

I Care Service Norfolk Ltd

I Care Service

Inspection report

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Dereham
Norfolk
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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

I Care Service is a service based in Dereham, which provides personal care to people in their own home. At the time of our inspection the service was providing care to 68 people living within an approximate 10-mile radius of Dereham. The Care Quality Commission (CQC) only inspects the service being received by people provided with 'personal care'. Not everyone who used the service received personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Feedback from people using the service and staff was positive and all the people we spoke with recommended the service.

People's individual needs and requirements were discussed with them before their care started. Staff received appropriate induction and training and people said staff were skilled in providing their care. Staff monitored people's health and helped them access health and social care services whenever needed. People were supported to have a balanced diet and assisted effectively with their care needs. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. However, the policies and recording systems used in the service did not always support this practice. We have made a recommendation about recording mental capacity issues.

People felt safe around the staff who provided their care. Staff understood their role in protecting people from harm and abuse. Care plans and risks assessments were person-centred and detailed. Recruitment practice was thorough and ensured staff were of appropriate character to provide support. People felt their care was not rushed and there were sufficient staff to ensure people mostly received care from familiar staff. People were supported well to receive their medication as prescribed. Appropriate infection control measures were in place.

People described the staff as kind, helpful and respectful. Several people told us staff often went 'the extra mile' to help. People were encouraged to participate in their care planning and were given opportunities to feedback on the service provided. The staff actively encouraged people's independence and dignity.

The care planning was person-centred and responsive to people's needs and preferences. The provider was quick to respond to changes in need and reviewed the efficacy of the care provided regularly. People were actively encouraged and supported to access their social networks and community. People had rarely needed to make complaints but knew how to do so and felt communication with the service was effective and friendly. The provider worked with people and their community health professionals to plan and provide personalised and skilled end of life care.

People felt management and staff at the provider's office were well-organised, approachable and took their views on board. Staff enjoyed their work and felt well-supported and valued by management. The provider used quality assurance systems and best practice forums to monitor and drive improvement in the quality and safety of people's care.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was 'Requires improvement' (published 1 March 2020).

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

I Care Service

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors over two days.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also needed to gain consent to contact people using the service.

What we did before inspection

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

During the inspection

We spoke with nine people who used the service and one relative about their experience of the care

provided. We spoke with ten members of staff including the registered manager, assistant manager and care workers. We reviewed a range of records. This included five people's care records in detail and samples from others. We looked at two staff files in relation to recruitment, supervision and training. A variety of records relating to the management of the service, including quality assurance audits, policies and procedures were considered.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as 'Requires improvement'. At this inspection this key question has now improved to 'Good'. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding systems in place. The registered manager understood their responsibility to report any potential safeguarding concerns to the local authority and had done so when appropriate. The registered manager also reviewed carefully all concerns to check if any changes to care were needed to minimise the risk of abuse.
- All staff we spoke with has a good understanding of what to do to make sure people were protected from the risk of harm or abuse. Staff had confidence that any concerns they may raise would be acted upon promptly by management. Staff also has access to a whistleblowing helpline.
- All the people we spoke to felt safe with the care provided. One person told us, "I feel very safe, very comfortable with them." A relative said, "Safe? Crikey yes! They are gentle. [Family member] can get obstructive, but [the staff] are very calming...they know [the person] well."

Assessing risk, safety monitoring and management

- Assessments of risks to individual people were detailed, accurate and personalised. They specified what actions staff needed to take to mitigate the risks. This included risks such as falls, moving and handling, choking and supporting people during times of distress.
- Staff knew people very well and could explain without hesitation how they catered for individuals needs to ensure they remained safe.
- Risk assessments were reviewed regularly or whenever significant changes occurred; updates agreed and shared with staff via a secure messaging app.
- The provider had a comprehensive system of monthly audits of risks, and actions taken where necessary to update practice and mitigate risks.

Staffing and recruitment

- The service operated a robust and thorough recruitment process to ensure staff were of appropriate good character to provide care in people's homes.
- There were enough staff to ensure people's needs were met fully, visits were of an appropriate length and there were no missed visits. One person told us, "I never feel rushed and they are pretty much always on time." Another person said, "They let me know if they're going to be over a half our late."
- Most people told us they usually had the same staff who supported them. This enabled staff to become familiar with people and build positive relationships. One person told us, "I have the same carer each morning, its very helpful...They know how I like things done."
- Some people and staff reported difficulties with consistency. However, the provider had effective mechanisms in place to maximise consistency. This included staff retention strategies, logistical

mechanisms such as creating smaller area teams and a rostering system which automatically prioritised workers who had visited the person most often.

