I Care (GB) Limited

I Care GB Limited

Inspection report

Suite 2, Barnfield House
Sandpits Lane, Accrington Road
Blackburn BB1

Tel: 01254 583624
Website: www.icaregroup.co.uk

Date of inspection visit: 06 October 2015
Date of publication: 12/11/2015

Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

I Care GB Limited is a privately owned domiciliary care agency situated on the outskirts of Blackburn. The agency provides personal care to people in their own homes who require support in order to remain independent. The premises are accessible to the disabled and there is a large car park for visitors to the service. The agency has recently taken over a supported living service from another provider.

We last inspected this service in August 2013 when the service met all the regulations we inspected. This announced inspection took place on the 06 October 2015. We gave the service two days' notice in line with our guidance.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Staff were aware of and had been trained in safeguarding procedures to help protect the health and welfare of people who used the service. All the people who used the service said they felt safe. Family members told us they thought their relatives were safe. Risk assessments protected people in the home and community.

Staff were recruited using current guidelines to help minimise the risk of abuse to people who used the service.

Staff were trained in medicines administration and supported people to take their medicines if it was a part of their care package.

Staff were trained in infection control and provided with personal protective equipment to help prevent the spread of infection.

Staff received the training they needed and regular supervision to check they were performing well. Staff were encouraged to come into the office to talk to management if they wished. New staff had to complete an induction before they worked with vulnerable people. Spot checks were randomly conducted to check on staff performance and people's satisfaction with the service.

Although people who used the service lived in their own houses and choose what they ate staff were trained in nutrition and safe food handling to give advice to people about their meals.

The agency asked for people's views around how the service was performing and we saw evidence that the registered manager responded to their views.

There was a suitable complaints procedure for people to voice their concerns. The people we spoke with said they did not have any concerns but knew how to contact the office if they did.

We observed a good rapport between people who used the service and staff. We saw that staff appeared to know people well and understand their needs.

People were taken out as part of their package to places they wanted. We saw that this was suitable for the age, ethnicity and sex of the people who used the service.

We saw that where a service user had any cultural needs or spoke little English staff from a suitable background were matched up with them to ensure their needs were met.

Summary of findings

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. There were systems, policies and procedures in place for staff to protect people. Staff had been trained in safeguarding issues and were aware of their responsibilities to report any possible abuse.

Arrangements were in place to ensure medicines were safely administered. Staff had been trained in medicines administration although people were encouraged to self-medicate or families undertook the task. Staff either prompted or administered medicines to help people remain well if this was part of their care package.

Staff had been recruited robustly and there were sufficient staff to meet the needs of people who used the service.

Is the service effective?

Good

The service was effective. This was because staff were suitably trained and supported to provide effective care. People were able to access professionals and specialists to ensure their general and mental health needs were met. Care plans were amended regularly if there were any changes to a person's medical conditions.

Senior staff understood their responsibilities under the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DoLS).

People who used the service were supported to follow a healthy eating lifestyle because staff received nutrition training. Some people did not require support to prepare or buy food. People who did were supported by staff who had been trained in food safety.

Is the service caring?

Good

The service was caring. People who used the service and their family members told us staff were helpful, flexible and kind.

We saw that people who used the service had been involved in developing their plans of care. Their wishes and preferences were taken into account.

We observed the support of two people who used this service. Both people had a good rapport with their staff member and appeared to be comfortable with them.

Is the service responsive?

Good

The service was responsive. There was a suitable complaints procedure for people to voice their concerns. The manager responded to any concerns or incidents in a timely manner and analysed them to try to improve the service.

People were asked their opinions in surveys, management reviews and spot checks. This gave people the opportunity to say how they wanted their care and support. People could also attend a care forum if they wanted to air their views.

Summary of findings

Is the service well-led?

Good

The service was well-led. There were systems in place to monitor the quality of care and service provision at this care agency.

There was a recognised management structure that staff were aware of and on call staff to contact out of normal office hours.

Healthwatch Blackburn with Darwen and the local authority contracts and safeguarding team did not have any concerns about this service. The registered manager liaised well with other organisations.

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 checked whether the provider is 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.

