

I Care (GB) Limited

I Care GB Limited

Inspection report

Suite 2, Barnfield House
Sandpits Lane, Accrington Road
Blackburn
Lancashire
BB1 3NY

Tel: 01254583624

Website: www.icaregroup.co.uk

Date of inspection visit:

11 September 2018

12 September 2018

Date of publication:

18 October 2018

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?	Requires Improvement ●

Summary of findings

Overall summary

This inspection took place on the 11 and 12 September 2018 and was announced.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated regulations about how the service is run.

This service provides care and support to people living in their own homes. At the time of this inspection, a total of 123 people were using the service. This was provided where people were living independently in the community (49 people) or in an 'extra care' setting (74 people). Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is rented and is the occupant's own home. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for extra care living; this inspection looked at people's personal care and support service.

We undertook a comprehensive inspection of iCare GB on the 9, 10, 11 and 15 January 2018. The overall rating for this inspection was 'Requires Improvement', with well led rated as 'Inadequate'. We found three breaches of the Regulations in relation to personal centred care, staff support and supervision and good governance. We also made recommendations about medicines' administration practices and how information is shared with other service when people are transferred to hospital.

Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key question's, is the service safe, is the service effective and is the service well led? During this inspection we found the necessary improvements had been made and the overall rating has therefore improved to Good.

We saw safeguarding and whistleblowing policies and procedures were in place within the service and the appropriate notifications had been submitted if safeguarding concerns had been raised.

Risk assessments were in place to keep people safe. We saw individual risk assessments were in place in relation to people's health care needs. We also saw risks in people's own environment had been considered.

Staff recruitment procedures protected people who used the service. The service had a recruitment policy in place to guide the registered manager on safe recruitment processes. The service managed staffing levels and the deployment of staff to support people to stay safe and meet their needs.

Medicines were managed safely. The service had improved since our last inspection. Staff had received training in administering medicines and their competencies were checked regularly. We found medicines were stored safely, the medicine administration records were completed without any gaps and controlled

drugs were safely stored.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

All new staff members were expected to complete an induction when they commenced employment. Training courses were available to staff which were relevant to their roles. Staff members told us and records confirmed that staff members received supervisions and appraisals on a regular basis. This was an improvement from our last inspection. All staff members told us they were able to discuss any training requirements they had.

Support plans that were in place were person centred and evidenced the person had been involved in the development and review of these. These were detailed and contained information about people's likes and dislikes.

The service ensured that people were treated with kindness, respect and compassion and that they were given emotional support when needed.

People's privacy and dignity was respected and promoted. Privacy and dignity policies and procedures were in place that staff were expected to read and ensure they understood.

Staff were aware of the importance of maintaining and building people's independence as part of their role and were able to describe to us how they did this.

Staff who were supporting people in the 'extra care' schemes encouraged them to join in activities. Whilst this was not part of their role, the registered manager told us staff wanted to go the 'extra mile' for people they were supporting.

At this inspection we found that improvements had been made to the provider's quality assurance systems. We found these were robust and had been effective at identifying any issues or concerns.

People who used the service, staff and others were consulted on their experiences and shaping future developments. We saw that surveys were sent out to people as a means of gaining feedback about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

All the people we spoke with who used the service, told us they felt safe. The service had safeguarding policies and procedures in place. Training in safeguarding was to be increased to annually.

Risks people presented with had been assessed and up to date risk assessments were in place. Risks within the people's own homes had also been considered.

Recruitment systems and processes were robust. There were policies and procedures to guide the registered manager when recruiting new employees.

Is the service effective?

Good ●

The service was effective.

All the staff we spoke with confirmed they had completed an induction when commencing employment. The registered manager confirmed all staff new to care, were required to complete the Care Certificate.

At this inspection we found improvements in addressing mental capacity, acting in a person-centred way and seeking consent. A number of concerns around people's capacity had been raised with the local authority.

Staff were receiving regular supervisions to support them in their role. Staff we spoke with confirmed this had improved since our last inspection.

Is the service caring?

Good ●

The service was caring.

People we spoke with who used the service told us staff were kind and caring. When visiting the 'extra care' schemes, we observed caring and sensitive interactions from staff.

Training records we looked at showed that staff had undertaken

training in equality and diversity. Staff effectively supported people protected under specific characteristics.

People who used the service told us that staff encouraged and supported them to be as independent as possible.

Is the service responsive?

Good ●

The service was responsive.

