

I Care (GB) Limited

ICare (GB) Limited - Trafford

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

About the service

ICare (GB) Limited – Trafford is a domiciliary care agency that provides personal care to people living in their own homes in the community. People receiving care had a range of support needs; some people had long-term health conditions.

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 this inspection the agency was supporting 14 people, all of whom received personal care.

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

People told us they felt safe. Staff understood the risks to people's safety and wellbeing and what they should do to keep people safe. Staff knew how to identify and raise concerns about safety; they were confident management would take them seriously. Medicines were managed safely, and staff ensured those who managed their own medicines remained well.

Systems were in place to recruit staff safely. There were sufficient numbers of trained staff to support people safely. Recruitment processes were robust and helped to ensure staff were of suitable character and had relevant experience to work with vulnerable people.

There were safe infection control procedures in place including enough supplies of personal protective equipment (PPE). The provider had infection control measures in place and people told us staff wore PPE. The provider worked with other healthcare professionals for the benefit of people using the service.

Staff had good relationships with other health professionals and liaised with stakeholders to ensure people received appropriate support. Health professionals we contacted were extremely complimentary about the responsiveness of the service and their approach to person-centred care.

Staff respected people's privacy and dignity. Core staff supported the same people as much as possible. This meant staff knew the people they cared for. People were supported in a friendly and respectful way. People and their relatives were complimentary about the staff and their caring attitude. People's care records were in place and reviewed regularly to guide staff on how to assist people safely and encourage their independence.

People and their relatives told us staff knew their needs and preferences well. People and relatives knew how to complain. Some people and relatives who had complained or raised informal concerns said changes had been made following their complaints; people were satisfied.

Policies and procedures were in place to guide staff practice. The registered manager could monitor

standards of care delivery with a range of quality checks and audits. There was good use of technology to help with this. Regular supervision of staff was a priority for the service.

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.

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

Rating at last inspection and update

The service was first registered on 14 October 2021 and this was the first inspection of the service.

Why we inspected

This inspection was prompted by a review of the information we held about this service. The overall rating for the service is good based on the findings of this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for ICare (GB) Limited – Trafford on our website at www.cqc.org.uk.

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 (GB) Limited - Trafford

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector. An Expert by Experience made telephone calls to people and their relatives to gather their views on the service. 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.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 24 hours' 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 10 January and ended on 18 January 2023. We visited the location on 11 January 2023.

What we did before the inspection

We reviewed information we had received about the service. We also looked at notifications about

important events that had taken place in the service, which the provider is required to tell us by law. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We contacted health and social care professionals to obtain feedback about their experience of the service. These professionals included local authority commissioners. We used all of this information to plan our inspection.

During the inspection

We spoke with and received feedback from 5 members of staff on site; the registered manager, care coordinator, the chief operating officer and 2 care workers.

We reviewed a range of records. This included 4 people's care records and medication records. We looked at 3 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including electronic call monitoring records, policies and procedures were reviewed.

On 16 January 2023 we spoke with 4 people who used the service and 4 family members about their experience of the care provided. We spoke with an additional 3 care staff over the telephone to seek their views of the service. We continued to seek clarification from the provider to validate evidence found.

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 of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- Risks to people's health, safety and well-being were assessed by staff and documented within care plans and on electronic systems. Relevant risks included those relating to falls, moving and handling, medicines, skin care, the home environment, nutrition and the use of bed rails.
- Staff we spoke to were aware of the individual risks posed to people and could describe how their practice helped reduced these risks.
- People and their relatives told us they felt safe using the service.
- The service had implemented technology and used this well to help keep people safe. For example, the mobile phone application prompted staff to make sure people at risk of falls were wearing their neck pendants. This meant they could summon help should they fall when alone in their home.

Staffing and recruitment

- Staff were recruited safely. The provider ensured at interview staff employed had the required skills to undertake the role of a care worker.
- Feedback from people and their relatives was mixed but mainly positive, regarding care calls. Staff attended calls within an agreed timeframe. Comments included, "They usually turn up on time within half an hour," and, "They are pretty good on the time keeping." One relative we spoke to thought visits could be more evenly spaced throughout the day.
- Staffing levels were appropriate for the number of people supported at the time of this inspection. People told us they felt safe. One relative said, "[Relative] is safe in my opinion; they all have a caring attitude towards her." Another told us how 2 carers always supported their family member to use a hoist.
- The provider recruited safely by exploring gaps in employment, acquiring references and completing Disclosure and Barring Service (DBS) checks prior to staff starting in their roles. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- People were protected from avoidable harm by the staff team. Staff had received training in safeguarding and when warranted, safeguarding concerns were raised in a timely manner.
- Staff provided us with examples of when they had raised concerns with the registered manager. Staff were confident all concerns raised were acted upon and resolved.
- Staff told us they would have no qualms in reporting any poor practice to keep people safe.

