

I Care (GB) Limited

ICare (GB) Limited - Runcorn

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 well-led?

Good ●

Summary of findings

Overall summary

About the service

I Care (GB) Limited Runcorn is a domiciliary care agency providing personal care to adults in their own homes. The service was providing personal care to 26 people at the time of the inspection.

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

Improvements were made to the management of medicines following the implementation of a new electronic system. People told us they received their medicines at the right times.

The provider had improved their systems in relation to risk management. Risks to the health, safety and welfare of people were identified through the completion of risk assessments. Risk assessments provided sufficient information about the risks people faced and how to minimise the risk of harm to people.

Systems and processes to assess and monitor the safety and quality of the service had improved since the last inspection.

People told us there were some inconsistencies in the timing and attendance of their visits. Managers addressed this following our feedback.

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.

Mental capacity assessments were in place. The provider had acted upon a recommendation following the last inspection regarding the application of The Mental Capacity Act 2005 (MCA). Mental capacity assessments were only completed for people who lacked the ability to make decisions for themselves.

The provider maintained a record of completed training required for their role and staff confirmed they had completed this training. Staff received support through regular 1-1 supervision sessions, however, some staff felt support outside of their supervision sessions was inconsistent. Managers addressed this following our feedback.

People and family members told us communication with office staff was in the main good, however, staff felt this could improve for them. Managers addressed this following our feedback.

Staff followed good infection prevention and control practices and they had access to a good supply of PPE

which they used and disposed of safely.

The provider operated safe recruitment processes.

The registered manager and provider understood their duty to share information in an open and honest manner. They were receptive of feedback during the inspection and took prompt action to make improvements.

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 last rating for this service was requires improvement (published 9 August 2022). The service has improved to good.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider had made the required improvements and was no longer in breach of regulations.

This service has been in Special Measures since 9 August 2022. During this inspection the provider demonstrated that improvements have been made. The service is no longer rated as inadequate in any of the key questions. Therefore, this service is no longer in Special Measures.

Why we inspected

When we last inspected I Care (GB) Limited Runcorn in May and June 2022 breaches of legal requirements were found. This inspection was undertaken to check whether they were now meeting the legal requirements.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

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

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 well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

ICare (GB) Limited - Runcorn

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 a medicines inspector.

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

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure there would be staff based in the office to speak with us.

Inspection activity started on 9 January 2024 and ended on 24 January 2024. We visited the location's office on 9 and 24 January 2024.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who 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 3 people who used the service and 3 family members about their experience of the care provided. We spoke with 8 members of staff including the registered manager, deputy manager, care workers and office staff.

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

Following our visits to the office, we continued to seek clarification from the provider to validate evidence found and looked at training records 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.

At our last inspection we rated this key question requires improvement. At this inspection this key question has changed to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Systems for managing medicines had been reviewed and improvements were made since the last inspection including the implementation of a new electronic medication administration (eMAR) system.
- People told us they received their prescribed medicines at the right time.
- The medicines policy had not been updated to reflect the changes in how medicines were managed including the use of a new electronic medicines record. We were provided with an updated policy following our inspection visit.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people were assessed and their safety was monitored.
- Risk assessments relating people's health, safety and welfare were completed and kept under review.
- Risks assessments provided sufficient information about the risks people faced and how they were to be managed to keep people safe.

Staffing and recruitment

- Staffing arrangements and the timeliness of planned visits were not always consistent.
- People told us in the main they received visits from a consistent group of staff; however, one person told us their teatime visit was often attended by staff they were unfamiliar with.
- We received mixed feedback from people and family members regarding the punctuality of planned visits. One person told us most of their visits were carried out as planned, however, they commented some teatime visits were often attended late. A family member told us some of their relatives planned visits did

not always last for the full duration agreed and another family member told us their relative had experienced missed visits. Staff with oversight of the providers electronic system for monitoring any missed or late visits had not always identified and acted upon them. We shared this with the manager, and they took action to address it.

- The provider operated safe recruitment processes. A series of pre-employment checks were carried out on applicants to check their fitness and suitability prior to an offer of employment being made.

Preventing and controlling infection

- Safe practices were followed to help prevent the spread of infection.
- Staff had access to relevant policies, procedures and guidance and were provided with a good supply of PPE.
- People and family members told us staff used and disposed of PPE correctly and left their homes clean and hygienic. Their comments included, "They [staff] use throw away gloves and pinnies and throw them away before they go" and "Oh yes, they [staff] are very tidy and always clean up before they leave."