We saw people had person centred support plans in place which they had been involved in developing. These were in-depth and covered many aspects of the person's life.

There was a complaints policy and procedure in place within the service. Staff were aware of this and knew how to respond should someone make a complaint.

We saw the provider had developed hospital passports for people. These included relevant information about the person and would ensure that when the person was moving between services, such as hospital, important information was readily available.

Is the service well-led?

Requires Improvement ●

This rating had improved to 'Requires Improvement'.

Whilst improvements had been made, the provider needs to ensure these new processes are embedded into the service and that quality continues to drive the service.

Improvements had been made to the quality auditing systems in place within the service. These had been effective in highlighting any improvements that were required.

Policies and procedures were in place to guide staff in their roles and were reviewed to ensure they remained current.

Notifications the registered manager should submit to the Commission had been made. This meant we were able to see if appropriate action had been taken to ensure people were kept safe.

I Care GB Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service and to provide a rating for the service under the Care Act 2014.

This inspection took place on the 11 and 12 September 2018 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service and we needed to be sure that the manager would be available at the office.

The inspection team comprised of two adult social care inspectors.

Before the inspection, we reviewed the information we held about the service such as notifications, complaints and safeguarding information. We obtained the views of the local authority safeguarding and contract monitoring team and local commissioning teams. We also contacted Healthwatch to see if they had any feedback. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

When planning the inspection, we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we used a number of different methods to help us understand the experiences of people who used the service. With permission, we visited people living in the 'extra care' scheme. We spoke with five people who used the service and three relatives. We also spoke with the registered manager, scheme manager, registered manager and eight members of care staff. We also spoke with an external health care professional.

We looked at a sample of records including four people's care plans and other associated documentation, four staff recruitment and induction records, staff rotas, training and supervision records, minutes from meetings, complaints and compliments records, medication records, maintenance certificates, policies and

procedures and quality assurance audits.

Is the service safe?

Our findings

At the last inspection in January 2018, this key question was rated as Requires Improvement. This was due to medicines not always being managed safely. At this inspection, the rating has improved to 'Good'.

People who used the service told us they felt safe. Comments we received included, "Oh yes I definitely feel safe when they are in my home. If I didn't I would tell my relative and they would deal with it."

At our last inspection in January 2018 we made a recommendation around the processes for the administration and recording of medicines to ensure that good practices were consistently applied. This was particularly relevant to the use of controlled drugs at one 'extra care' scheme run by the provider and when people had been prescribed these medicines on an 'as required' basis (PRN). There were also concerns about the recording of administration of medicines by some care staff.

At this inspection in August 2018, medicines' administration practices had improved. People were supported, where required, to take their medicines. One person who used the service told us, "They help me with my medicines and I am really grateful for that. Things are always written down and in order." The registered manager told us that some people using the service looked after their own medicines. However, some people needed to be reminded or prompted and some people required support from staff to apply creams and take medicines. Where people required prompting or support to take their medicines, we saw that this was recorded in their care plans. We looked at five medicine administration records (MAR) completed by staff at the extra care schemes and these confirmed that people had taken their medicines.

We noted that when controlled drugs were administered as a PRN, staff were aware of the signs that people displayed when they required pain relief. This was only a consideration in the cases where people's mental capacity may be impaired and the person may not have been able to properly express their view. The scheme care manager said, "I have ensured that all staff are aware of the 'triggers' for expressing pain in those people who may have difficulty in letting us know." We considered documentation around this and saw that there was a guide in people's care papers that alerted staff so that people only received the medicine they required. The administration of these medicines were recorded and timed so that there the risk of abuse was minimised.

We saw audited MAR's in care files held at the office. These confirmed that people were supported to take their medicines as prescribed by health care professionals. Where the auditor saw an issue, we noted that this was immediately addressed to ensure that medicines had been administered and staff were supported to limit the number of administrative mistakes they made. Further detail around this can be seen in the 'Well Led' section of this report where an example of a 'medicine's check' led to learning sessions and a revision of the processes for ordering medicines.

Training records confirmed that all staff who were administering medicines had received training and their competency in administering medicines had been assessed. This ensured that staff had the necessary skills to safely administer medicines.

We spoke with staff about safeguarding; whilst one person we spoke with was not clear in their understanding of safeguarding, seven of the eight staff we spoke with had a very good understanding. Whilst training records we looked at showed that staff undertook safeguarding training, we noted this was on a two yearly basis. We discussed this with the registered manager, who confirmed they would ensure this was changed to annually. We also saw evidence that new supervision forms were being developed which would check the person's understanding of safeguarding.

