

I Care (GB) Limited

ICare (GB) Limited

Inspection report

Suite 212, Second Floor, Warth Business Centre
Warth Road
Bury
BL9 9NB

Tel: 01617630351

Date of inspection visit:
11 December 2019

Date of publication:
17 January 2020

Ratings

Overall rating for this service

Good 

Is the service safe?

Requires Improvement 

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 Bury is a domiciliary care agency providing personal care to people living in their own homes. At the time of the inspection, there were 14 people receiving a 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 told us they felt safe. However, it was not clear if people always received their medicines when they needed them. We have made a recommendation about the management of medications. Recruitment procedures had been recently revised. However, they were insufficiently robust. We made a recommendation around recruitment to ensure staff receive appropriate safety recruitment checks prior to being introduced to people at the service.

Staff received safeguarding training and knew how to recognise and report potential abuse. Staff received appropriate training and induction and had developed positive relationships with the people they supported.

People's needs were assessed prior to using the service and care plans were reviewed regularly. People's personal histories were recorded and information in relation to their healthcare needs. Spot checks were carried out to ensure staff provided people's care safely and in the way they preferred.

People were supported by kind and caring staff. People told us they were respectful and always had a smile for them. Staff told us they enjoyed their jobs and felt valued by the management.

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.

The registered manager was not present at the time of the inspection. Team meetings and supervisions had not regularly taken place but this had been identified and actioned. Staff told us they felt well supported and communication was good within the service. Audits were taking place, but were not as robust as they could be. People were complimentary of the management team and felt they were approachable.

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

Rating at last inspection

This service was registered with us on 18 December 2018 and this is the first inspection

Why we inspected

This was a planned first inspection.

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 not always safe
Details are in our safe findings below

Requires Improvement 

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

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.

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 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 they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not available during the inspection.

Notice of inspection

We gave the provider 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 11 December 2019 and ended on 11 December 2019. We visited the office location on 11 December 2019.

What we did before the inspection

We reviewed all the information we held about the service, such as notifications. These are events that happen in the service that the provider is required to tell us about. We also sought information from the local authority. We used all of this information to plan 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 four people who used the service and five relatives about their experience of the care provided. We spoke with and emailed eight members of staff including the senior care-coordinator and the area operations 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 requested further information around employment start dates for people and recruitment policies and processes.

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 requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Recruitment was not always safe. We looked at three staff recruitment files and found all three staff had started before appropriate checks had been undertaken. We discussed this with the operations manager who explained staff undertake training and shadowing whilst they are awaiting the result of their checks.
- We noted that there was a gap of two months in some cases from staff starting induction to receiving all the appropriate checks. We do not consider it is safe practice for potential staff to be shadowing in people's homes until all safety recruitment checks had been undertaken.

We recommend the provider review their recruitment processes, to prevent the risk of people being put at risk by unsuitable staff.

- People told us there were no missed visits. However, one person said, "Consistency of care workers coming, this needs to improve. It would be nice to know who is coming." We raised this with the operations manager who assured us he would look into this.

Using medicines safely

- The provider had failed to ensure medicines were managed safely.
- We looked at medication administration charts (MARS) and saw there were gaps in recording. We noted medication audits were not taking place frequently.
- There were no protocols in place for those people who took medicines as and when needed (PRN). There was some confusion if medicines had been prescribed to take regularly or on a PRN basis. Medication competency checks were not taking place and we found some staff's medication training was due for renewal. This was organised following inspection. We observed a home visit where medication administration was taking place appropriately.
- People and relatives told us they were happy with the way their medicines were managed. One person said, "They really look forward to seeing the care workers. This is always a good sign for safety."

We recommended the provider review their procedures around medication and auditing.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm.
- People told us they felt safe. One person said, "Yes. I feel safe, absolutely. I do look forward to seeing them. [staff] They have never forced me to do anything."

- The provider followed safeguarding procedures to help protect people from harm.
- Staff received safeguarding training at induction, and then on three yearly basis. Staff had an understanding of abuse and felt confident with the training they had received.

Assessing risk, safety monitoring and management

- The service managed risk effectively around environmental risks, as well as risks in relation to falls, medication and skin integrity.
- The provider had contingency plans in place to ensure people were supported in the event of emergencies.
- People's records were accurate, up to date and stored securely.

Preventing and controlling infection

- Infection control was managed safely.
- Staff understand their roles and responsibilities in relation to infection control and hygiene.
- Staff wore gloves and aprons when carrying out personal care and cleaning tasks.

Learning lessons when things go wrong

- Staff understood their responsibilities to raise concerns, to record safety incidents and concerns.
- The care coordinator was able to give examples of learning lessons when things went wrong. One example was around changing shift patterns, which did not go to plan, and the service reverted back to the old system.

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 as 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 were assessed effectively. Senior staff carried out assessments of people's physical, mental health and social needs prior to receiving a service.
- People's personal histories were being recorded and information in relation to their health had been obtained. One relative told us, "They [staff] are excellent with my relative. They know what their likes and dislikes are."
- Care plans were in place and staff regularly reviewed and evaluated them. Staff were aware of good practice guidelines and used them to support the delivery of care. People told us "Yes, we have been through the care plans with the managers. They are excellent, always keeping us in the loop."