Using medicines safely

- Medicines management systems were well organised, and people were receiving their medicines when they should, where this support was required.
- Staff were trained in the administration of medicines, could describe how to do this safely and their competency to do so was checked regularly by the provider. Medicines administration records were audited weekly to monitor and respond to any errors found.
- The service had a policy for the administration of 'as required' (PRN) medicines, and there were separate protocols for each PRN medicine prescribed. PRN protocols are needed to ensure staff have clear guidance on when to support people with medicines that were prescribed to be administered as required. The provider was reviewing all these protocols to further improve personalisation such as describing the indicators, type and place of pain the person uses pain-relief for.

Preventing and controlling infection

- Staff were provided with suitable personal protective equipment such as gloves and uniforms.
- All staff were trained in infection control and followed safe procedures to minimise the risk of the spread of infection, such as changing gloves between individual tasks.
- People told us staff took appropriate infection prevention precautions when assisting them with personal care and food preparation. One person told us, "They always wear gloves and a uniform."

Learning lessons when things go wrong

- Incidents and accidents were clearly recorded and analysed to identify any trends or patterns and to reduce the likelihood of these events reoccurring.
- Staff understood the importance of reporting any safety incidents, concerns and near misses. There were clear processes in place for this which staff were familiar with.
- The registered manager discussed and communicated lessons learnt via regular secure messages and team meetings. Team meetings included space to review incidents, talk about issues staff found difficult to manage, share best practice and knowledge of how best to meet people's needs.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's care plans included generic information guiding staff regarding people's mental capacity to make decisions for themselves. However, these lacked sufficient detail and did not follow national guidance such as specifying the decision required. For example, one person was noted to be living with dementia and could often refuse care. Their mental capacity care plan gave some generic guidance on the support the person required and what type of decisions they could struggle with. However, there was not a decision specific mental capacity assessment regarding when or if the care was being provided in their best interests.
- The provider had not always recorded in enough detail whether a person had someone appointed to act on their behalf when they lacked capacity to make a decision, such as power of attorney or deputy. For example, recording a relative had a power of attorney but without details such as whether this was for financial matters and/or health and welfare matters.

We recommend the provider consult current guidance on recording mental capacity issues including decision specific assessments, best interest decisions and legally delegated authorities and act to update their records accordingly.

- Staff told us they had appropriate training in the MCA, understood and worked within the principles of the MCA. Staff knew the importance of seeking people's consent before offering care and supporting people to make their own choices. One staff member told us, "We always offer choice. Showing them the options like food or clothes, can help them make decisions." Staff were aware of the importance of supporting people to take positive risks when mentally capable of doing so; or supporting people in their best interests when unable to make a particular decision.

- All the people we spoke with felt their care supported them to maximise their ability to make choices. People told us the staff were respectful and offered them choices whenever possible. One person told us, "There's always different things needing doing, [the staff member] always asks 'shall I get this, do this'. It's very much a two-way thing, a very easy arrangement."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had an assessment of their care needs before the service began working with them to ensure their needs could be met. Assessments included the person's support network, history, interests and their desired outcome from the visits. Where appropriate, the provider liaised with other professionals to gain a fuller picture of a person's needs.
- Care and support were planned in line with legislation and nationally recognised guidance was used in delivering the service. The provider strived to keep up-to-date; for example, they had recently implemented training and care plans in oral healthcare following the issuing of new national guidance.

Staff support: induction, training, skills and experience

- Staff told us the induction and training programmes in place were helpful and in-depth. Induction had recently been increased to three days and included a combination of e-learning, class-room based learning, followed by shadowing and competency checks.
- Staff were supported where necessary to complete the Care Certificate, an industry recognised national training programme for staff working in health and social care. Career progression included support to complete further training such as National Vocational Qualifications (NVQs).
- Staff had regular checks and refresher training on their key skills and competency. Records showed staff were up-to-date with their training.
- The provider was keen to respond to staff training requests. For example, the provider told us they were seeking more in-depth, experiential training in supporting people living with dementia after feedback from staff.
- People told us staff seemed well trained and capable. One person told us, "I'm pleased with the carers, they are very good at what they do."

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

- Where people required support with their nutrition and hydration, this was provided to the satisfaction of people and their relatives.
- People told us they were always offered choice and control of their diet. One person told us, "They know what my favourite drink is, every new person knows because they have a detailed care plan, but they still ask me."
- Where nutritional concerns were identified risk assessments and additional monitoring tools such as food and fluid charts were used to help minimise risks.