Learning lessons when things go wrong; Systems and processes to safeguard people from the risk of abuse

- The provider learnt lessons when things went wrong.
- The provider had made improvements based on lessons learnt and they took prompt action to address areas for improvement identified at this inspection.
- People were safeguarded from the risk of abuse.
- Staff completed safeguarding training and had access to the providers safeguarding procedures.
- Staff knew the different types and indicators of abuse and were confident about recognising and reporting any concerns they had.
- People told us they felt safe with staff and family members were confident their relative received safe care and support. Their comments included, "Yes I feel safe with them [Staff]" and "No worries at all about [relative] safety, they are treated well."

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.

At our last inspection we rated this key question requires improvement. The rating for this key question has changed to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- The provider was working in line with the MCA.
- The provider had acted upon a recommendation following the last inspection by reviewing and improving their practice around the completion of mental capacity assessments. Assessments were completed for people where this was required.
- Staff understood their responsibilities for obtaining people's consent prior to them providing any care and support and people confirmed their consent was obtained.

Staff support: induction, training, skills and experience

- Staff were provided with the training they needed for their role.
- New staff completed induction training and all staff were provided with ongoing training relevant to their role and people's needs.
- Staff told us they received regular 1-1 supervision sessions with their line manager and attended staff meetings. However, we received mixed feedback from staff regarding support outside of planned supervision sessions and meetings. For example, two staff members told us they often didn't get a response after leaving messages for a manager to contact them. We shared staff feedback with the manager, and they assured us they would address it.

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

- Staff worked with other agencies where this was required to ensure people received timely care.
- Care plans provided information about people's healthcare needs and any healthcare professionals involved in their care and treatment.
- In the main family members supported their relatives with making and attending health care appointments, however, staff provided people with the necessary support where this was required. Following appointments care plans were updated with any new information which impacted on people's care.
- Staff were confident about recognising and reporting any health concerns they observed in people. A family member told us, "They [staff] are good at picking up when [relative] isn't herself and will let me know right away."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to eat and drink enough to maintain a balanced diet.

- People's needs were assessed, and they received care and support in line with current guidance.
- An assessment of people's needs and choices was completed before a package of care was agreed. Assessments and care plans for people provided sufficient information and guidance about people's needs and choices and how they were to be met.
- People were supported to eat and drink enough to maintain a balanced diet.
- People's needs around eating and drinking were set out in their care plan along with guidance on how to support any special dietary requirements.
- People shared positive feedback about the support they received. One person told us, "They [staff] always make sure I've got plenty of drink before they leave." Another person told us, "They know what I like."

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question inadequate. The rating for this key question has changed to good. This meant the service was consistently managed and well-led.

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

At our last inspection the provider had failed to ensure effective quality assurance processes were in place. This was a breach of Regulation 17 (good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- Systems and processes to assess and monitor the safety and quality of the service had improved and lessons were learnt.
- In the main risks to the health, safety and welfare of people were appropriately identified and there were control measures in place for managing those risks. However, the electronic systems used by the provider for monitoring some people's care visits were not always operated effectively. This was addressed by managers following our feedback.
- There was a registered manager and a deputy manager in post. The deputy manager was in the process of shadowing the registered manager with a view of applying to CQC to become the registered manager.
- Managers were receptive of the feedback we gave during the inspection and acted promptly by making improvements.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- There was a positive attitude towards ensuring people received person-centred care with good outcomes and people and those important to them were involved in the provision of care.
- Staff were knowledgeable about people's care and support needs and how they were to be met in line with people's preferences.
- Some people and family members told us of instances when they experienced late visits. This was addressed by managers following our feedback.
- There was improved communication with other professionals to ensure people received consistent and timely care.

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

public and staff, fully considering their equality characteristics

- People and family members told us there was in the main good communication with the office. One person told us, "In most parts it's really good" and a family member told us "They do their best." However, staff told us communication with office staff including managers could be better. A member of staff told us they had emailed a manager several times requesting contact. This was addressed by managers following our feedback.
- People's views about the service were obtained through regular spot visits and telephone contact. Care reviews were used to gather people's views.
- The registered manager and provider understood and acted upon the duty of candour.