I Care (GB) Limited

I Care GB Limited

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Good**
Is the service well-led?	**Inadequate**

Summary of findings

Overall summary

This inspection took place on the 9, 10, 11 and 16 January 2018 and was announced. ICare GB Limited (Blackburn) was registered with the Care Quality Commission on 11 January 2011. At the last inspection on 6 October 2015, the service was rated good.

This service provides care and support to people living in their own homes. At the time of this inspection, a total of 166 people were using the service. This was provided to people in a traditional home where people were living alone or with a relative (62 people) or in an 'extra care' setting (104 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.

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.

At this inspection we found breaches of regulations around personal centred care, staff support and supervision and good governance. We have also made recommendations about medicines' administration practices and how information is shared with other service when people are transferred to hospital. You can see the action we have asked the provider to take in respect of the breaches of regulations at the back of the report.

The service did not always provide care that was the least restrictive. Where people lacked capacity and had restrictions applied, the appropriate authorisations for these were not always in place.

18 out of 20 members of staff we spoke with told us there was a negative culture within the service and limited support from the registered manager and staff from the main office. Staff did however tell us that they enjoyed their work and wanted to do their best to enhance the experience of people who used the service. We received positive feedback from a visiting professional and relatives of people who used the service.

Although the registered manager assessed and monitored the quality of the service, some of it required improvement as they had failed to pick up on the issues found at this inspection and management oversight of the service required improvement. We found people were satisfied with the service they were receiving.

Assessments were undertaken to identify people's support needs before they started using the service. However, some assessments in to mental capacity were not taking place and did not reflect people's requirements. Care plans were in place detailing how people wished to be supported and people were

involved in making decisions about their care. People were aware of the complaints' procedure and said they were confident their complaints would be listened to, investigated and action taken if necessary.

We found the service had appropriate safeguarding adults procedures in place and that staff had a clear understanding of these procedures. People using the service said they felt safe and that staff treated them with kindness and understanding. Staff understood how to safeguard the people they supported from abuse. There was a whistle-blowing (reporting poor practice) procedure available and staff said they would use it if they needed to.

People had access to health care professionals when they needed them and were supported, where required, to take their medicines as prescribed by health care professionals. Staff had completed training specific to meet the needs of people using the service, and they received regular supervision. People's care files included assessments relating to their dietary requirements and other essential support needs.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not consistently safe.

The management of some people's medicines required improvement.

People who used the service told us that they felt safe.

Processes were in place to protect people from abuse. Staff were aware of their responsibilities in responding to potential abuse.

The service had suitable recruitment procedures to assess the suitability of staff.

The provider ensured there were appropriate numbers of suitably qualified staff on duty to meet the needs of people who used the service.

Is the service effective?

Requires Improvement

The service was not always effective.

The registered manager and staff had not understood the Mental Capacity Act 2005 (MCA) and the need to provide person centred care and care that was least restrictive.

Where people lacked capacity and had restrictions applied, the appropriate authorisations were not in place.

Staff had completed an induction when they started work and received training relevant to the needs of people using the service. However, staff had not always received supervision.

Peoples' care files included assessments relating to their dietary needs and preferences.

The service worked with others to support people and improve their lives.

Is the service caring?

Good

The service was caring.

People who used the service were positive about the staff who worked for the service.

Staff had a good understanding of each person they cared for and supported.

People's preferences, likes and dislikes had been discussed.

People told us staff treated them with patience, warmth and compassion and respected their rights to privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

Records showed people were involved in making decisions about what was important to them.

Most people's care needs were kept under review and staff responded quickly when people's physical needs changed.

The service had a complaint's system to ensure all complaints were addressed and investigated in a timely manner.

Is the service well-led?

Inadequate

The service was not well-led.

The provider and registered manager had not identified issues leading to the breach of the regulations surrounding personal centred care and unauthorised restrictions.

There was a lack of management oversight in relation to staffing issues.