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

- People were supported effectively to meet their health needs and assisted when required with referrals to appropriate allied healthcare professionals such as doctors, district nurses, dieticians or chiropodists. One person told us, "They have advised me to speak to the community matron or nurses a few times."
- Where risks to health were identified, appropriate preventative actions were taken. For example, falls risk assessments were completed and people referred to the falls clinic or for assistive technology and equipment where appropriate.
- Staff supported people to attend healthcare appointments and visited people in hospital when required.
- The provider worked closely with the local authority's reablement service to provide ongoing care and

support after a period of reablement which supported the person's independence and preferred outcomes.

- The provider identified additional needs and signposted to community services where appropriate; for example, Age UK for financial advice and support or local dementia cafes for advice and company.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- All the people we spoke with told us staff were kind, helpful and respectful. One relative described staff being patient, calming and inclusive in conversation with the person living with dementia requiring care. This relative told us, "All the [staff] who come are very, very charming and friendly, pleasant. Put you at ease. They always ask if they can do anything. I like it because they have a good chat to us both."
- We received many comments of staff going the extra mile to support people, being thoughtful and flexible. One person said, "[A staff member's name] always comes early to do the extras such as empty the dishwasher." Another explained, "All the carers seem to go above and beyond. One carer knocked over [something] and it broke, I said not to worry but they replaced it with something a bit nicer anyway... They're a personal rather than machine operated company."
- People we spoke with confirmed the provider ensured their preferences, such as gender of carer, were routinely adhered to.
- Staff considered and respected people's diversity. Care documentation included information about people's life history, marital status, religion, and disabilities. This meant staff were aware of people's diverse needs and what was important to them. For example, a staff member explained one person's religious beliefs meant they didn't celebrate Christmas, so it was important to be mindful of this in conversations and not to send this person a Christmas card. Another person told us, "They are always kind. I'm a fairly quiet person, can't cope with bombastic people, and they all seem to adjust to this really well."

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

- The provider regularly consulted people to ensure their care was meeting their desired outcomes. One person explained a manager came before care started to find out what they needed. Then the care staff sat with them once the care had started, went through the care plans and added little details like when to make a hot drink and what they preferred. A relative told us, "They know [the person] inside and out. They check in with me regularly."
- The provider sent monthly newsletters to people which included an option for people to feedback on their care and to nominate staff for awards. The provider also completed annual anonymous customer satisfaction surveys. These measures support people to feel involved and listened to.
- The provider had started regular community meetings for people using the service which had become increasingly popular. These support relationship-building both between people using the service and with the provider, promotes communication of preferences and concerns about the service and identifies themes of common difficulties faced. The provider has plans to start a committee of people using the service to organise events, choose topics and activities and develop a community spirit.

Respecting and promoting people's privacy, dignity and independence

- People told us the staff were polite and respectful of their privacy and abilities. One person told us, "They are amazing, keep things covered, keep my dignity."
- The provider worked closely with the local reablement service and were aware of the value of promoting independence. Staff described encouraging and enabling people to do as much for themselves as possible, even small achievements such as brushing hair or washing their face. One person told us, "I'm very much wanting to do as much as I can. But I'm willing to accept assistance if necessary. They are respectful of this."
- The provider was dedicated to promoting engagement and independence in the community. For example, one person was assisted after being house-bound for two years, to start attending the community meetings run by the provider.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as 'Good'. At this inspection this key question has remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans were detailed to ensure people received individualised care which met their preferences and wishes. Each record held a document entitled 'This is me', which gave a good summary of the person, their history, social network and interests. These were then incorporated into their care plans where appropriate.
- People reported they received a person-centred service, mostly from staff who knew them well. Several staff and people using the service described the provider positively as like an extended 'family'.
- People were empowered to make choices and have as much control and independence as possible. People told us they were always consulted and offered choice by care staff.
- The provider completed regular reviews to check the service was meeting their needs and to ensure their objectives remained relevant and up-to-date.
- People told us the provider was responsive to changes in need and addressed issues quickly and effectively.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People had individual communication plans. For example, one care plan for a person living with dementia, noted the importance of using simple questions and sentences.
- A staff member explained how they worked with a person with a profound sensory impairment utilising a variety of communication methods, including non-verbal communication.
- The provider explained information and care plans was available in a variety of formats. They have used a variety of technology including support with braille, hearing amplifiers, texts, white boards and assistive technology for alternative alerts and door bells.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- The provider was strongly committed to reducing social isolation. They had developed links with a wide range of local services and networks to support people to better engage with the local community. This included links such as Volunteer Norfolk, Dementia friends Dereham, a fitness group, local hot meals delivery service, the local men's shed.
- The provider has developed regular community meetings for people using the service. People told us this was a positive development and had enabled them to meet others in a similar situation, in some cases

renewing old acquaintances. The provider had recently arranged an accessible coach day-trip to Cromer and had a Christmas party for people using the service. One person said, "We went to a lovely Christmas party - smashing, staff dressed up in elf clothes, a great buffet."