Using medicines safely

- Medicines were managed safely as staff had received appropriate training in the administration of medicines. People were encouraged to take their own medicines where safe to do so.
- People who required support to take medicines had a care plan and risk assessment, which described the support they required to take them safely. Some people were prescribed anti-coagulant medication; their care plans recognised the risk of excessive bleeding and contained guidance and instructions for staff to follow.
- Records regarding the application of prescribed creams were robust. Both hard-copy and electronic care plans contained detailed instructions for the application of creams, alongside corresponding body maps with markers.
- The service had a policy in place relating to the safe administration of medicines which was provided to staff. Staff were observed regularly to ensure their competence.
- No-one we spoke with expressed any concerns regarding their medicines, and medicines administration records we checked were all completed correctly.

Preventing and controlling infection

- People and their relatives told us they had no concerns about infection control. Staff wore suitable personal protective equipment (PPE).
- Staff had access to appropriate PPE and followed infection control procedures to keep people safe.
- The provider's infection prevention and control policy was up to date. We were assured that the provider was using PPE effectively and safely.

Learning lessons when things go wrong

- There was evidence of learning lessons when things went wrong.
- The registered manager identified where practices could be improved and implemented change as a result of lessons learnt.
- Staff understood the need to record and report any information to the registered manager so that this could be escalated if warranted.

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 of 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

- The registered manager carried out a thorough assessment of needs. Information relating to people's personal preferences, likes and dislikes was gathered prior to a person receiving care and support.
- Information was used to put a comprehensive, person-centred care plan in place to guide staff on meeting people's needs and preferences. Daily record logs, completed by care staff, contained a good level of detail and corresponded with people's assessed needs.
- Electronic systems and paper-based care plans were updated as and when changes happened; for example, when people's needs were noted to have changed.
- People and their relatives commented positively about the service provided.

Staff support: induction, training, skills and experience

- Staff completed a thorough induction prior to starting employment.
- New staff benefitted from working with more experienced members of staff as most people needed 2 carers to support them.
- Staff we spoke with told us they felt they had received appropriate and relevant training to meet the needs of the people they were supporting. One staff member told us they had completed a thorough induction, with both on-line and face-to-face training, at the Bury branch.
- Staff we spoke with told us they felt they received consistent support. Records of audits and spot-checks demonstrated the provider had considered staff competence, learning and support needs.
- People using the service told us they trusted the staff and considered they were capable and competent carers.

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

- People were supported to eat and drink to maintain a healthy diet, especially when required as part of their care plan.
- Any specific dietary needs were documented in care records and provided guidance for staff; for example, if people had any food allergies or were diabetic.
- Staff knew to offer people choice when preparing their meals so that they received a variety of meals.
- One care plan stated a person was not to be left alone with food. A staff member described how they modified the drinks and meals the person received so that the risk of choking was reduced.

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

- The service contacted health professionals for advice and guidance with people's consent. Any advice or guidance in relation to people's care was recorded within care plans.
- The management and staff team worked closely with other agencies, such as General Practitioners' (GP) surgeries, community nurses and social workers to support people to receive effective care.
- Health professionals we contacted for feedback told us staff sought advice and medical treatment quickly when they have had any concerns.
- Advice provided by healthcare professionals was incorporated into people's care plans, so staff were providing care which met people's health needs.
- A recent clinical assessment by health professionals had determined bed rails were in a person's best interest. Their care plan acknowledged the decision and outlined how staff should best support the person.

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 MCA 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.

- People's capacity had been considered as part of the initial assessment process; the registered manager and care staff were working within the principles of the MCA.
- Systems were in place to obtain consent from people to provide care and support.
- Staff had received training in the MCA and had a good understanding of capacity and consent.
- Staff understood the principles of the MCA and worked with people to involve them in decision making wherever possible.

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 of 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 and their relatives were well treated by kind and caring staff who respected people's individuality. Staff had developed trusting relationships with people, and people told us they felt comfortable in their presence.
- Staff told us of how they related to people with shared cultures and shared interests. A member of staff told us how they sang with people, some of whom had a diagnosis of dementia. They told us one person liked Elvis songs and knew all the words whilst another person preferred to sing hymns.
- Staff told us they had time to interact with people. This was important to people. One person told us, "They are kind and caring; I like that they talk to me."
- People were supported by regular staff members, which provided continuity and familiarity for people who used the service. Consistent and regular carers treated people with kindness, respect and compassion. One person said, "There are usually regular staff who I know and they know me."

