

I Care (GB) Limited

# I Care (GB) Limited - Wirral

## Inspection report

Unit 1, Office 2  
Commerce Park, Campbeltown Road  
Birkenhead  
CH41 9HP

Tel: 01513193950

Website: [www.icaregroup.co.uk](http://www.icaregroup.co.uk)

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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

I Care (GB) Limited – Wirral is a domiciliary care agency. It provides personal care and support to people living in their own homes. 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 inspection 32 people were receiving a service.

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

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.

Staff supported people to take medicines safely. Staff were trained in medicines management and knew how to ensure that people received their prescribed medicines on time.

Staff received an induction and were supported through a programme of regular supervision and training.

Feedback from people and their relatives showed there were few punctuality issues. Although staffing had been problematic due to staff absences the provider had managed to minimise the impact on the people using the service.

People received person centred care. Their assessments showed they had been involved in the process. Care plans described how people should be supported so that their privacy and dignity were upheld.

Care workers demonstrated good knowledge and skills necessary for their role. People's health needs were met. The service worked with a range of external professionals, so people received coordinated care.

People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination.

There were governance structures and systems which were regularly reviewed. There was a complaints procedure in place, which people and their relatives were aware of. Quality assurance processes such as audits and spot checks, were used to drive improvements. The provider was in the process of changing over to an electronic form of care plans, however the existing care plans held appropriate information for staff to safely support people.

Rating at last inspection This service was registered with us on 19 March 2020 and this is the first inspection.

### Follow up

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 ●

# I Care (GB) Limited - Wirral

## 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 two inspectors 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.

#### 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 unannounced.

#### What we did before inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with four people who used the service and four relatives about their experience of the care provided. We spoke with five members of staff as well as the registered manager.

We reviewed a range of records. This included four people's care records and 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.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. There were policies covering safeguarding adults, which were accessible to all staff and they outlined clearly who to go to for further guidance.
- Staff had received up-to-date safeguarding training appropriate to their role. They knew how to identify and report concerns.
- People told us they were safe in the presence of care workers. One person told us, "Yes they always lock my front door" and a family member told us "Yes he gets on very well with them."

Assessing risk, safety monitoring and management

- There were adequate systems to assess, monitor and manage risks to people's safety. Comprehensive risk assessments were carried out for people. People's care files contained a range of risk assessments. In all examples, the assessments provided information about how to support people to ensure risks were reduced.
- Care plans were in the process of being changed to an electronic format. However, the existing care plans identified specific health needs and how to support the person effectively.
- The same approach was repeated across the range of risk assessments in place. These had been kept under review to ensure people's safety and wellbeing were monitored and managed appropriately.
- Care plans also held appropriate information and guidance on the use of lifting equipment. One person told us "Yes yesterday [staff] put me on the sling to my armchair as a change when I'd had enough sitting in the chair and I was uncomfortable."

Staffing and recruitment

- Recruitment checks had been carried out for all care workers. Their personnel records showed pre-employment checks had been carried out. Checks included, at least two references, proof of identity and Disclosure and Barring checks (DBS).
- Feedback received from people and their relatives indicated that everyone was happy with the timekeeping of their visits. We were told, "Yes on the odd occasion they can be late with sickness but most of the time they arrive on time. Yes, they have stayed long enough." However, we also received comments from people saying the service had been 'stretched recently.'

Using medicines safely

- There were systems and procedures in place to ensure proper and safe use of medicines. Medicine administration records (MARs) were completed appropriately and regularly audited.
- Care workers had received medicines training. They had been assessed as competent to support people

to take their medicines. One family member told us, "They give her medication and they know she is very good at pretending she is okay." Another family member said "Yes they prompt him for his medications."

#### 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 using PPE effectively and safely.
- We were assured that the provider was promoting safety through the hygiene practices of the service.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- The registered manager used mistakes as learning experiences, for example two staff now check cancellations of visits to ensure accurate information is imputed so that these visits are not attended by staff.



# 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 were assessed, before support plans were drawn up. Agreed goals of care were delivered in line with standards, guidance and the law.
- Each person we spoke with told us of the initial meeting with the registered manager.
- People's assessments covered a wide range of areas and reflected their choices and preferences. People told us they received the care and support they needed, and their choices and preferences were responded to. People or a relative who could represent the person felt involved in their care and able to make choices.

Staff support: induction, training, skills and experience

- Staff had the appropriate skills and training. They demonstrated good knowledge and skills necessary for their role. A training matrix and documentation confirmed the required competencies had been achieved by staff. One person told us "I think they're really good I can see the training when they come and are new to me, they are very caring."
- New staff completed an induction using the Care Certificate framework before starting work. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme. Staff also shadowed experienced members of staff until they felt confident to provide care on their own.
- We saw records confirming that supervision and support was being provided to staff, including spot checks to monitor their performance when supporting people. One staff member said "We have supervisions and can call into the office for a chat at any time."