We saw safeguarding and whistleblowing policies and procedures were in place within the service and the appropriate notifications had been submitted if safeguarding concerns had been raised. The service protected people from abuse, neglect and discrimination.

We looked at how risks to people's individual safety and well-being were assessed and managed. Care records contained risk assessments in relation to areas such as falls, moving and handling, the person's home and specific outings [such as a trip to Blackpool]. Risk assessments in place were designed to keep people safe and not restrict them.

Staff we spoke with told us some people using the service required specific equipment to move and position them such as hoists. One person who used the service told us, "I know that the carers had specialist training when I started using the service. I have a specialist chair that is unique to me. Staff are completely confident with their support and care they provide." One staff member told us, "I always check that the equipment people have is safe to use. I make sure there is a sticker on to say when it has been serviced." Another staff member told us, "I always do a visual check of equipment to make sure it is good conditions and safe to use." Records we looked at showed that staff had undertaken training in the use of equipment to support people to move safely.

We noted records were kept in relation to any accidents or incidents that had occurred at the service, including falls. All accident and incident records were checked and investigated where necessary by the registered manager. This was to make sure responses were effective and to see if any changes could be made to prevent incidents happening again.

Staff recruitment procedures protected people who used the service. The service had a recruitment policy in place to guide the registered manager on safe recruitment processes. We reviewed four staff personnel files. We saw that all the files contained an application form and two references. Any gaps in employment had been checked by head office. Checks had been carried out with the Disclosure and Barring Service (DBS). The DBS identifies people who are barred from working with children and vulnerable adults and informs the service provider of any criminal convictions noted against the applicant. Prospective staff were interviewed and when all documentation had been reviewed a decision taken to employ the person or not.

We reviewed how the service managed staffing levels and the deployment of staff to support people to stay safe and meet their needs. One person who used the service told us, "Staff definitely have more time now than they had previously. They seem better organised and contact with the office is better." All the staff we spoke with told us there were enough staff employed to meet the needs of people using the service. One staff member told us, "Yes I think there is enough staff. Things have improved recently with more staff being recruited." Another staff member told us, "[Name of scheme manager]'s appointment has really helped the service. Staffing is settled. Lots of good came out of the last inspection." During our inspection the registered manager told us there had been some recent changes in staffing. The service had employed a 'scheme manager' as well as care staff. Feedback from staff was positive about this. The service also had an on-call system in place to support staff outside of normal working hours. We looked at a selection of rotas and found they reflected what we had been told.

People were protected by the prevention and control of infection. All the staff we spoke with told us they had undertaken training on infection control and knew their responsibilities, including wearing personal protective equipment (PPE). One staff member told us, "I always wear gloves and an apron when I am supporting people with personal care." All staff we spoke with told us PPE was always available in the office, which they collected on a weekly basis. The service had an infection control policy and procedure in place for staff to refer to.

There was a fire risk assessment in place. Training records we looked at showed that staff had undertaken training in fire safety/health and safety. Fire safety guidelines were also in place. The service also had a business continuity in place. This detailed plans in place should the service experience loss of service such as, fire, flood, loss of power, IT failure and vandalism.

Is the service effective?

Our findings

At our inspection on 9 January 2018 we found a breach of the regulations in relation to the way staff were supervised. Large parts of the staff team were not receiving supervision and were not involved in staff meetings. This was a particular issue with staff based at the 'extra care' schemes.

At the last inspection in January 2018, this key question was rated as Requires Improvement. At this inspection, the rating has improved to 'Good'.

At this inspection we found improvements in this area. All staff we spoke with said that they now received regular supervision and the records we saw during the inspection confirmed this. The service had also employed a 'scheme care manager' who had responsibility for managing and supervising staff at the schemes. All staff we spoke with were particularly complimentary about the appointment of this manager and explained how this had improved relations between 'scheme staff' and the main office. One staff member said, "Since the last inspection, things have really improved. We meet up regularly and I feel supported. The appointment of the scheme manager has really helped and we no longer feel as if there is any distance between the staff at the schemes and the main office."

