

I Care (GB) Limited

I Care (GB) Limited - Marston Gardens

Inspection report

Marston Gardens
Wetherby Court
Liverpool
L36 3WH

Tel: 01514430318

Date of inspection visit:
20 May 2021

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30 June 2021

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

I Care (GB) Limited - Marston Gardens comprises of 24 flats with 25 tenants living in them. The company is registered with the Care Quality Commission as a domiciliary care agency, so that a care service can be provided for people who live there if they require this. At the time of inspection 24 people were receiving a personal care 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.

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

People's care needs were assessed and care plans developed to meet their needs. People received the right care in line with these plans. Care records included risk assessments that were well-kept and up-to-date. People and their relatives told us that they were involved in decisions about their care and support.

People received their medicines safely and there were regular checks carried out of medicines and finances. GPs and other healthcare professionals were contacted for advice about people's health needs whenever necessary. The provider had systems in place to ensure that people were protected from the risk of harm or abuse.

The registered manager had quality assurance processes in place including audits, staff meetings and quality questionnaires. There was partnership working with other professionals such as local authority departments, those of whom we spoke with were all positive about the working relationships.

Staff were recruited and inducted into their roles safely and there were enough staff available to meet people's day to day needs. Staff received training appropriate to their role and regular supervision.

The registered manager and staff had a good understanding of people's needs. There were systems in place to maintain good communication and ensure everyone understood their duties.

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 this practice.

This service was registered with us on 11/12/2019 and this is the first inspection.

Why we inspected

The inspection was prompted (in part) due to concerns and risks that were identified at another I Care (GB) Limited location. A decision was made for us to inspect and examine those risks.

We looked at infection prevention and control measures under the Safe key question. We look at this in all care home inspections even if no concerns or risks have been identified. This is to provide assurance that the service can respond to COVID-19 and other infection outbreaks effectively.

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?

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.

I Care (GB) Limited - Marston Gardens

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.

As part of this inspection we looked at the infection control and prevention measures in place. This was conducted so we can understand the preparedness of the service in preventing or managing an infection outbreak, and to identify good practice we can share with other services.

Inspection team

This 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 provides care and support to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care housing; this inspection looked at people's personal care and support service.

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 a short period of notice of the inspection. This was because it is a small service and we

needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 20 May 2021 and ended on 24 May 2021. We visited the office location on 20 May 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return in time 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.

We used all of this information to plan our inspection.

During the inspection

We spoke with four members of staff including the registered manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We received feedback from three professionals who regularly work with the service. The Expert by Experience spoke with eight people who used the service and two family members.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from abuse. People told us they felt safe living at the service. People told us "I feel very safe here that's why I won't move." and "Yes I feel safe here because knowing staff are around to help you if you need it." One relative said, "Yes I feel [person] is very safe living there, they have good security, and often someone on the desk when you go into the building, and staff are always around to help if required."
- Care workers understood their responsibilities to report suspected abuse and were confident managers would respond.
- People were protected from loss and financial abuse. When the service supported people with money there was suitable recording of transactions. This was regularly audited.

Assessing risk, safety monitoring and management

- Risks to people were managed safely. There were appropriate risk management plans for risks to people, such as those relating to mobility, moving and handling and how the person could evacuate in an emergency.
- There were also risk assessments in place for those needing support with their mental health. One professional we spoke with told us how the registered manager worked with them to reduce the risk of harm to an individual.
- Accidents and incidents were managed appropriately and monitored regularly.

Staffing and recruitment

- Rotas showed that staffing levels were sufficient to meet people's needs.
- There were enough staff on duty and staff schedules were planned around people's planned visits.
- The provider followed safer recruitment measures. They carried out pre-employment checks on staff, including proof of identification and the right to work in the UK. The provider carried out a check with the Disclosure and Barring Service (DBS).

Using medicines safely

- Staff knew how to give medicines safely and received regular training in administering medicines and their knowledge and skills were regularly assessed.
- People received the right support with their medicines. People told us they received their medicines safely. One person said, "I have medication three times a day and it is always on time."
- People's medicines needs were assessed and this formed part of their care plans. Staff accurately recorded the support they had given on medicines administration recording (MAR) charts.

- There were extensive checks to make sure medicines were given safely. Daily medicine checks were carried out to ensure they were correctly given.

Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There was appropriate learning from incidents and systems supported this. Where incidents had occurred, for example a medicines error, this was recorded with a clear process for what needed to be reported to other agencies.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and choices were assessed. The registered manager and staff had a suitable process for identifying what support people required and their preferences for their care.
- The provider drew on information from people, their families and other health professionals to complete assessments.