In accordance with our guidance we told the provider we were undertaking this inspection. This announced inspection took place on the 06 October 2015 and was conducted by one inspector.

This service supports people who live in their own homes. We looked at the care records for four people who used the service. We also looked at a range of records relating to how the service was managed; these included training records, recruitment, quality assurance audits and policies and procedures. We spoke with four people who used the service in their homes with permission (two with family members present), the registered provider, two staff members and the registered manager.

Before this inspection we reviewed previous inspection reports and notifications that we had received from the service. We did not request 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 any improvements they plan to make.

We also asked Blackburn with Darwen Healthwatch and the local authority safeguarding and contracts departments for their views of the service. No major concerns were raised.

Good

Is the service safe?

Our findings

Four people who used the service and three family members told us they felt safe at the service. People told us and we observed on our visits how staff kept people's property secure.

We saw from the training matrix and staff files that staff had been trained in safeguarding issues. Staff had policies and procedures to report safeguarding issues and also used the local social services department's adult abuse procedures to follow local protocols. The policies and procedures we looked at told staff about the types of abuse, how to report abuse and what to do to keep people safe. The service also provided a whistle blowing policy. This policy makes a commitment by the organisation to protect staff who report safeguarding incidents in good faith. There was also a copy of the 'No Secrets' document for staff to follow good practice. The service had reported any safeguarding issues in a timely manner to the local authority and the Care Quality Commission.

We looked at three staff records and found recruitment was robust. The staff files contained a criminal records check called a disclosure and barring service check. This check also examines if prospective staff have at any time been regarded as unsuitable to work with vulnerable adults. The files also contained two written references, an application form (where any gaps in employment could be investigated) and proof of address and identity. The robust checks should ensure staff were safe to work with vulnerable people.

We examined four plans of care during the inspection in the office and two in people's homes. In the plans of care we saw that risk assessments had been developed with people who used the service. The risk assessments we inspected included the safety of the environment, keeping people's property secure by the use of a key safe and any health related issues. The risk assessments for people's homes were also for the safety of staff. Staff were aware to report any hazards or equipment that was unsafe. We saw that the risk assessments were to keep people safe but did not restrict their lifestyles.

There were policies and procedures in place for the prevention and control of infection. We saw from the training matrix that staff had been trained in safe infection control. Staff had access to personal protective clothing such as gloves and aprons should they be required to prevent the spread of infection.

Equipment in the office had been tested to ensure it was safe. This included a portable appliance test for computers and other electrical equipment. There was a fire alarm and extinguishers to use in the event of a fire and the alarms were tested frequently to ensure they were in good working order. Extinguishers were serviced regularly by a suitable company. The building was owned by a property company. The registered manager told us any faults or repairs were quickly attended to.

We saw that staff had been trained in medicines administration. Staff were not always responsible for prompting or administering medicines. Plans of care were clear of the responsibilities for staff if they were required to prompt or assist in the administration of medicines. Three of the people we visited administered medicines themselves or with the assistance of their families.

Where medicines were administered by staff this was recorded on a medicines administration chart. We saw some of the records for one person and they had been completed correctly.

Medicines storage was usually the responsibility of family members although we were told staff would be aware of any risks should people not be storing medicines safely.

Good

Is the service effective?

Our findings

People who used the service told us, "The staff are very reliable and turn up on time. I trust all the staff who come into my home, "Staff are very reliable. They always send staff who can speak my language and they are mostly the same staff who I know" and "I get the same staff and they are all reliable and trustworthy." A family member said, "You get the same staff and they help me to care for my relative." We found there were enough staff to meet the needs of people because people who used the service and family members told us they (staff) were reliable and stayed with them for the times they were allocated.

The Mental Capacity Act 2005 (MCA 2005) sets out what must be done to make sure the human rights of people who may lack mental capacity to make decisions are protected. The Deprivation of Liberty Safeguards (DoLS) provides a legal framework to protect people who need to be deprived of their liberty to ensure they receive the care and treatment they need, where there is no less restrictive way of achieving this.

