

The provider made improvements to the service following our last inspection. Medicine's records were available and there were no gaps in them. The provider had monitored and audited aspects of the service to identify and address shortfalls to ensure people received safe care.

Feedback from people, relatives and staff was obtained through various means. The registered manager listened to people and operated an open and transparent service.

People were protected from the risk of harm. The provider had a policy on adult safeguarding and staff knew who to contact if they became aware of a person being abused. People had risk assessments which identified possible risks and how to manage them.

Except in emergency cases, people's needs were assessed by staff before they started using the service. For people referred to the service on an emergency bases, staff received their care plans in advance so they knew how to support them. Care plans were personalised and included people's specific needs such as their religion, culture and communication needs. Staff understood equality and diversity and knew that any discriminatory practices were not tolerated.

Staff supported people who needed help with meals. The meals met people's dietary requirements.

Staff worked with other professionals to support people to have access to social and healthcare services.

Staff felt supported in their roles. They received supervision and training which enabled them to develop their knowledge and skills. Staff recruitment processes were robust ensuring that suitable staff were employed at the service. There were also enough staff to provide care and support people needed.

Staff were kind, compassionate and caring. They treated people with respect and dignity by giving them choice and promoting their independence.

The registered manager was open to ideas from people, relatives, staff and others and was committed to making improvements. There was a complaints procedure in place.

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; the policies and systems in the service supported

support this practice.

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

#### Rating at last inspection

The last rating for this service was requires improvement (published 3 August 2018) and there was a breach of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# ICare Resource 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. 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

The inspection was carried out by 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.

#### Service and service type

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

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

Our inspection was unannounced. This was because of technical problems but the registered manager and senior staff were available to assist us with the inspection.

#### What we did before the inspection

Before the inspection, we reviewed relevant information that we had about the service including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events, which the provider is required to tell us about by law. We also checked the last inspection report and requested feedback from social care professionals. The provider did not send us a Provider Information Return (PIR) due to technical issues. A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make.

#### During the inspection

We spoke with two care staff, an operations' manager, a quality assurance manager and the registered

manager. We reviewed documents and records that related to people's care and the management of the service. We reviewed seven people's care plans and seven staff recruitment files. We looked at staff training records, audits and complaint and incident records.

After the inspection

Our Expert by Experience spoke with four people, and six relatives by telephone. We spoke with two care staff by telephone. We sought and received further evidence and clarification which we included in this report.

# 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 requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

At our last inspection the provider had failed to ensure that medicines were appropriately administered and recorded. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The provider had made improvements and they were no longer in breach of this regulation.

- Systems were in place to ensure the safe management of medicines. People were satisfied with the way medicines were administered. One person told us, "Yes, [staff] help me with medication. All given on time and in the appropriate manner."
- Records showed staff had received medicines training. When staff administered or prompted people with their medicines, they kept records and signed medicine administration record sheets (MARS).
- The registered manager audited medicines to ensure errors were identified and addressed. The registered manager also carried out spot or random checks to make sure staff had administered medicines correctly.
- Staff reminded or prompted people who were able to self-administer their medicines. For example, one person said, "I self-medicate. [Staff] do ask if I have taken my medication."

### Staffing and recruitment

- Most of the people and relatives we spoke with told us staff provided support in a timely manner. However, one person said, "Once staff did not turn up. I spoke to the agency and they rectified it." The registered manager told us and records showed that there were no missed visits
- Staff told us and records confirmed that the service provided two care staff to support people, when needed.
- The service had safe recruitment procedures in place. Records showed references were obtained and criminal record checks were undertaken before staff were employed.

### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. One person said, "Yes, I do feel safe. My care is quite intricate and they look after me very well." A relative told us, "Yes I do [feel my relative is safe]. There haven't been any issues.
- Safeguarding concerns were reported and dealt with appropriately.
- Staff had received training on safeguarding which meant people were protected from the risk of harm. Staff were able to list the different types of abuse. They knew who to report to incidents of abuse.
- The provider's adult safeguarding policy was updated and was available to staff to use.

