

I Care (GB) Limited

# ICare GB Limited - Derby Care Office

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

ICare GB Limited - Derby Care Office provides support to people in their own homes within Derby City and the surrounding area. There was 37 people using the service. 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. At the time of the inspection 32 people were receiving personal care support from this service.

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

The quality monitoring systems in place had not always identified when improvements were needed. We found improvements were needed as some people felt their complaints and concerns were not always addressed to their satisfaction. This was an issue identified at the last inspection.

All calls were covered, but some people told us their call times could vary on a daily basis. However, we did see from records that calls were provided within the agreed time frame. Everyone told us they were happy with the support they received but some felt their calls were sometimes rushed. We did see that some calls were shorter than the agreed time.

People confirmed that staff wore PPE in accordance with the government guidelines to protect against the spread of Covid 19. However, several people said staff entered their homes with apron and gloves on. Four people had asked carers to put on aprons and gloves after entering their home and after washing their hands. One person told us that they had to ask one carer to wear a mask. All of these people confirmed the staff then complied with their request.

Some improvements had been made since the last inspection and people told us they had seen some improvements over recent months in the support they received. We saw that people's identified risks had been assessed and were managed safely. All of the people we spoke with told us they felt safe with the staff who supported them.

People were supported to take their prescribed medicines by staff who had been trained. The recruitment practices in place ensured the appropriate checks were completed before staff started work. Staff had received training to protect people from abuse. Most people told us they received support from a regular team of staff.

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 (and update)

The last rating for this service was Requires Improvement (published 26 September 2019) and there were two breaches 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 under the safe domain and the provider was no longer in breach of regulation 18, However, enough improvement had not been made in the well led domain and the provider was still in breach of regulation 17.

### Why we inspected

The inspection was brought forward due to concerns received about people being rushed with personal care and how complaints were managed. A decision was made for us to inspect and examine those risks. We undertook a focused inspection to review the key questions of safe and well-led only.

No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe well led key question of this full report.

The overall rating for the service has remained Requires Improvement. This is based on the findings at this focused inspection and from the previous comprehensive inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for ICare GB Limited - Derby Care Office on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

### 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?

**Requires Improvement** ●

The service was not always safe.

Details are in our safe 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 - Derby Care Office

## **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.

This was a focussed inspection to check on specific concerns about people being rushed with personal care and how complaints were managed.

#### Inspection team

The inspection was carried out by an inspector, an assistant 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.

This service is a domiciliary care agency. It provides personal care to people living 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.

This inspection was announced.

Inspection activity started on 28 September 2020 and ended on 30 September 2020. We gave the service one weeks' notice of the inspection. This was because we needed to arrange calls to people, their relatives and staff. Calls were undertaken between the 28 to 30 September 2020. We visited the office on the 30 September 2020.

## What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who commission people's care at the service. We used this information to inform our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

## During the inspection

We spoke with nine people who used the service, 11 people's family members and 11 members of staff. We also spoke with the deputy manager, care coordinator, the registered manager, operations manager and nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included four people's care records and several medication records. We looked at five staff files in relation to recruitment and training. A variety of records relating to the management of the service were reviewed.

# 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 remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety.

### Staffing and recruitment

At the last inspection the provider failed to ensure there were enough staff to meet people's assessed needs. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At the time of the inspection there was sufficient staff employed to manage the calls. The registered manager confirmed 25 care staff were employed and told us an ongoing recruitment drive was in place.
- We saw that people's calls were provided within the agreed time frame. The agreed time frame could be 30 minutes either side of the agreed time. For example, if a person had an 08:30 agreed time, their call could be at 08:00 or at 09:00. However, we found that some people did not like the variance in time. We fed this back to the registered manager.
- Some people told us they had regular carers and others said they didn't, but the majority had no issue with this. However, some stated this was a problem as they didn't get the continuity they would like.
- Everyone liked the staff and felt the support they received was good. We received mixed views about call length. Some people reported there were occasions when their support felt rushed. We did see that some calls were completed earlier than the agreed time.
- The registered manager told us some people wanted the staff to leave as soon as their support was completed, due to the current pandemic. None of the people we spoke with confirmed this was the case. One person told us, "I have loads of time for the carers to do what I need, so if they get finished earlier, I just let them go as I know how busy they are."
- When staff were recruited the appropriate references and checks were completed in line with current guidance.

### Preventing and controlling infection

- Staff did not always follow infection control guidance. The provider's infection, prevention and control procedures and practices had been updated to include COVID 19 safe working procedures and staff had received guidance on the correct way to put on and remove personal protective equipment (PPE). At the time of the inspection none of the people being supported had any symptoms of COVID 19.
- People confirmed that staff wore PPE however, one person told us they had to ask a staff member to wear their mask. Several people said staff entered their homes with apron and gloves on. Four people had asked

carers to put on aprons and gloves after entering their home and after washing their hands. This shows that not all staff were clear on the guidelines of correctly putting on and removing their PPE, known as donning and doffing.