Staff support: induction, training, skills and experience

- Staff received effective training which gave them the skills and knowledge to carry out their duties safely.
- Staff felt confident in supporting people and were supported by the management.
- People said staff had the appropriate skills. One person told us, "They are very skilled. The skilled ones also train the new care workers."

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

- People had access to appropriate healthcare and staff worked with other agencies to make sure people's healthcare needs were met.
- We saw evidence in care files to show professionals had been involved in people's care.

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.

- The service was complying with the principles of the MCA. Staff carried out assessments when people lacked capacity and best interest meetings.
- Staff had received training in the Mental Capacity Act.

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 were well treated and respected. The provider had policies in place to guide staff around the importance of treating people equally and ensuring their rights were respected.
- People spoke positively about staff. Comments included "They [staff] are brilliant. They listen, they laugh with me, they smile. I really look forward to when they come." And, "They are always respectful. They speak to me with a smile and are very kind indeed."
- Staff told us they enjoyed their jobs, one staff member said, "I thoroughly enjoy my job where I am able to make a difference in vulnerable adults lives."
- We looked at compliments during our inspection which informed us some staff went the extra mile.

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

- People and their families were consulted about their care. One person told us, "In the beginning we went through the care plan in detail and they [staff] have just come to update it."
- One relative told us "This is the beauty of this company and the staff. We were very nervous of having someone in the home, but they have worked with us. They have made my relative feel at ease which is excellent."
- People were aware of advocacy services and the provider promoted this.

Respecting and promoting people's privacy, dignity and independence

- Staff were kind and caring and treated people with dignity and respect.
- Staff promoted people's independence. One person told us, "They [staff] try and help me to be independent where I can. They know when I have a good day and bad day which is good." A relative told us, "They are wonderful care workers. Always kind and caring, never too much for them to do for my relative. "

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's care was planned to ensure their needs were met effectively. Staff completed care plans which contained information about how to support people. One person told us, "In the beginning we went through it [care plan] in detail. They [staff] have just come recently to update it."
- Staff were aware of people's diverse needs and protected characteristics such as age, disability and gender.

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 operations manager was aware of the Accessible Information Standard. They explained they could provide service user guides in different languages and formats to ensure people could understand the information.
- The care coordinator told us how one staff member had supported an individual whose first language was not English to communicate and to help other staff to provide a consistent service to them.
- People's communication needs were identified and recorded in their care plans.

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

- Staff supported people to develop and maintain relationships.
- Staff encouraged people to participate in activities in the community. The service distributed information about activities in the local area to help prevent social inclusion.

Improving care quality in response to complaints or concerns

- People could share any concerns with staff who supported them. People knew how to make a complaint.
- The operations manager told us they had not received any formal complaints and where day to day issues had arisen they had logged them on the system.
- One person said "We have got all the details. We are constantly speaking with management. If there are any issues they deal with them there and then."

End of life care and support

- At the time of the inspection there was no one receiving end of life support. The operations manager told

us they would ensure all relevant support was available to ensure people received appropriate care at the end of life.

- There was advanced care plan paperwork in the process of being completed and discussion took place about the need for end of life training. We were advised this was briefly covered during the induction. The training manager advised they would make links with local hospices to further develop training in this area.

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 as 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; 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 management team promoted a positive culture. Staff feedback on the management team was complimentary and staff told us they were approachable.
- People told us the senior care coordinator was well liked and had a good understanding of their needs.
- The senior care coordinator who had been managing the service in the registered managers absence told us they felt well supported by the provider.
- The provider understood the duty of candour to be open and transparent and was aware of their responsibilities.

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

- Team meetings and supervisions had not been taking place regularly, but since November the senior care coordinator was undertaking these and had a planned schedule in place. Spot checks on staff performance were taking place regularly.
- The operations manager had carried out some audits and there were plans already in place to undertake more robust medication audits and make further improvements in this area.
- Notifications about incidents that affected people's safety or welfare were sent through to CQC.

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

- The provider involved people and families and worked in partnership with other agencies. The provider encouraged people to make nominations for carer of the quarter who received a £20 gift card and certificate. We saw one nomination that read, "[Care staff] is an angel and always goes above and beyond. I have complete peace of mind when I know [care staff] is going to mums. Staff felt valued and told us they were happy working at the company.
- The provider carried out service user and relative satisfaction surveys. People confirmed this saying, "Yes, I have just filled in a questionnaire recently."
- The service had a newsletter and was keen to share information with people.
- We also saw many compliments, expressing gratitude. One family member told us, "They are brilliant, they are even here for me too." People we spoke with told us, "Management are very good. They always ring back. They always try to accommodate us." And "The service is good. We would recommend the service to

family and friends."

- The service worked well with the local authority and had developed good relationships with professionals.

Continuous learning and improving care

- We saw accidents and incidents had been documented. However, these were not analysed to reduce the risk of them happening again. We discussed the need for this with the operations manager.
- The management team was keen to improve their auditing and to address any shortfalls to improve the quality of the service delivered to people.