### Assessing risk, safety monitoring and management

- Risks were assessed and mitigated where possible. People had risk assessments which listed possible risks such as risks of fall and malnutrition and how to reduce them.
- The risk assessments were reviewed six monthly or more often if people's needs had changed.
- Staff completed environmental risk assessments to ensure the premises were safe.
- We did not find the format of the risk assessment easy to follow and discussed with the registered manager if there were ways to make them more structured and easier to use by staff. The registered manager had been aware of this and had started a new format. The registered manager told us they would keep the format under review and would make sure all risk assessments were updated with the new format.

### Preventing and controlling infection

- People were protected from the spread of infection. Staff were provided with personal protective equipment (PPE) such as disposable gloves and aprons. They had infection control training.
- Staff told us they washed their hands before and after providing personal care.

### Learning lessons when things go wrong

- Accidents and incidents were recorded and lessons learnt to avoid similar incidents. For example, following an incident the provider put guidance in place for staff to ensure that there was enough and clear space around them, before they tried to transfer people from one place to another.



# 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 remained Good. 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

- The registered manager told us and people's care files confirmed that staff had completed assessment of people's needs before they started using the service. We noted that this was not always possible when emergency referrals were received for some people discharged from hospitals. The registered manager confirmed that in these cases, staff completed assessments of people's needs within a week of them starting using the service.
- People's assessment of needs detailed their support they needed, such as support with personal care, medicines, mobility and meals. The assessments also included people's choices, abilities and preferences of how their care should be delivered.

Staff support: induction, training, skills and experience

- Staff were trained and competent to meet people's needs. One person said, "The [staff] appears to be well trained; everything [they do] is done well." Another person said, "[Staff] deal with [equipment used for transfer] very professionally. They know how to use it and they are very careful of what they are doing."
- Staff received a comprehensive induction. Staff who were new to the care profession had completed the Care Certificate. The Care Certificate requires staff to complete a programme of training, including observations by a senior colleague, followed by an assessment of their competency.
- Staff had completed various training programmes related to their roles. We saw records and certificates which confirmed staff had attended training in areas such as medicine administration, moving and handling, infection control, nutrition and hydration. Staff told us they found their training useful.
- Staff told us they were well supported by their managers. They told us, and records confirmed they had received regular supervision and an annual appraisal.

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

- People and relatives were satisfied with the way staff supported them with meals. A person said, "They prepare food for me; I tell them what I want to eat." A relative told us, "[Staff] help with food; we tell them what [person] needs to eat. No issues at all."
- Staff had received training on the importance of nutrition and hydration. People's cultural, religious and health needs and their individual dietary preferences were documented in their care files.

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

- Staff supported people with accessing healthcare professionals such as GPs, hospitals, and occupational therapists to promote their health needs. A relative said, "[Staff] noticed a problem with [family member]

and immediately called the doctor. I was pleasantly surprised."

- When people's health needed special attention, they contacted relevant professionals to ensure that people received appropriate care.
- A social care professional commented that staff had addressed issues they raised with them fully and within a given time.

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. People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- People and relatives were able to make decisions and consent to their care. One person told us, "I was involved in terms of what I wanted; I consented to the care package." Another person said, "I make my own decisions about my own care." A relative commented, "[Person] did consent to the care." Another relative told us, "[Staff are] guided by me. I make decisions for [person]."
- Staff had training and understanding of the meaning of the MCA. They told us they ensured they obtained people's consent before providing care.

# 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 remained Good. 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

- People were treated by staff with respect and dignity. One person said, "Yes, they treat me with respect. We are like family. We treat each other with respect." A relative told us, "[Staff are] very respectful of us and listen to what we're saying."
- The service had a policy on ensuring equality and valuing diversity. Staff we spoke with had a good understanding of equality and diversity and respecting people's human rights, their individual beliefs, culture, sex, sexuality and background. A member of staff said, "You have to treat everyone as equal."
- Staff were caring, kind and respectful. A person said, "Staff ask me how I'm getting on. The care staff are extraordinary." A relative told us, "[Staff are] very kind and caring."

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

- People and their relatives were involved in making decisions about people's care. One person said, "I make my own decisions about my own care." A relative told us, "[Staff are] guided by me. I make decisions for [person]."
- People were supported in expressing their views. The registered manager told us and records showed people received support from relatives or other independent individuals when completing their assessments and reviewing care plans.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and confidentiality. A member of staff described how they ensured people's privacy when supporting them with personal care. They said, "I close the door and curtains. I help them use towels to cover their body."
- Staff promoted people's independence. A member of staff told us, "I let people do what they can for themselves. This gives them confidence."