Staff said that although they enjoyed working at the service, they did not receive good support from the registered manager and office staff.

Some checks were in place to ensure people were safe and supported properly but these required improvement.

The provider and registered took into account the views of people using the service and staff through surveys.

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 9, 10, 11 and 16 January 2018 and was announced. The provider was given 48 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 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 service. One inspector attended the office and three extra care schemes. They interviewed care staff, office staff and the registered manager, provider's representatives and visited five people using the service. They also spoke with health care professionals and relatives. The expert by experience made telephone calls to people who used the service and their relatives.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also received feedback from health care professionals that we used to help inform our inspection planning. We also looked at all the information we had about the service. This information included statutory notifications that the provider had sent to CQC. A notification is information about important events that the service is required to send us by law.

We looked at the care records of twelve people who used the service. We also looked at staff training and recruitment records and records relating to the management of the service. We visited three extra care schemes where we spoke with staff and people receiving the service. In total we spoke with 18 people using the service, five relatives, 20 members of staff, the registered manager and two representatives of the provider. We also spoke with three health care professionals and asked them for their views about the service.

Requires Improvement

Is the service safe?

Our findings

People said they felt safe when being supported by staff. One person said, "They always make sure I am safe and ask if anything can be done before they leave" And, "If staff have any concerns about me, they always pass them on." One relative said, "They keep my relative safe. They are losing some of their physical abilities but staff keep them safe."

We looked at nine Medicines Administration Records (MAR) for people that had been completed by staff responsible for providing care for November and December 2017. The records were in the process of being audited by the management team. We noted there was some lack of consistency in staff signing the records. We identified from the MAR's that some staff had failed to sign that medication had been administered in the two-month period before the inspection. We looked at these staff members' staff records and noted they had all received medicines awareness training and competency checks within the past 12 months.

During our consideration of the medicines' records, we looked at the service's policy and procedures around the administration of controlled drugs. These medicines are a type that can be abused and are particularly dangerous if overdosed. We noted that healthcare professionals had prescribed controlled drugs to people on an 'as required' (PRN) basis, mainly for pain relief. In these cases, there was insufficient assessment and information in the care papers to assist staff in assessing whether people should receive these medicines particularly when the person had limited or fluctuating mental capacity. We drew this to the attention of the registered manager who said, "These people are cared for in our schemes (extra care) where regular staff are employed who know the people well. They are able to assess when they may be in pain and would only provide these drugs when it is safe to do so."

We recommend that the registered manager consults with good practice guidelines and reviews processes for the assessment, administration and recording of medicines to ensure good practices are consistently applied.

At this inspection visit, we found the service was in the process of implementing a new system for assessing support and care required for people and to manage risk. The registered manager and provider's representatives said they had reviewed practices and ways in which they could make improvements across the group. This process reviewed care planning and risk assessment documentation with the intention of making it clearer for staff to understand and for risks to be consistently monitored. At the time of the inspection, we noted that some of the people using the service were in the process of having care plans and risk assessments changed to this new system. It was too soon to see the impact of these changes at the time of the inspection.

During our consideration of care plans, we noted that the registered manager applied a risk review system for all care plans including those people who were at risk of falls and other risks where injury could be caused. We noted that people and health conditions deemed as high risk were dealt with as priority.

The care plan and risk assessment review had resulted in a system where all care plans and risk assessments

were checked for accuracy by the registered manager before being signed off as being fit for purpose. This minimised any mistakes or errors in recording the support needs of people.

We looked at risk assessments relating to 12 people who used the service. We found that risks within the documentation were addressed and managed. When risks where identified, the registered manager had consulted with health professionals or referred concerns to relatives. For example, one person was at risk of falling. The person's care plan and risk assessment highlighted the risk and the steps that should be taken to reduce the risk such as alerts to staff that the person could forget to use their mobility aid.