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

- People told us they were involved in making everyday decisions and choices about how they wanted to live their lives and staff respected these.
- People's choices were listened to and respected; people were supported to express their views. Even when people were unable to engage staff spoke to them and tried to involve them. One relative told us, "I hear them asking [my relative] can they do something, even though they know she can't engage with them; I like that. It shows care and consideration."
- People told us they were involved in decisions about their care and were given choices regarding the support offered to them.

Respecting and promoting people's privacy, dignity and independence

- People were respected and treated with utmost dignity. Staff respected people's individual needs and circumstances. One person said, "Given they have to do everything for me they are still mindful to give me privacy and dignity."
- Staff understood the importance of maintaining people's independence and promoted this where possible.
- People were encouraged to use existing skills and continue to carry out tasks they could do. One person said, "There are quite a few things I can do for myself; they [staff] will finish things if I am struggling." Another person told us how staff used a stand-aid to assist them into a wheelchair, which they could then self-propel around their home.
- Systems were in place to maintain confidentiality and staff understood the importance of this; people's

records were stored securely in the office premises.

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 of 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 personalised care and support. This was in accordance with their preferences and choices.
- People and their relatives were involved in the initial planning of care and subsequent reviews. People were complimentary about the responsiveness of the service. One person told us, "We feel we only have to ask for something to be changed if it needs to be."
- People's care routines were available for staff via a mobile phone application (app). People we spoke with confirmed hard copy care plans were also in their homes.
- Care plans contained good detail and instructions for staff, including information on specific health conditions. Staff were instructed to look out for signs people were unwell, to complete body maps when any bruising was found and to document everything in care plans and on the mobile phone app.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were met. People's care records contained information about what aids if any they needed to help with communication, such as hearing aids and spectacles.
- Staff understood how people communicated. One care plan outlined how one person was able to communicate verbally, but low and slowly. Staff were instructed to be patient.
- Staff knew to offer people choices in ways they would understand. This meant people received the right care for them.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place for responding to any complaints.
- People told us they knew how to complain. Each person was given a copy of the complaints procedure when they first started using the service and this information was also made available to relatives.
- The provider had systems in place to deal with and respond to any complaints or concerns raised. One relative had contacted the office with a problem, which had been resolved. They told us, "If I am unhappy about my [relative's] care I always feel listened to and there is always an appropriate response."

End of life care and support

- At the time of this inspection, the service was not supporting anyone with end of life care, although they had done in the past.
- The registered manager told us they would liaise with relevant professionals to ensure people got the care they needed.
- We were assured people would receive appropriate end of life care and support from staff, with assistance from other health care professionals.

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 of 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.

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

- There was an established management structure in place and staff understood their roles and responsibilities.
- A range of governance and quality assurance systems were in place. This was to ensure care being delivered was safe and effective. These included checks on care calls, electronic records, medicines and care plans.
- The registered manager was supported by staff on site but could also draw on advice and support from the wider company. The chief operating officer was present at this inspection to assist the registered manager.
- The provider understood their responsibility to notify external agencies, including CQC, about notifiable incidents.
- Company policies and procedures were in place and had been revised and updated in line with any changes, for example following the outbreak of COVID-19.

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

- The management team used spot and competency checks on staff to monitor care being provided.
- Staff told us they felt comfortable to speak to the registered manager about their role and the care being provided.

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

- The service sought feedback from people and staff mainly through informal means, such as telephone calls and chats. People confirmed they had given feedback, but this had been mainly verbal. One person told us, "Someone from the office phones from time to time to see how things are going."
- People and relatives told us management were approachable and available to speak to. They considered the service was well run.
- Staff felt fully supported and listened to. They were positive about the registered manager and told us they were approachable and very supportive. The company had introduced Employee of the Quarter award, an incentive scheme to reward staff who had performed well.
- People's relatives told us they felt listened to and their views were acted on. Any concerns or complaints were dealt with to their satisfaction.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and provider were aware of their regulatory and legal responsibilities.
- The management team understood their responsibility regarding the duty of candour; this includes the need to apologise in writing when something goes wrong.

Continuous learning and improving care

- The service had invested in technology to help improve the delivery of care.
- Governance systems in place, such as communication book and MAR chart audits, helped identify areas of learning. Any concerns were addressed with staff in team meetings and supervision.
- The registered manager told us of their intention to move to paperless systems of working. This would not be implemented until care staff were fully confident with the electronic systems introduced.
- Calls were monitored in real time and this enabled the service to be more responsive when this was necessary.

Working in partnership with others

- The registered manager of the service recognised the benefits of partnership working.
- Staff had established good working relationships with other professionals involved in people's care. This included district nurse teams, social workers and local GP services.
- Professionals we contacted for feedback were complimentary about the registered manager and the staff. Commissioners used words such as collaborative, caring, and compassionate to describe the team.
- The registered manager and care co-ordinator worked closely with commissioners to ensure people received the right care.