Regular staff meetings were held where staff could raise issues about all manner of concerns including staff rotas, the deterioration of people's conditions and training needs. The records we saw supported that there was an open and frank exchange of views and that openness was encouraged. Minutes from a meeting of 'scheme staff' in July 2018 supported that the scheme manager had raised concerns around the management of some people's medicines and that staff were able to explain the difficulties in ordering some medicines when family members also had a degree of medicines control. The manager took these issues away and was seen to deal with matters to ensure that people's medicines were ordered in time and that they received them as prescribed by health care professionals.

At our inspection of 9 January 2018, we found concerns with the way the service dealt with mental capacity assessments and, as a consequence, the service was not providing 'person centred' care. This was a particular problem at the service's extra care schemes. The service was also applying restrictions on people in these schemes without lawful authority. The Mental Capacity Act 2005 (MCA) and associated Codes of Practice were not being followed.

These issues were a breach of Regulation 9 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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. The application procedures for this, in a community setting, is before the Court of Protection.

At this inspection we found improvements in the areas of the service addressing mental capacity, acting in a person centred way and seeking consent. One staff member we spoke with told us, "We are really on top of mental capacity and work well as team." During the inspection we noted that staff asked people for their consent before providing care and support and people told us that staff asked for their consent before they provided care. The service was assessing people's mental capacity properly and reviewing this on a regular basis. It was only when a person lacked capacity that the views of relatives and health and social care professionals were taken in to account in the person's best interests.

The registered manager's understanding of the MCA and associated Code of Practice was good and they informed us that since the last inspection, a number of concerns around people's capacity had been raised with the local authority. During the inspection we were contacted by a representative of the local authority who confirmed that the service regularly raised concerns around people's mental capacity and the propriety of raising applications before the Court of Protection. At the time of our inspection, applications had not been raised with the Court of Protection but representatives from the service and local authority were due to meet to review the position with people living at the 'extra care' schemes with a view to seeing whether applications should be raised with the court. This should help to ensure people's rights were upheld and care arrangements in place to keep people safe were properly authorised.

We looked at how the service made sure that staff had the skills, knowledge and experience to deliver effective care and support. All the staff we spoke with and records we looked at, confirmed they had an induction when commencing employment. One staff member we spoke with told us, "I had an induction when I started. I had training and looked at policies and procedures." The registered manager confirmed that staff new to care would be required to complete an induction in line with the Care Certificate. The Care Certificate is the benchmark that has been set for the induction standard for new social care workers. Other staff we spoke with had completed training relevant to health and social care and some had previous experience of working in care settings.

We asked staff what training they had received in the last 12 months. One person told us, "In the past four weeks I have done training on infection control, fire safety, safeguarding, equality and diversity and a medicines refresher. As a result of concerns at this scheme, the provider is putting me on an advanced dementia care course next week." Training records we looked at showed that staff had undertaken training in topics such as, medicines, moving and positioning, dementia awareness, safeguarding, health and safety, first aid, infection control, food hygiene and fire awareness.

People were supported to eat and drink enough to maintain a balanced diet. If it was part of their package of care, staff supported people with their meals. We saw staff had undertaken training in nutrition and food hygiene. Care records we looked at described people's likes and dislikes in relation to food and drink and highlighted the level of support each person required.

All the staff we spoke with were able to tell us what action they would take if they felt a person's health was deteriorating. For example, contacting the person's GP, ambulance or ringing a manager. One external professional we spoke with told us, "They regularly call on us to assess clients' packages of care. They are good at making contact when there may be an issue or concern."

Is the service caring?

Our findings

People who used the service told us staff were kind and caring. Comments we received included, "They are champion. I would not go with anyone else. They are grand." One relative we spoke with told us, "Excellent service. We would not have anyone else. They treat us as part of their family."

We reviewed how the service ensured that people were treated with kindness, respect and compassion and that they were given emotional support when needed. The service ensured that people were treated with kindness, respect and compassion and that they were given emotional support when needed.

We looked at how the service promoted equality and diversity throughout the service. Equality is about championing the human rights of individuals or groups of individuals, by embracing their specific protected characteristics and diversity relates to accepting, respecting and valuing people's individual differences. The registered manager told us that equality and diversity training was part of the training staff had to complete. All the staff we spoke with told us they had undertaken this training. The provider had taken action to ensure people did not experience discrimination or unfair treatment because of a protected characteristic, including age, disability or gender.

We checked how the service supported people to express their views and be actively involved in making decisions about their care, support and treatment as far as possible. One relative we spoke with told us, "I was completely involved in [family member's] care plan and receive a call from the office when things change and the plan needs reviewing." Care records we looked at were person centred and the level of personal information such as, their backgrounds and history, likes and dislikes showed the service had involved the person. This is important and ensured people views and preferences were taken into account in the delivery of their care.