- The layout of the office ensured office staff were sat at a safe distance to ensure the transmission of any potential COVID 19 was minimised. Hand gel was available at the office entrance and hand washing facilities were in place. Care staff confirmed they were able to collect PPE supplies from the office in a safe, socially distanced way.
- Safe practice was followed when new people started to use the service. All new service commissions came from the local authority, with an assessment of a person's current COVID 19 status. This supported the management team to plan appropriate care to keep people and the staff team safe.

#### Using medicines safely

- At the last inspection we identified that people did not always receive their medicines safely. We saw that improvements had been made. People who were supported to take their medicine confirmed this support was provided at the right time.
- Information regarding people's prescribed medicines and the support they needed to take them was recorded in their care plan.
- The registered manager audited completed medicine administration records when they were received in the office, to ensure they had been completed correctly.
- Staff had received medicines training and competency assessments to ensure they understood how to manage medicines safely.

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

- People told us they felt safe with the staff. One person said, "I get lots of different carer's, but I feel safe with them all, they have a way of making me comfortable even if they have never been before." Another person told us, "All of the carers wear an ID badge around their necks." A relative said, "I have nothing but praise for everything the carers do for my relative. They have really tried to keep my relative safe."
- Some staff were unfamiliar with the terminology used such as 'safeguarding' but understood the procedure to follow if they had any concerns about abuse. We discussed this with the registered manager to enable them to provide additional guidance and training to staff.
- The providers policies and procedures and local safeguarding protocols were followed.

#### Assessing risk, safety monitoring and management

- The risk of avoidable harm to people was managed, as risk assessments were in place and followed by the staff. For example, regarding the support people needed to manage their mobility, personal care, dietary needs and support with medicines.
- Environmental risks assessments were undertaken within people's homes to ensure people and staff were safe. This considered the effects of any hazards within people's homes.
- People felt safe when they received care and were satisfied with the security arrangements for staff to enter and leave their home. One person told us, "The carers let themselves in and out at each visit and I have never had a problem with security."

#### Learning lessons when things go wrong

- Processes were in place to reflect and share any learning from incidents with staff so that practices could be changed if required.
- For example, information was gathered when auditing care log books and medicine administration records. We saw the management team spoke to the staff member involved to resolve any issues and provide additional support or training as needed.



# 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 remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people.

At the last inspection the provider failed to have robust systems in place to assess, monitor and improve the quality and safety of the service to drive improvements or provide quality care to people. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- We identified several areas for improvement that had not been picked up by the providers quality monitoring tools. For example, from discussions with people we established that not all staff were following the correct procedure for handwashing and then putting on their disposable aprons and gloves.
- Some people felt some calls were rushed. We saw that some call times finished earlier than the agreed time. This needs to be reviewed and documented with the people involved; to ensure they were happy for staff to leave earlier than planned and to ensure they didn't feel their calls were rushed.
- Some people told us that their preference of staff gender for personal care was not always met. Although systems were in place to gather this information, it had not been effective in ensuring people's preferences were maintained.
- Some people received support from staff whose first language was not English. People confirmed that staff were caring and friendly and were able to provide the support they required; but the language barrier prevented people from having a conversation with their care staff. The registered manager acknowledged this, but no action had been taken to address this.
- Discussions with people confirmed that staff who were new to them did not always read their care plans before they began supporting them. Some people told us they had to tell staff of the support they needed. This meant there was the potential for staff to not follow a person's care plan correctly.
- People felt their concerns were not always addressed. These concerns were about the times of their calls. They told us they were treated with respect when ringing the office and that staff tried to be helpful but ultimately nothing changed, or if it did, it only changed for a short period of time.

This was a continued breach of regulation 17 (2) (a) (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Continuous learning and improving care;

- Medicine administration records and care logs were audited in a timely way, to ensure any errors were identified and addressed promptly.
- Staff understood their roles and responsibilities and told us who they would report any concerns to on a day to day basis.
- Staff were positive about working for the agency and told us the registered manager and office staff were supportive.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider's rating for this service was displayed on their website with a link to their report on CQC's website. Their rating was also clearly displayed at their office base.
- The registered manager ensured that we received notifications about important events so that we could check that appropriate action had been taken.
- Since the onset of the COVID 19 pandemic, telephone reviews had been undertaken with people. One person told us, "It has been appreciated them ringing, as the only people who have been in my home are the carers." Another person told us, "I have filled in various questionnaires about the service and also I have been asked over the phone what I think about the service."
- The registered manager advised us that satisfaction questionnaires had recently been sent out and the responses would be collated and analysed to drive improvement.
- Due to the pandemic care staff had not met up as a group. The registered manager, nominated individual and operations manager confirmed that a virtual team meeting had taken place and that more were planned.
- Staff knew how to identify when people needed intervention from a health or social care team. Records showed people received support from other agencies as needed.

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 17 HSCA RA Regulations 2014 Good governance  Systems in place to assess, monitor and improve the quality and safety of the service were not robust to drive improvements. Regulation 17