The Care Quality Commission is required by law to monitor the operation of the DoLS and to report on what we find. Most staff had been trained in the Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards and should be aware of the need to protect people's rights. However, the act does not normally cover people living in their own homes. The registered manager told us any suspected deprivation of liberties would be reported to social services as a safeguarding issue and they had been asked in the past to attend meetings to provide information to assist in best interest decisions for people who lacked mental capacity. The service had also recently taken over some supported living schemes and the registered manager was aware of her responsibilities to make any applications under the DoL's legislation if required.

A person who used the service told us, "Staff understand my needs." Two family members said, "The staff who come here know how to look after our family member and know what they are doing" and "The staff know her well and what she likes." We inspected four plans of care at the office and two plans in people's homes with their permission. Care plans were developed with people who used the service to ensure their wishes were taken into account and the support they required would then be provided. People had signed their agreement to the plans. Plans of care were reviewed regularly with the person who used the service including management 'spot checks' and they were asked for their views about care and support at this time. We saw that the plans of care contained sufficient information for staff to deliver effective care. We saw that each person's needs were highlighted and staff were then given instructions on how to best assist a person to achieve their goals. All the people and family members we spoke with were satisfied with the care and support they received.

New staff were given an induction prior to starting to work with people who used the service. Staff were taught many of the subjects they would need to know to safely look after people such as moving and handling and safeguarding. New staff were shadowed until it was thought they were competent in their work. We saw that new staff (5) had been enrolled on the new care certificate. This showed the service were following best practice guidelines for new staff.

We looked at the training matrix and three staff files. Staff completed training in subjects such as infection control, food safety, nutrition, moving and handling, safeguarding, health and safety, fire prevention and medicines administration. Staff were encouraged to undertake a health and social care qualification such as a diploma or NVQ in health and social care. Staff were given sufficient training to meet the needs of the people they looked after.

We saw from the staff files that supervision was held regularly and gave staff the opportunity to discuss their careers and any training needs they may have. We saw that from a supervision session a staff member had highlighted a training need, which had then been delivered.

People had their own GP and the registered manager said if needed people would be supported to attend appointments at hospitals or professionals such as dentist or opticians.

Staff were trained in safe food hygiene and nutrition. People lived in their own homes and could eat what they wanted. The registered manager told us staff would contact the office or a social worker if a person's nutrition was poor but if they had mental capacity it was each individual's choice what they ate. Likewise staff could only advise people about safe food hygiene. Some staff prepared meals or snacks. Families provided meals for three people we visited. Staff supported one person to take a good diet.

Good

Is the service effective?

Two people we visited were occasionally taken out for meals. One person had cultural dietary requirements and staff we spoke with were aware of her needs.

The office was located on the outskirts of Blackburn and was accessible for any person who had mobility problems.

The office was equipped to deal with day to day office management with computers with email access, telephones and other office equipment such as a photocopier. There was a room available for private meetings or to hold staff training sessions.

Good

Is the service caring?

Our findings

Three people who used the service told us, “The staff are all very nice”, “I am very happy with all the staff” and “The staff are a good bunch.” A family member said, “The staff are nice and we are like a family.”

We observed the interaction between staff and people who used the service and their families. There was a good rapport between them and the conversation was good. We saw that there was a good relationship. This was partly because they were regular staff and knew the people they looked after well.

Prior to using the service each person had a needs assessment completed by a member of staff from the agency. Social services also supplied details about a person’s needs. The assessment covered all aspects of a person’s health and social care and had been developed to help form the plans of care. We looked at two assessment records. The assessment process ensured agency staff could meet people’s needs and that people who used the service benefitted from the placement.

Management conducted spot checks. This was to check on staff efficiency but also to talk to people who used the service to see if their care package was working.

We saw that plans of care detailed people’s personal choices and routines. This should enable people to be treated as individuals.

Good

Is the service responsive?

Our findings

People who used the service told us, "I can talk to my daughter if I have any concerns", "We can contact the office if we want to talk to them about anything" and "I can complain to the office staff if I want to." All the family members we spoke with said they did not have any complaints but would use the complaints procedure each person received with their care documentation.