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

- There were arrangements to ensure people's nutritional needs were met. This included individual nutrition and hydration care plans to provide guidance to care workers on meeting people's dietary needs.
- People and their relatives we spoke with were happy with the support being provided surrounding their diet. Comments included "Yes [person's] getting enough, they fill her one cup kettle for her, make her a coffee and leave her water. They will talk to her and bring her into the kitchen to ask what she wants to eat." Another relative told us, "Yes we're working with the dieticians at the hospital trying to get his eating up, he is prompted a lot. They [staff] know he can't have a drink for thirty minutes after food. When they come in and he's eating his cereal they wait and offer a drink. His appetite is low and they prompt him."

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 for example dieticians.
- People were supported with their health needs. There was information on people's health conditions and the support people required with these.

#### 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.

- Each person we spoke with said that the staff obtained consent before they could proceed with any task. We were told "Yes they always do" and "Yes all that's great."

# 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's and their relatives told us care workers were kind and caring. Comments we received included "Yes, they're lovely, they will sit and chat with her," "Most are very good some take time to chat" and "One hundred percent, they go above and beyond all the carers. I listen to them when [relative] is shouting at them [staff] and they're talking calmly to her."

- The service respected people's diversity. Care workers had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. Relevant policies were in place, including, equality and diversity and Equalities Act 2010.

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

- The registered manager maintained regular contact with people through telephone calls and reviews. This gave people opportunities to provide feedback about their care. Records showed people had been consulted about their care.

- We were told by one person "Oh yes I am" and another person told us "I'm fully involved because my mind is on the ball." A relative also said "Yes they do ask us."

Respecting and promoting people's privacy, dignity and independence

- People's privacy was respected. Care plans described how people should be supported so their privacy and dignity were upheld. People told us, "Yes they do they're really good", and "I get as much privacy as I ask for, I normally undress and they know not to come into the bathroom until I called them."

- People were supported to maintain their independence. People's relatives told us about how care workers took time to support people to participate as fully as they could. A family member told us, "Initially [person] required an awful lot of care, now he's a lot better, they've gone with that progression." Another commented, "As much as they can, yes they do." One person also told us, "Yes they do, yes, if I'm able to do things I'll say."

- Privacy and confidentiality were also maintained in the way information was handled. Care records were stored securely. The service had up to date confidentiality policies to comply with General Data Protection Regulation (GDPR) law.

# 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 person centred care. Their assessments showed they had been involved in the assessment process. Care plans were written to reflect their choices, likes and dislikes. One relative told us "She [relative] had a care plan done. I've phoned the office for different reasons if anything's changing. I know the girls in the office well now."
- People's care files contained meaningful information that identified their abilities and the support required to maintain their independence.
- Care plans were regularly reviewed to monitor whether they were up to date so that any necessary changes could be identified and acted on at an early stage.

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.

- Each person's preferred method of communication was highlighted in their care plans, which enabled staff to communicate with people in the way they preferred and could understand.

Improving care quality in response to complaints or concerns

- There was a complaints policy and people's relatives confirmed they could complain if needed to. Everyone we spoke with was happy to complain if they needed to. Some people had raised minor concerns that had been addressed.
- Complaints were addressed appropriately. This involved investigating complaints, speaking with all concerned and taking action to address the concern.
- No person we spoke with had any complaints at the time of inspection.

End of life care and support

- Where appropriate, people's end of life wishes and contacts were known and recorded for staff to refer to.
- The service worked with other agencies to ensure people were supported, where possible, to remain in their homes as they reached the end of their lives.

# 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 were assured they could contact the administrative office. A relative told us, "It is quite easy to pick up the phone and talk to them we've built up quite a relationship with the care company." One person said, "Yes I get to know the office staff." Staff also said "Care provided is flexible to meet people's care needs. For example, have a longer call once a week to help client with a shower, but had a hospital appointment yesterday and wanted shower, so stayed late to support with that."
- Staff said that in regard to their role as care staff they were supported and enjoyed providing the care to the people in their own homes. One staff member told us, "I can talk to anyone if I need anything or if I'm unsure about anything. I can always call the office, they always answer the phone and there is someone on call. I can raise any concerns with the manager."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The registered manager and staff team understood their responsibilities under the duty of candour.
- The provider had notified us of significant events, as required. The notifications showed the provider had been open and honest and shared information about incidents with relevant people.
- Policies and procedures were in place, including safeguarding, infection control, recruitment and disciplinary processes. This helped to ensure staff were aware of the expectations of their role and were held accountable for their actions.
- Staff received supervision and support from the registered manager and senior support staff to develop their practice. Staff told us, "We have supervisions and can call into the office for a chat at any time." Another said, "I can look at care plans on the new app we are using, can speak to family and the person themselves."

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

- The registered manager and staff worked with external professionals to ensure outcomes were achieved for people.
- Staff were supported to express their views and contribute to the development of the service at team meetings. A staff member told us, "The manager is approachable, I can raise any issues and I would be listened to."

#### Continuous learning and improving care

- The provider was committed to the continuous improvement of the service.
- They assessed the quality of the service to identify how it could be further improved. Methods they used included regular reviews of people's care, regular observations of staff and audits.