We noted the registered manager or senior staff assessed risks before care and support commenced. People who used the service and their relatives were consulted to discuss potential risks prior to a service being offered. We noted that people and, where appropriate, their relatives were shown the risk assessment to verify they were happy with the information collated to ensure that the information obtained was correct.

Records supported that risk assessments were reviewed and amended when people's physical health needs changed or at least annually. However, responses from people to the inspection team were mixed on this point. One person said, "I can't remember any reviews since the initial one when ICare started the service two years ago." We spoke with two relatives of people who used the service about this. They said that the service was quick to act if there was a change in needs but weren't aware of any formal reviews into their relative's care and support needs. We did however note that one relative had contacted the registered manager to raise concerns that their relative's needs had changed after discharge from hospital. In this case the service had acted in a timely manner and carried out a reassessment to ensure all risks were identified and documentation was reviewed and amended.

We looked at recruitment procedures to ensure people were supported by suitably qualified and experienced staff. To do this we reviewed seven staff files. Full employment checks had been carried out prior to staff starting work. The service kept records of the interview process for each person employed. Two references were sought and stored on file prior to an individual commencing work. One of these was always the last employer. When gaps in employment history were present on application forms, we noted that these had been discussed and explored with each applicant.

The service requested a Disclosure and Barring Service (DBS) certificate for each member of staff prior to them commencing work. A valid DBS check is a statutory requirement for people providing a personal care service supporting vulnerable people. The service checked this documentation prior to confirming a person's employment.

At the inspection, we saw that an electronic monitoring system was in operation and noted that staff were logging in and out of people's homes and that the service made allowance for staff to travel between calls. The registered manager and administration staff were monitoring the system and contacting people and staff to provide feedback of when staff were running late. This was often when they had been held up at person's home or held up in traffic. The electronic call monitoring system also alerted the management team if staff failed to attend a person's home as specified on the rota and we saw examples of management staff raising this with carers. People's views were mixed on the point of timeliness with one person saying, "Staff are hardly ever here for the allotted time and sometimes run late." And, "Staff are very good and try their best to get here on time."

In the main people who used the service and their relatives told us a carer who they knew well supported them. One relative said, "We tend to get the same regular carers." When speaking to some people concern was raised about occasional lack of continuity in care staff and one person said, "Sometimes I get a different

member of staff instead of my regular carer especially at weekend. I get a list from the office beforehand which I suppose reassures me."

We looked at how safeguarding procedures were managed by the service. We did this to ensure people were protected from any harm. The registered manager said they had recently sought support from the local authority safeguarding practitioner to provide guidance to staff and the management team. They had done this to increase staff awareness about safeguarding policy.

Staff told us they received regular safeguarding training to keep abreast of safeguarding matters. Staff were able to describe different forms of abuse and were confident if they reported any concerns to management it would be dealt with immediately. One staff member said, "I wouldn't hesitate to report any concerns. I'd be surprised if I wasn't supported by the office on this but if I wasn't, I'd take it further with the provider."

The service had a system for reporting accidents and incidents. Records were appropriately detailed and up to date. The registered manager said they reviewed incidents to check for themes and trends so improvements could be made to service delivery. In one record dealing with a situation that carers came across in a home, a relative said, "I want to commend the carers for their care and quick action."

Requires Improvement

Is the service effective?

Our findings

A person using the service said, "I was involved in setting up the care plan with my relative." A relative said, "The staff are well trained and know how to deal with my relative." Another relative said, "My relative gets everything. I know they are in good hands."

Staff told us they had completed an induction when they started work and were up to date with the provider's mandatory training. We saw completed induction records in all of the staff personnel files we looked at. The registered manager told us 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. Staff had completed NVQ qualifications in adult social care.

Training records showed that staff had completed training in areas including infection control, safeguarding adults, food hygiene, first aid, health and safety, moving and handling, safe medicines' administration and equality and diversity. We noted that staff received refresher training in these areas on a regular basis and that training records were up to date. Staff told us the training they received helped them effectively carry out their roles and responsibilities. One member of staff told us, "The training is good here. I've recently attended training courses on medicines and safeguarding." Another said, "There's lots of training including refreshers, almost every month."