We saw that each person had a copy of the complaints procedure. This told people who to complain to, how to complain and the time it would take for any response. The procedure also gave people the contact details of other organisations they could take any concerns further if they wished including the Care Quality Commission. None of the people we spoke with had any concerns and from concerns raised in the past we saw that the registered manager took action to resolve any issues.

We saw from people's files that the agency was contactable at their office during normal working hours and a person was on call for emergencies. All the people we spoke with confirmed they had the relevant numbers and would use the emergency contact if they had to.

One person who used the service was taken out as part of her support package. We spoke with this person and a family member who told us they went out to the places she wanted to. This included shopping, ladies gym, places of interest and for meals. Another person said staff took him shopping and they called at a local pub for a drink and a meal. Both people said staff were flexible and would arrange outings to suit them. We spoke to the registered manager about how staff were matched to the needs of people who used the service. We saw evidence that some staff were matched to people because of language, ethnic or social needs.

Staff completed a record each day to say what they had done on their visits. They reported any changes to people's care and condition to the office for any changes to be recorded and professional help sought if needed. Most staff called into the office during the week on a Friday and were brought up to date with any changes. This included all the details staff required for any new person. Managers went out to conduct spot checks to ensure staff were carrying out their roles to a satisfactory level and to talk to people who used the service to see if any changes needed to be made.

We saw evidence in the plans of care that the service had good links with other organisations such as social services and other professionals.

The service sent out questionnaires to people who used the service and their families. 30 People responded although not everyone answered all the questions. They asked questions around the quality of service (mostly excellent or good), were they consulted about their care (mostly yes), were they notified of any changes to times (yes), was the care good (mostly yes), care staff attitude (mostly excellent), did staff wear the correct uniform and have their badges on (mostly yes), did staff stay the allotted time (mostly yes) and did people know how to complain (mostly yes). The manager analysed the results and we saw that changes had been made to improve the service, for example, staff were informed to check every person who used the service had a complaints procedure, informing people of any changes to the times of visits was brought up at supervision and all calls coming into the office from people who used the service were now logged.

We also saw that many complimentary letters of thanks had been sent to the service. These included 'Thanks for all the care and support', 'I would like to thank you and your team for providing such good care to my relative', 'A very special thank you to all the staff', 'Please accept my grateful thanks and appreciation for all the care you have given' and 'My carers are polite and cheerful, the office staff are helpful. Staff answer any questions I have - all in all I care is 100%'.

The service had a business continuity plan to ensure people could be cared for if there was an emergency at the service. This included how the service could respond to people's needs due to bad weather such as heavy snowfall hindering staff movement.

Good

Is the service well-led?

Our findings

The service had a registered manager. 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 a legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People who used the service told us, "I am perfectly happy with the service", "I am very happy with the service I get" and It is a very good service." A family member said, "I am very happy with her care. Everything is going very well."

There was a management team based in the office with designated roles. There was a recognised management system which staff understood and meant there was always someone senior to take charge. There was a member of staff on call to respond to any problems which may arise.

Staff meetings were held regularly to discuss care and other issues. We saw from the last staff meeting that topics discussed included the philosophy of care, policies and procedures and any changes within the service. Staff were also able to hold informal discussions with management every Friday.

The service had achieved recognition with Investors in People, which is a benchmark of good quality mainly around the training of staff. The service also used the Gold Standard framework for their training. This ensured staff received the best training the service could provide.

The Registered Manager held a forum with people who used the service and other organisations to gain people's views and improve the service.

We saw there was a system for responding to concerns, incidents, accidents and comments. Management analysed the information to help improve the service.

We saw evidence in the plans of care that the service had good links with other organisations such as social services and other professionals.

The registered manager or other management staff conducted audits which included health and safety, spot checks to talk to people about the quality of service provision and staff reliability, staff competency for medication, reviews of care plans and risk assessments. The registered manager undertook such audits as were necessary to check that systems were working satisfactorily.

We saw that staff had access to policies and procedures to help them with their practice. The policies included safeguarding, health and safety, medicines administration, whistle blowing, infection control, confidentiality and the acceptance of gifts. The policies were reviewed regularly to ensure they were fit for purpose.