- One relative told us the service provided enabled them to attend a variety of social activities such as bingo and tea-dances.

Improving care quality in response to complaints or concerns

- The provider had a clear system for responding to and tracking both complaints and concerns. This included timely responses, clear action plans and lessons learnt to be shared and incorporated into future practice. Records showed a low number of formal complaints, and minor concerns being dealt with effectively.
- People told us they knew how to complain but had not found fault with the service. One person told us, "Any concerns I would ring [the managers' names], they are always polite and helpful. I've only got good things to say - no complaints at all."
- The registered manager saw complaints as an opportunity to improve the delivery of the service. They understood the importance of the service being held to account.

End of life care and support

- The provider had a manager trained in a nationally accredited end of life care pathway and a staff member who specialised in providing end of life care.
- Where appropriate people had a 'Do not attempt resuscitation order' and thorough care plans in place which detailed the person's end of life care wishes. Planning ahead for when people may no longer be able to communicate their end of life care wishes is sometimes called 'advance care planning' and is an important part of personalising end of life care.
- Care records reviewed contained relevant details of protected characteristics such as cultural and spiritual beliefs and preferences.
- One relative told us, "They are [well trained], and when things get difficult in the future, we have confidence that they will be able to supply the time needed, give the extra help when we ask. We're having a meeting [soon] for end of life planning."

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as 'Requires Improvement'. At this inspection this key question has now improved to 'Good'. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The culture in the service was welcoming, friendly and person-centred. There was a strong collective sense of putting people first. One staff member told us, "I treat people as would a family member and all the carers I've worked with do the same."
- The registered manager demonstrated determination to ensure people received the very best care possible. One person told us, "I know if I were to ring up, they will be there and will always listen."
- The management team were reported to be well organised, accessible and supportive to staff. Staff felt encouraged, cared for and valued. One staff member told us, "[It's] a really nice company to work for. Management are always there for you. 100% supportive."
- The provider utilised staff retention strategies such as personalised support, reward schemes, and career progression opportunities.
- The assistant manager described being promoted through the ranks, now working towards their level five managerial NVQ and applying to become the jointly registered manager of the service. The two managers had a good partnership which complimented each other's working practice.
- Staff took ownership of their work and embodied the values of the service, which put the people who used the service at its heart. One staff member told us, "The love and dedication, the passion that everyone gives. Nothing is too much. Everyone goes out their way. Whether it's getting something whilst on their own weekly shopping for a client. Nothing is too much."

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

- The provider understood and met the requirements of the regulations to make notifications and to comply with duty of candour responsibilities when things had gone wrong.
- The provider took an open and transparent approach to this inspection and were quick to respond to any issues identified. They acknowledged a shortfall in their mental capacity recording and agreed to review care plans in line with current guidance.
- Staff showed a good understanding of their individual roles and spoke with each other throughout the day as to what was happening and what needed to be done. The provider used a secure app to communicate and ensure staff were kept up to date with significant changes.
- The office staff were all cross-trained both in managerial and care skills which ensured business continuity was maintained when the service was under pressure such as adverse weather or seasonal illnesses.

- The provider had developed a comprehensive auditing system which promoted safe care and practice, identified trends and areas for improvement.

Continuous learning and improving care; Working in partnership with others

- The provider held regular staff meetings in which concerns, incidents, lessons learnt, and best practice were openly discussed. One staff member told us, "We have meetings - a chance to voice our opinions and say if we think we can do something better, put ideas forward."
- The registered manager hosted regular meetings with other local providers to share and develop best practice and understanding.
- People benefitted from effective partnerships and networks the provider had built with other key organisations and resources in the community.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Staff received regular supervision, appraisals and checks on their competencies and found feedback from management helpful.
- Both people using the service and staff completed annual quality assurance surveys which were used to systematically drive improvement plans.
- The provider issued regular newsletters for people using the service to update people on developments and events, share experiences and ideas.