ICare Nottingham Ltd

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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?	**Requires Improvement**

Summary of findings

Overall summary

About the service: ICare Nottingham Ltd is a domiciliary care service that provides care to people in their own home. There were four people receiving a regulated activity of personal care at the time of our inspection.

People's experience of using this service:
People's needs associated with risk had been assessed, but not fully explored to ensure staff had sufficient guidance to support and manage any known risks. Recruitment processes were not robust enough to ensure people employed were safe to work with the people who used the service. Where people required medicine, this was administered as prescribed, but the provider did not always follow their policy and procedure when administering medicines for people. People and their families felt safe with the staff that cared for them. Safeguarding systems were in place. People were protected from cross contamination because staff followed infection control policy and procedures. Systems were in place to monitor Incident and accidents

People's needs were assessed and included protected characteristics under the equality act 2010 and this was considered in people's care plans. Staff were knowledgeable about the people they cared for, but when they cared for people living with a condition, such as, dementia the care plan lacked instruction how staff should care for the person. People consented to the care and support, but those who lacked capacity had no mental capacity assessments completed for decisions they needed to make, or decisions made in their best interest. Staff attended an induction and training relevant to their role, including a basic English and Maths test. People were supported to eat and drink according to their culture, religion and preferences. The provider worked with other professionals and implemented recommendations to help achieve a positive outcome for people's health and wellbeing.

People were cared for by kind, compassionate and caring staff. People had an opportunity to discuss their care and support on a regular basis. Advocate support was acquired if people needed support to express their views. People were shown respect and their dignity was protected always.

Care was planned and developed with people and their families. Systems were in place to monitor and address complaints. End of life care was developed, but staff required training in in this area.

There was a registered manager in post and they had clear oversight of the service, which they planned to develop further. However, staff rotas were not recorded. There was no future planning in place to monitor which staff were attending the care calls. Audits and quality checks were completed, but not always recorded. People were involved in discussions about their care and support. Staff felt supported by the registered manager and confident to raise issues and concerns. The registered manager was open and transparent with shortfalls in concerns we found during the inspection. The provider worked with other professionals and developed networks within the community.

Rating at last inspection: This is the first inspection since registration.

Why we inspected: This is a scheduled inspection based on the provider's registration date.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit at the next scheduled inspection. If any concerning information is received we may inspect sooner.

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

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 not always safe.

Details are in our Safe findings below.

Requires Improvement

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement

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 not always well-led.

Details are in our Well-Led findings below.

Requires Improvement

ICare Nottingham Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:
The inspection was carried out by one inspector.

Service and service type: Icare Nottingham is a domiciliary care service and provides personal care to people living in the community.

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 visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:
Before we inspected we asked the provider to send us their Provider Information Return (PIR). This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed information, which included statutory notifications. A notification is about important events, which the provider is required to send us by law. We used this information to inform our inspection plan.

People who used the service were not able to speak with us, but we did speak with three relatives. We also

spoke with the provider's representative and two care staff.

We looked at four people's care records to check that the care they received matched the information in their care plans. We reviewed four staff files to see how staff were recruited and the training records to check the training provided to staff. We looked at the systems the provider had in place to ensure the quality of the service was continuously monitored and reviewed to drive improvement

Requires Improvement

Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety.
There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management.
● Risk associated with people's needs had been assessed, but not fully explored to ensure staff had sufficient guidance to support and manage any known risks. There were no risk assessment in place for people living with conditions, such as diabetes or dementia. The level of their conditions were not identified.

●When people were out in the community there were no plans or risk assessments in place to show staff how they should support people and keep them safe. Where people were at risk of depression there was no instructions for how or what staff should do when a person had low moods. The registered manager told us they would review all people's risk assessments and address any issues of concern.
●Staff gave examples of how they supported people who had known risks, such as, if they were at risk of using the stairs. Other staff told us there were some information in the care and support plans to identify risks, but no detailed information on what they should do to prevent any risks.
●Risks associated with the environment where people lived had been assessed and staff had guidance on how to support people in an emergency, such as fire or flooding.

Staffing and recruitment.
●There were sufficient staff employed to meet people's needs. Staff's skill mix was considered when staff were matched to people they cared for.
●Relatives told us they felt staffing levels were sufficient. One relative said, "I specifically approached the service, as I wanted care staff that spoke the same language as my family member. Other relatives told us they were happy with the care and that their relation received the care when needed and on time.
●A recruitment policy and procedure was in place, but the interview records were not fully completed. Gaps in people's employment had not been explored during the interview. One staff file had no application completed. We could not identify if this person was suitable for the role. The recruitment policy was not robust enough to ensure staff employed were safe to work with the people who used the service. We spoke with the registered manager and they told us they would review the process.
●Staff received relevant safety checks and provided the required references requested by the provider.