We received feedback from healthcare professionals about the skills and knowledge of the staff. One health professional told us, "The staff here are great. Well trained, enthusiastic and very caring."

Most of the staff we spoke with explained how they had received supervision from the registered manager and management staff. We saw records that supported this. However, some care staff had not always received one to one supervision with their manager or had their competence checked. One member of staff said, "I can't remember the last time I had a supervision session and I am not aware of anyone's competency being checked."

All the staff we spoke with said they had access to people's care plans and that they recorded the care they provided in a daily log kept in the person's home. During the inspection we saw that these logs and noted that they were appropriately detailed with descriptions of any observations and the care and support that had been provided. It was clear from speaking with staff that they understood people's care and support needs and that they knew them well.

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.

The registered manager told us that the service had assessed people's capacity to make decisions about their own care and treatment and their mental capacity abilities. However, this was not always supported in the care files we considered at the inspection. Sometimes this information was contained on a number of documents spread throughout care and support plans. This meant that the whole file had to be read to establish this part of a person's abilities and support needs. There wasn't a single document carers and health care professionals could consider to establish a person's mental capacity. In some of the files we considered, people with limited capacity had signed documents related to the service's policy such as its complaint's procedure without support from relatives. In other files, policy documents had been left on file unsigned. We raised this with the registered manager who accepted that in these cases, the service had not taken steps to involve relatives of the person involved in order to assist people to understand important policies in the service.

In seven care files we considered at an 'extra care' scheme, there was insufficient consideration towards people's mental capacity. From our consideration of records in care plans and notes of daily care, there was concern that people's mental capacity had deteriorated to a level where they may not have been in the best place to support their particular needs and abilities. In these cases, the service had not made any proper review of people's mental health support needs or any representations to health and social care professionals regarding people's changing support needs.

The service provider had failed to ensure that some people's care and support reflected their current position and unauthorised restrictions were being applied. These failures are a breach of Regulation 9(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Where people required support with issues around their home, we saw that staff were effective in providing that support and at an extra care scheme observed staff assisting a person at meal times and with a mobility aid. Speaking about staff, one relative said, "They are good with things in the home and I've seen them helping on all manner of things including cooking and cleaning."

People's nutritional needs were met. One person's relative said, "The staff are knowledgeable about nutrition and hydration. This morning they reminded my relative that she needed to drink more." It was noted that people's care plans included details of their food preferences, fluid intake and any concerns about amounts consumed. In addition there were regular checks to ensure that people ate a healthy and balanced diet. A member of staff said, "I always keep an eye open and encourage them to have the hot drinks I make."

Where people required support with shopping for food and cooking meals, this was recorded in their care plans. One person using the service said, "Staff cook meals and show me different things to make. We sometimes go shopping for things to cook." Another person said, "The staff make me my breakfast every morning and snacks for throughout the day."

People had access to health care professionals when they needed them. One person told us, "My carers are really good and supportive. They recently contacted the council and my support worker about my wheelchair. It wasn't right for me."

Good

Is the service caring?

Our findings

All the people we contacted and their relatives commented that the care provided by staff was good. One person said, "The staff know me really well and are very caring." Another said, "My carers are very nice and always go the extra mile." One relative said, "They tend to send the same person every time. She's like part of our family." Another relative said, "The staff do things how my relative wants them done."

Staff said they knew people's likes and dislikes. One member of staff told us that they listened to people and gave them choices. For example, one person requested to have their meals cooked in a certain way. The person involved said, "My main carer is a special person and very kind and understanding. She knows me very well."

Staff said that they read care plans and worked with people including health care professionals to deliver good care. All staff told us they record the care delivered in the daily log and we saw good examples of the recording of daily care in the records that we saw at people's homes. People said they had been consulted about their care and support needs. One person said, "They talked with me about what my needs are. I know what's in the care plan and we talk about it when things change." Another person said, "I'm actively involved with my care planning and am happy with the service."