Staff support: induction, training, skills and experience

- Staff received the appropriate induction and training the provider had assessed as mandatory to carry out their roles. This was monitored to ensure staff received refresher training as required.
- Staff also had the opportunity to access more detailed training courses, such as self harm and conflict resolution. Staff told us they had the right training and benefitted from this.
- There was a system in place for assessing staff performance. This included directly observed practice and regular supervision.
- The majority of staff had completed a Diploma in Health and Social Care level 2 or 3.

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

- People had the right support to eat and drink. People told us they were supported with meals when required. People's eating and drinking needs were assessed and care workers documented how they had ensured people had a varied diet in line with their choices.
- People sometimes chose to eat together in the communal area however the COVID-19 pandemic had temporarily halted this. One person told us "We used to have a breakfast morning so hope that will get back to happening again."

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

- People's plans documented how the service needed to work with others to meet people's needs.
- People were referred to specialist support when required and plans were reviewed to reflect guidance from specialists for example dieticians.
- People were supported to meet their health needs. There was information on people's health conditions and the support people required with these. One person told us "I can see the GP when I want too but staff always check to see if you are ok."

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.

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

- The provider was working in line with the MCA. People's decision making abilities were assessed and people were able to make day to day decisions for themselves.
- There was evidence in people's care files that they had consented to their 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People told us they were treated with respect. Comments included "They always have time to talk to you and listen to you", "Staff will always come in and help me when needed. They have a chat to me and are always kind and caring and polite," and "The care is 100% and they will do anything to help you."
- We observed positive interaction between staff members and people who used the service. People were addressed by their names and always greeted by staff.
- People's plans took account of how people liked to spend their time. This included when people had behaviour which could seem unusual and how best to support people when this happened.

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

- People were involved in planning their care. Care plans took account of people's views and preferences and their opinions were stated in their plans. There were regular opportunities for people to discuss their views, including reviews and meetings.
- People were encouraged to talk about and share their life stories. Staff had discussed people's histories, employment and family lives and this was all recorded in people's plans. People's wishes were respected if they did not want to do this.
- Keyworking was taking place regularly for everyone. People had allocated keyworkers who regularly met with them.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and independence was respected.
- Plans were clear about what people could do for themselves, including whether people needed prompting, guiding or direct support to have different aspects of their care carried out. Daily logs showed that staff respected this.
- We were told by one relative "The staff go into help him with his meals and also allow him to be independent at the same time."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. 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 received the care they needed.
- People's care was planned to meet their needs and logs recorded how staff had delivered this.
- Care plans were regularly reviewed and also updated as people's needs had 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 service was meeting the Accessible Information Standards as they assessed, recorded and shared information regarding people's communication needs.
- The provider had written forms of information available in other formats, For example the information in regard to COVID-19 processes was in pictorial form on the walls of the building.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The registered manager and staff had a varied activity programme. People told us they benefitted from this. However, this had had to be reduced and adapted due to the COVID-19 pandemic. We were told "There's always lots of activities going on." One family member said, "Until the pandemic there was so many activities going on there, I'm sure they will start again."

Improving care quality in response to complaints or concerns

- No one we spoke to had any complaints about the service. One person told us "The care is 100% and they will do anything to help you."
- The provider had an appropriate procedure for addressing complaints. This involved investigating complaints, speaking with all concerned and taking action to address the concern.

End of life care and support

- No one was receiving end of life care at the time of inspection however there was a policy in place if 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People told us they knew the registered manager. One person told us "The manager is very good, always around and will talk to you, is very hands on. If you need to see her always available." A relative said "The current manager is hands on and keeps an eye on all issues that come up." We saw examples of people approaching the registered manager to ask for help and advice.
- Relatives told us how they were kept up to date and involved in the care of their family member. One relative said "We get regular letters, and we're encouraged to join all the tenant meetings. I have no complaints here with anything."
- Staff had regular meetings where they were able to get involved and voice their opinions.

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; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were effective systems for communicating important information. Staff were aware of the importance of checking the service diary and communication books. Handovers were used to check that people had received their visits and care tasks.
- The provider had reviewed and adapted the policies following inspection from a sister service that reflected the appropriate guidance needed.
- The registered manager had comprehensive quality assurance processes in place including audits that was shared with the local authority.
- Staff told us that they felt supported in their role and that the registered manager was approachable.

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

- The service worked in partnership with the housing provider to meet people's needs. There were systems in place to ensure that maintenance issues were addressed.
- The professionals we received feedback from all commented on the positive working relationships and the good communication between the services.
- We saw that surveys had been carried out and the people who used the service had the opportunity to give feedback about the staff and the care that they received.