Using medicines safely.

●People received their medicines as prescribed. However, the provider had not followed their policy for administering medicines. One person's care file stated the level of support they required was prompting, but the person had stated in the everyday task that sometimes staff took the medicine from the blister pack and gave it to the person. This meant the staff were administering the medicines at times and this was not fully reflected in the care plan.

●People's medicines were clearly recorded in their medication administration record, which helped to reduce risks for people receiving the wrong medicine.

●The registered manager told us they reviewed and monitored people's medication administration records (MAR) to ensure people received their medicines as required. We reviewed two MAR's and these were current and up to date.

●Staff confirmed they had completed medicine training and their competency had been assessed. The providers policy and procedures provided staff with guidance on how to manage people's medicines safely.

● Where people required creams to be applied to their arms, legs and body a body map was in place to ensure staff applied the cream to the right part of the body to ensure the treatment was effective.

Systems and processes to safeguard people from the risk of abuse.

● People were supported to keep safe from harm. Relatives told us they felt their family member were safe with the staff that cared for them. They also told us their relations received the care when needed and on time. One relative said, "[Name] feel safe."

●Staff had a good understanding of how to recognise and report different types of abuse. One member of staff told us they would report safeguarding concerns to the local authority and CQC. Another member of staff said," There is a procedure we follow to ensure people are protected. I would report concerns to my manager."

●The registered manager was clear about the actions they would take should a person experience abuse or harm, as systems were in place to safeguard people from the risk of harm.

Preventing and controlling infection.

●People were protected from risk associated with cross contamination. Staff described the equipment they used when providing people with personal care. Staff had received infection control training and the provider had policies and procedures in place to support their practice.

●Relatives confirmed staff wore personal protective equipment when providing personal care. One relative said, "Staff always wear aprons, gloves and sometimes shoe protectors when providing care to my relation."

Learning lessons when things go wrong.

●At the time of our inspection there had been no accidents or incidents. However, the registered manager had processes in place that assured us lessons would be learned if accident and incidents occurred.

●Staff were aware of the importance of reporting accident and incidents should they occur. One staff member described the procedure they would follow.

Requires Improvement

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

The effectiveness of people's care, treatment and support was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law.
●People's needs were assessed and included protected characteristics under the equality act 2010 and this was considered in people's care plans. This Included their age, gender, religion and disabilities. The registered manager said they understood the importance of people's diverse needs and this was discussed at the initial assessment.
●Staff were knowledgeable about the people they cared for. Staff described people's daily routines to ensure they received the care and support they needed. However, when people had a condition of diabetes or dementia there was no clear information in the care plan for staff or how they should ensure people received effective care for these conditions. For example, one care plan said the person had dementia, but this was not identified until the end of the plan. There was no description of the level of dementia this person had or how this affected their daily life and routine. This meant the staff may not be caring for this person effectively. We asked the registered manager to review people living with specific conditions and ensure the level of the condition and sufficient guidance was reflected in their care plans, to support staff to provide effective care.

Ensuring consent to care and treatment in line with law and guidance.
● The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 decisions, any made on their behalf must be in their best interests and as least restrictive as possible.
● We checked whether the service was working within the principles of the MCA.
●People had completed consent forms to demonstrate they had agreed to their care and support. However, when people lacked capacity we could not identify what level of capacity they had as no MCA assessments were in place. Choices can't be made in people's best interests if their capacity had not been assessed and deemed they lacked capacity. This meant that people's rights were not upheld.

This demonstrates a breach of Regulation 11 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

●Staff told us they always ask people what they wanted and gave people choices. One member of staff said they covered mental capacity in the care certificate and other qualifications for adult social care. They were clear what they should do if a person refused care and the action they should take. One member of staff said, "I would go away and come back and ask the person again or ask them a different way, which they may find easier to understand.
●The provider has a mental capacity policy in place and staff had completed training in mental capacity when completing the care certificate. The registered manager told us and records we saw confirmed further training around mental capacity had been booked.

Staff working with other agencies to provide consistent, effective, timely care
● Care plans did not consistently provide staff with guidance of people's health conditions and this could have impacted on people receiving effective care. For example, there were no instructions for staff on how they should manage a person's condition if they lived with diabetes, dementia or if they were at risk of a stroke. This meant there was a risk a person may not receive the appropriate care.
● The registered manager gave examples of working with other agencies and professionals. Staff identified concerns with a person skin. They reported to the registered manager who contacted the relevant professionals for guidance and assistance. The registered manager said they implemented recommendations from the healthcare professionals in to the daily routine of the person. This helped achieve a positive outcome for the person.