Staff told us that there was a system in place where they worked in pairs to provide care to those who needed it. Records we saw including staff rotas confirmed that where appropriate staff worked in pairs. In one example we saw that two carers had been sent to assist a person who was using a hoist. They were assisted by staff in pairs during the morning and late evening. All the records we considered supported that this was taking place.

People were treated with dignity and respect. One person said, "The staff are always friendly and respectful." Staff told us they tried to maintain people's privacy, dignity and independence as much as possible by supporting them to manage as many aspects of their care that they could. They addressed people by their preferred names, explained what they were doing and sought permission to carry out personal care tasks. They told us they offered people choices, for example, with the clothes they wanted to wear or the food they wanted to eat. One person said, "The staff always knock and are friendly and respectful."

Staff had a good understanding of protecting and respecting people's human rights. Some staff had received training which included guidance in equality and diversity. We discussed this with staff and they described the importance of promoting people's individuality. There was a sensitive and caring approach, underpinned by awareness of the Equality Act 2010. The Equality Act 2010 legally protects people from discrimination in the work place and in wider society.

During the inspection we visited an extra care scheme and were invited into a person's home. We saw two carers providing dignified and respectful care and support to a person. The person said, "The carers are lovely. The best in the world."

Good

Is the service responsive?

Our findings

People told us they received care that met their own individual needs. One person who used the service said, "Staff make sure that the care and support is correct and consistent with what my specialist has arranged." A person's relative told us, "Staff help my relative to be as independent as they can."

We looked at the care files of 12 people using the service. The care plans were developed outlining how these needs were to be met and included information and guidance for staff about how each person should be supported. The files showed that people using the service and their relatives, where appropriate, had been consulted about their needs. The assessments were undertaken before people used the service and covered, for example, moving and handling, mobility, nutrition, medicines support, communication and continence. Assessments also included people's diet, hobbies and interests and cultural needs. The plans were available both at the office and in people's homes for easy staff reference.

A member of staff told us that care plans included good information about people and that they informed or directed them what they needed to do for people. It was noted that they were simple, straightforward and easy to understand. Another member of staff said, "The care plans are easy to follow. The personal histories are helpful. It lets you know about the person."

Although the care plans were well organised and easy to follow, we noted that two health care professionals raised concern around the need to consider a large quantity of information to establish a person's health conditions. This was particularly relevant when a person was to be transferred from an extra care scheme to hospital when healthcare professionals had to quickly assess a person's physical and mental health position.

We recommend the service follow best practice in sharing information with other professionals when people move between services.

The care plans were reviewed regularly and kept up to date to make sure they met people's changing needs. Save for the issues discussed in the 'Effective' part of this report dealing with changes in people's mental capacity, the care plans and risk assessments we looked at had been reviewed on a four monthly basis or more frequently if required. For example, we saw that on one occasion, staff had identified a person's issue with declining physical health and had reported the matter and liaised with relatives and healthcare professionals to improve the situation in the person's best interests. Within the care files we also saw daily notes that recorded the care and support delivered to people.

The provider had an accessible information policy covering the requirements of the Accessible Information Standard. The Accessible Information Standard was introduced by the government in 2016 to make sure that people with a disability or sensory loss are given information in a way they can understand. NHS and adult social care services are legally required to follow this standard.

In line with this standard, the provider had ensured that most policies relevant to people who used the

service such as the complaints' policy, had been provided in accessible way through relatives who were best equipped to communicate in people's own individual way. The representative of the provider said, "We are currently working on this to ensure we comply with the 'Standard' and produce our policies in as many formats as people require."

The service supported and encouraged the use of technology to assist and support people. In some cases staff assisted people to use the internet to shop and book breaks away and in others assisted with specially adapted telephones for people to communicate with their relatives.