People's privacy and dignity was respected and promoted. One person we spoke with told us, "Staff always knock on my door before they come in. They always shout to me to let me know they're here." Staff we spoke with told us they always considered people's privacy and dignity. One staff told us, "I always make sure the person is covered as much as possible when I am supporting them with personal care. I will use a sheet or a towel." Privacy and dignity policies and procedures were in place that staff were expected to read and ensure they understood.

The service empowered and enabled people to be independent. One person we spoke with told us, "They let me do what I can do. I like to be able to do things for myself and the carer I have lets me do that." Staff were aware of the importance of maintaining and building people's independence as part of their role and were able to describe to us how they did this.

Advocacy was available to people who required this. Advocacy is a process of supporting and enabling people to express their views and concerns, as well as exploring choices and options. This is particularly important for those people who lack capacity and do not have family or friends to advocate on their behalf. The registered manager told us this was accessed through the local authority as and when required.

Personal records, other than those available in people's homes, were stored securely in the registered office. Staff files and other records were securely locked in cabinets within the offices to ensure that they were only accessible to those authorised to view them.

All the staff members we spoke with confirmed they would be happy for one of their relatives to use the service.

Is the service responsive?

Our findings

We looked at how people received personalised care that was responsive to their needs. People had individual care and support plans, which had been developed in response to their needs and preferences. The care and support plans and other related records we reviewed, included people's needs and choices. Consideration was given to people's preferred methods of communication, how to support them with washing and dressing, what the person liked to eat and drink, medicine management, support with household activities and skin care needs. There was evidence to show that the care plans were regularly reviewed and updated with the involvement of people who used the service.

At our last inspection of 9 January 2018, we made a recommendation about having people's health information in a format that was easy to access when a person was admitted to hospital. During this inspection we found the registered manager had developed hospital passports. These included relevant information about the person, such as known medical conditions, next of kin, known medicines and allergies. These should ensure that when the person was moving between services, such as hospital, important information would be readily available.

We saw daily notes in people's care records were clear and legible. These were detailed and showed what support the staff member had given during their visit to the person.

Staff who were supporting people in the 'extra care' schemes encouraged them to join in activities. Whilst this was not part of their role, the registered manager told us staff wanted to go the 'extra mile' for people they were supporting to prevent boredom and support social inclusion. Trips had been undertaken to Blackpool and pantomimes. A coffee morning had also been arranged to raise money for a charity.

We checked how the service used technology to respond to people's needs and choices. Staff had mobile phones, staff supported some people to use the internet to undertake their grocery shopping, some people had specially adapted telephones and staff had access to computers and Wi-Fi in the main office.

We checked if the provider was following the Accessible Information Standard. The Standard was introduced on 31 July 2016 and states that all organisations that provide NHS or adult social care must make sure that people who have a disability, impairment or sensory loss get information that they can access and understand, and any communication support that they need. The registered manager told us, "We have magnifying glasses, print outs that are in larger print, we are looking at braille so if someone we supported was blind we could access information for them. If anything needs to be in easy read we have a lot of pictures that we can access. We can have care plans in different languages if we need to."

We reviewed how people's concerns and complaints were listened and responded to and used to improve the quality of care. One person we spoke with told us, "I have never had to complain but if I needed to I would." We saw the service had a complaints policy in place, which people who used the service had access to. Records we looked at showed the service had not received any complaints since our last inspection.

We evaluated how are people were supported at the end of their life to have a comfortable, dignified and pain-free death. When looking at the care plans we saw that, where appropriate, end of life care plans and consent forms requiring the person's agreement regarding their care and treatment were in place. These had been completed in conjunction with people's family and health care professionals and were written respectfully and subject to regular review.

Is the service well-led?

Our findings

At the last inspection in January 2018, this key question was rated as 'Inadequate'. At this inspection, the rating has improved to 'Requires Improvement'. The registered manager had taken steps to make improvements since our last inspection and significant concerns we had during our inspection of 9 January 2018 had been addressed. Some less significant concerns were being actioned, although the new systems and processes require time to become embedded into normal, daily routines within the service. Once these have become embedded, we need to see they can be sustained over a period of time, in order to constantly monitor and improve the quality of the service and to keep people safe.