# 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 remained Good. 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

- People received personalised care and support. Their needs were assessed before or immediately after they started using the service. This enabled the service to provide care that reflected and met people's needs. Care plans stated how people wanted staff to support them. For example, one person's care plan stated, "I would like my [staff] to assist me with [my needs]."
- Care plans had been reviewed to reflect changes in people's needs. People's care packages were increased, reduced or were kept unchanged depending on the outcome of their care plan reviews.
- Staff completed daily records which detailed significant information staff observed or undertook whilst supporting people. This ensured that staff had up-to-date information about people's needs and how to meet them.

Improving care quality in response to complaints or concerns

- Complaints were managed effectively and used to drive improvement. The service had a complaints procedure. We looked at the concerns and complaints the registered manager recorded. We noted the registered manager had responded to people's concerns and complaints.
- People and relatives told us they knew how to make a complaint. They told us they had no complaints about the service.
- The registered manager knew that complaints could help the service improve the quality of care. They stated that they welcomed complaints because they would help them improve the service.

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.

- Staff communicated with people effectively. People's communication needs were documented in their assessments and care plans. This meant the service knew people's preferred communication methods.
- The registered manager understood that information should be available to people in formats suitable to their needs. These could be pictorial or large fonts or other suitable formats.
- Relatives told us the service provided them with staff who spoke their language. One relative said, "[Person] has a care worker that speaks [their] language; [person] does not speak good English; it just makes things easier."
- However, we noted one person who stated their language preference was not supported by staff who spoke their language. The registered manager explained that they had many staff who spoke other

languages but could not find a member of staff who spoke the language in question. They told us that the person's relatives translated for them. The registered manager reassured us that they would endeavour to employ a member of staff who could speak the person's language.

#### End of life care and support

- People received good end of life care. Staff had good knowledge and experience of providing end of life care. They liaised with appropriate healthcare professionals and families in meeting people's end of life care.

# 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 requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People received care and support that was tailored to their needs. This was evidenced in care plans which documented the length, frequency and type of support people received.
- Staff told us the service was open and inclusive. One member of staff told us how supportive and understanding senior staff and the registered manager was to them. They said they could talk to senior staff and the registered manager.

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

- Relatives spoke positively about the service's management. One relative said, "I am satisfied; if I have any issues, they are dealt with quickly. I would recommend the service."
- The registered manager understood their responsibility to be transparent and honest with people and relatives. The registered manager told us that staff contacted relatives and people's representatives about incidents and accidents that had occurred at the service.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager was aware of their regulatory requirements. For example, they were knowledgeable about what events they were required to notify the Care Quality Commission about and records confirmed they had done so as appropriate. They confirmed that they would submit the PIR as soon as it was requested.
- The management structure at the service was clear. The registered manager was supported by an operations manager, a quality assurance manager, a field supervisor, care co-ordinators, admin staff and senior care staff.

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

- The quality assurance systems enabled people to expressive their views about the quality of the service. People and relatives were consulted through survey questionnaires, telephones and spot checks. Senior staff asked people and their relatives their views about the service. The feedback received was positive about the service.
- Staff had regular meetings in which they discussed and shared information about their practices.

### Continuous learning and improving care

- There was a culture of continuous learning and improving care within the service. The registered manager carried out various audits including audits of medicines, medicine administration records, care files, staff supervision and daily logs. This helped the service identify and address any areas that required improvement.
- Different quality assurance and monitoring systems were in place. For example, senior staff carried out unannounced spot checks to check staff performance of their duties and to gather verbal feedback from people and relatives.
- The registered manager was a member of care related organisations such as Skills for Care and UK Healthcare Association. They had also completed leadership and management qualifications in health and social care.

### Working in partnership with others

- The service worked with other agencies to develop and share best practice. We were also informed that staff at the service carried out voluntary work in conjunction with local charities and hospitals.
- The registered manager attended a providers' forum which was run by the local authority. They also worked with the local authority to help promote good practice. The local authority carried out a monitoring visit and informed the Care Quality Commission that the few issues they identified were fully addressed by the registered manager.