The registered manager told us there was a process in place that ensured people were supported by staff with the experience, skills and training to meet their needs. Staff told us they would not be expected to support people with specific care needs or medical conditions unless they had received the appropriate training. For example, one person said, "I generally have the same carer but if someone's new, they are involved in supervision before they are allowed to support me on their own." A health care professional said, "Staff are competent and contact me with any problems and we sorted it out."

People said that they were happy with the care they received, knew how to raise a complaint and were confident that the complaint would be listened to and acted upon. They told us that generally they could contact the office and that an on call system was in place for weekends and out of hours. One person told us, "I had a problem with the care staff who had been scheduled to see me but we were able to resolve the issue."

The records we saw supported that complaints were answered in a timely fashion and were responded to in a clear and appropriately detailed way. We saw that the service's written complaints policy was sent to people when they started using the service. The policy was clear and had details of who to contact if they wanted to raise issues or complaints. One person said, "If I had a complaint, I'd sort it with the staff member involved but think that the office would also help." We did however note that some issues that had been raised with the service had not been recorded. The registered manager had dealt them with orally. Although people said they were satisfied with this approach and that these issues related to relatively minor concerns, the lack of recording meant that issues and concerns could not be audited and checked to see if there were any patterns.

Health care professionals told us that the service was responsive to people's needs and they felt they would always try to accommodate them and people that use the service. One said, "We do joint visits together to make sure the placement is right." Another described the service as having a good multi professional approach to care and concluded by saying, "In my experience, the service is very good."

We saw that on occasions the service supported people to access the community and assisted people to attend day centres, to shop and visit other facilities. A person who uses the service said, "They help me to shop and sometimes when I visit the community centre."

Inadequate

Is the service well-led?

Our findings

People and their relatives provided mixed views about leadership at the service. One person said, "The manager is approachable and I never have any problems with the office." And another said, "The staff are almost always on time and when they aren't, we tend to get a call from the office letting us know in advance." However, some people who lived at the extra care schemes were dissatisfied with the lack of support from the registered manager and staff at the office. One person provided this response that was typical of the views of some people who used these services, "The manager doesn't listen and staff at the office provide 'lip service' to any concerns I raise."

The views of the 20 members of staff we spoke with were also mixed. In particular staff at the service's extra care schemes were critical of the support and attitude of the registered manager and supervisory staff at the office. Typical comments to the inspection team were, "Staff at the office can be rude and we can't speak to the manager." Another member of the care staff said, "Sometimes the manager and office staff are threatening towards us and suggest that we will be penalised if we don't take extra shifts. Most of us are on zero hours contracts and we have commitments elsewhere so we can't always help. There's no need for this attitude and most of my colleagues are looking for other jobs." Another said, "I don't feel supported by management when dealing with people who, through no fault of theirs, are very challenging and can present risks to care staff." Another said, "We tend to sort things out amongst ourselves and don't involve the office. We get stuff done that way."

These issues were raised at feedback towards the conclusion of the inspection, in the presence of representatives from the provider. The registered manager accepted that there were problems with relationships between management staff and some care staff. They said that this was particularly prevalent with staff at the service's extra care schemes who had recently transferred to the service from another provider.

The registered manager said that since September 2017 she had been without a deputy manager and because of this had been 'hands on' with arranging care and dealing with the day-to-day administration of providing support to people. She said, "Recently, I may not have been as focused as I should on staffing issues and have not seen the bigger picture. Approval has been given for the employment of a support manager and I hope I can focus on the issues that have been highlighted at this inspection."

We noted that the registered manager had arranged monthly staff meetings for some members of care staff and had conducted a survey of these staff in January 2017. There was however an absence of formal meetings within the past six months for staff at four of the seven extra care schemes. It was staff at one of these schemes that emergency health care professionals had raised concerns to in relation to poor documentation and that this information had not been passed on to the office. This matter can be seen in further detail within the 'Responsive' section of this report. One staff member who was predominately employed at extra care schemes said, "I can't remember the last time we had a formal meeting. Usually they are arranged when the manager wants to tell us about something going wrong. They aren't used to share information or look at improvements."