There was a registered manager in post within the service. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At the previous inspection on 9 January 2018 we found a breach of regulations because the systems that should be used by the provider, to drive improvements to the quality and safety of the service, were either absent or not effective. Audits and checks should have established the issues seen at that inspection but many of concerns were only acted on at the inspection or thereafter. The provider and registered manager had also allowed some staff from schemes that the service ran to become isolated and unsupported.

At this inspection in September 2018 we found that improvements had been made to the provider's quality assurance systems. For example, we found action had been taken to ensure reviews of people's risk assessments had been prioritised based on the level of identified risk. People's mental capacity was being regularly reviewed and as a result of identified concerns, representations were being made to the local authority. Records also showed that senior staff and the registered manager had taken action to drive improvement where concerns had been found. For example, one staff member had been re-trained in medicines administration following an issue around their management of a person's medicines. We also noted that the provider had continued to seek external support in making improvements to the service, which included advice and support from a pharmacist.

In one example of reviews and checks, we noted that an audit of people's medicines records at an extra care scheme had identified that a staff member had failed to order medicine in time which left a person at risk from not receiving their medicine. We noted that the issue was quickly picked up and the person was not harmed. Thereafter, the registered manager and scheme manager arranged for some staff to be retrained and used the opportunity of a staff meeting to raise the matter as a 'lesson learned' session for scheme staff.

We also found that we were able to confirm the attendance of staff visits to people's homes by reviewing electronic call monitoring data or timesheets submitted by staff held at the main office. These included timesheets covering all of the visits made to people. This meant we were able to confirm from the records provided that people had received all of their daily visits as identified in their care plan.

A member of staff from an extra care scheme said, "Things have really improved since the last inspection. We are supported and supervised and regularly meet with the managers. It's really good." Another staff member told us, "Communication between staff, the office and provider is a lot better. Things have definitely improved since the last inspection." A relative of someone who received care and support said, "The office is really good to contact. They keep us informed of the whereabouts of staff and seem organised. If we ever have any issues, they are quickly dealt with."

We looked at how are people who used the service, staff and others were consulted on their experiences and shaping future developments. One person who used the service told us, "We have regular meetings at the scheme about what we want and how things could be better." We saw surveys were sent out to both people who used the service and staff members. We looked at the results of the last survey sent out in July 2018; we found all the ones returned from people who used the service were positive with people feeling the care staff provided a good standard of service. The results from the domiciliary staff and 'extra care' staff surveys were positive with people feeling supported in their roles; 75% of the 'extra care' staff felt improvements had been made.

Staff members we spoke with, and records we looked at confirmed that regular staff meetings were held. Minutes of the last meeting showed discussions had taken place around medicines, fire safety, annual leave, training and they were thanked for their hard work. Separate supervisor meetings had also been held with discussions around documentation and auditing, whistleblowing, training, safeguarding and team building.

A service user guide was also given to people when they commenced using the service. This gave details about iCare GB, such as, their aims and objectives and mission statement. It also provided people with information about the care team, training, confidentiality, care and support plans and complaints and compliments.

During our inspection, we asked the registered manager what they felt had been key challenges for the service since the last inspection. They told us, staff morale had been low, there was a lack of team work, supervisors were working part time and there was a lack of resources. However, they were able to discuss how these things had improved in recent times. We also asked what they key achievements of the service had been. They told us, they had been able to give staff more support with the introduction of a scheme manager, staff were working well as part of a team, increased and enhanced supervisions, improved communication and the development of hospital passports. We saw evidence of these improvements during our inspection.

As discussed in another domain, the registered manager was taking steps to address the concerns we had previously raised in relation to applications to the Court of Protection. The registered manager had a good understanding of the need to ensure people were not unlawfully restricted and assured us they would continue to take action to address this. Shortly after our inspection, we received a copy of a letter the registered manager had sent to the local authority to arrange a meeting to further address these concerns.

The service had policies and procedures in place to guide staff in their roles. These were also available on a computer disk so they could be given to staff. Policies and procedures were reviewed on a regular basis to ensure they remained current.

During our inspection our checks confirmed that the provider was meeting the requirement to display their most recent CQC rating. This was to inform people of the outcome of our last inspection. In preparation for the inspection, we checked the records we held about the service. We found that the registered manager had notified CQC of any accidents, serious incidents and safeguarding allegations as they are required to do.

This meant we were able to see if appropriate action had been taken to ensure people were kept safe.