The service provider has failed to ensure that staff were properly supported and supervised. This was a breach of Regulation 18(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

We saw records of unannounced spot checks on some care staff to make sure they turned up on time and supported people in line with their care plans. These checks also ensured that staff were appropriately dressed to provide care and wore their identification badges. We noted that these spot checks were often at the locations of people's own home and not at the extra care schemes

The service used an electronic telephone monitoring system to make sure that staff attended call outs at the correct time and stayed for the allotted time periods agreed in people's care contracts. We saw the registered manager and supervisors monitoring the system throughout the course of our inspection, making sure people received care when they were supposed to.

Management staff were completing some audits that were effective at picking up issues. For example, one check had established a lapse in training and another a minor medicine's administration issue that the service had resolved by ensuring the person was safe and instigating further supervision and training for the staff member concerned. Other checks were being completed such as checks to ensure, where appropriate, that people's relatives were kept informed of developments in people's care requirements.

We noted that provider's representatives visited the service and were familiar with the seven extra care schemes. They were familiar with staff at the service and their capabilities and characters. They completed audits of the service including assessments of training compliance and recruitment standards.

However, some audits such as mental capacity assessment reviews were not being completed at all. We were told that other checks such as management visits to individual 'extra care' schemes where taking place to check on staff and environmental issues but these were not recorded. Whatever checks and reviews were in place, they had failed to establish some people's changing mental health needs and that seven people living at one extra care scheme had unlawful restrictions placed upon them in order to try and maintain their safety. Other checks and management contacts with staff at these schemes had not established the concern of two health care professionals in relation to the transfer of documentation detailed in the 'Responsive' section of this report. The registered manager was also aware that before the inspection, staff at some extra care schemes were not receiving supervision and relations between the staff and the office staff had broken down. The registered manager and provider had not sought to resolve these matters until after the inspection.

The service provider had failed to provide appropriate oversight of staffing issues, had failed to act on feedback from staff and there was an absence of proper and consistent checks. Some of these checks should have established concerns over people's capacity and that this had led to unauthorised restrictions on people. These matters were a breach of Regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider took into account the views of people using the service through the conduct of surveys. The last survey was in July 2017. It was noted that there was good participation and people using the service were contacted by post. The provider showed us user feedback forms that were completed by people and their relatives and these were generally positive. It was noted that some people were not completely satisfied about the response they received from the office when they raised issues. We also noted that people commented raising concerns when their arranged care staff changed. However, most comments were positive with typical comments such as, "Very good service. I am well looked after."

The registered manager told us that incidents and concerns were discussed at team meetings and measures were put in place to reduce the likelihood of these happening again. In minutes from a recent meeting, it was seen that carers were free to talk about issues relating to the care of people and we noted that senior carers and the manager provided guidance and practical advice. However, these meetings were not attended by the majority of care staff employed in the service. As a result the concern was that important information and learning could not be passed on to all relevant staff.

We reviewed the service's policy and procedure files that were available to staff in the office. The files contained a wide range of policies and procedures covering all areas of service provision. We saw the policies and procedures were up-to-date and regularly reviewed. We noted that reference to some policies such as equality and diversity was mandatory during a new member of staff's induction.

The provider produced a monthly newsletter for staff and clients across the group of ICare services. The January 2018 edition included details of winners of staff competitions, good service awards and celebrations of special events such as long service and client's significant birthdays. The newsletter was light hearted, informative and reinforced the provider's ethos of providing good quality care and support.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take.We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA RA Regulations 2014 Person-centred care The service provider had failed to ensure that some people's care and support reflected their current position and unauthorised restrictions were being applied.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The service provider failed to ensure that staff were properly supported and supervised.