Staff support: induction, training, skills and experience.
●People's family told us they felt staff were trained and competent to care for their relation.
●Staff confirmed they had received an induction when they first started work. One member of staff described the induction process they had participated in and said they felt this was sufficient for their role. They told us about them shadowing other experienced staff and being introduced to the person before they provided care on their own.
●Staff told us they had attended training and had dates booked for further training. This was confirmed by the registered manager and training documents we looked at.
●Staff were given the opportunity to discuss their development and individual work needs. One staff said, "I am in regular contact with my manager and I had my supervision last week."
●Staff told us and the registered manager confirmed, that staff had completed the care certificate and were enrolled on further qualifications in care, to keep their skills up to date. The registered manager also told us staff undertook a basic Maths and English test, before they started working to ensure they could communicate with people effectively. We saw the completed tests on staff files we looked at.

Supporting people to eat and drink enough to maintain a balanced diet.
●People's dietary needs had been assessed and consideration included any specific cultural needs and preferences. People's culture and religion was recorded, for example, a person preferred a curry at lunch time with a chapatti. There were clear instructions how staff should make the chapatti, as the person liked it made a certain way.
●Staff told us they always ask people what they would like to eat and drink. One member of staff said, "I always check food is in date, and tell the family if it is not so they can remove it."
●Staff had completed food hygiene training to help them prepare meals for people in a safe way.

Supporting people to live healthier lives, access healthcare services and support
● Relatives told us they were very happy with the care provided. One relative said, "I don't know what I would have done without them."
●People were supported to access healthcare services, such as GP and hospital appointments. ●The

registered manager gave an example of where a person refused to eat. They said they referred the person to the GP, who took relevant action and referred the person to a speech and language therapist.

- Staff told us they monitored people's health and raised any concerns with the extended family and the registered manager. Staff were confident any concern would be followed up with the relevant professionals.

Good

Our findings

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

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.
●People were cared for by staff who were kind, caring, compassionate and understood their needs and preferences.
●One relative said they were specifically happy with the care provided as care staff spoke to their family member in their preferred language and was of similar cultural background to the person. The relative said, "This helps my relative feel more empowered and less isolated, it has given them more dignity as [Name] feels their religious activity is understood and respected.
● Staff were very positive and showed a good understanding of the people they cared for. One member of staff described the tasks and daily routine of one of the people they cared for. They told us how they treated the person with respect and protected the person's dignity when providing personal care. The member of staff said, "One person I care for is overlooked by other buildings, so it is very important to make sure all curtains and doors are closed before I provide care and support for the person.

Supporting people to express their views and be involved in making decisions about their care.
●People received opportunities to discuss their care needs as the plans of care were reviewed regularly. The registered manager said, "We review care plans every two weeks when the person first starts the package. We then increase this to three monthly and then to a year, but always mindful changes would trigger a review when needed."
● People were supported and helped to express their views, where required they would be supported by outside advocates. The registered manager told us no one required the advocate service at the moment, but they would research information and appropriate support should this be required.
●Staff told us they formed good relationships with people they cared for, as support was on a one to one basis and this ensured continuity of staff. One member of staff said, "When I have completed the tasks and finished my work I talk to people about their day. I ask how they are or how they slept to help build a rapport, so the person feels comfortable and safe.

Respecting and promoting people's privacy, dignity and independence.
●People's dignity and privacy was up held. Relatives gave positive feedback regarding how staff cared for

their family member. One relative said, "We find it is good that staff understand [names] faith and customs.

- People's confidentiality and privacy was protected. Records were stored in a safe way.

Good

Our findings

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

People's needs were met.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control.
●People's care was developed with them and their family. Information supplied staff with a brief history of the person, where they were from and what was important to them. For example, people who liked to participate in prayer.
●Relatives confirmed staff provided care that met people's individual needs and preferences. One relative said, "[Name] like to follow routines and set schedules and the service have managed to meet this. We also have regular contact with the manager who visit my relation and completes spot checks to make sure their needs are met.
●Staff confirmed the care plan told them what people liked, such as, their interests and preferences. One member of staff told us how a person they cared for liked to go shopping monthly. This told us people's care was personalised to them.

Improving care quality in response to complaints or concerns.
●The provider had clear systems in place to respond to complaints and concerns. The registered manager told us there had been no complaints or concerns raised, but they would respond quickly to small concerns to ensure issues did not escalate in to larger complaints.
●Relatives were aware of the complaint procedure One relative said, "I know how to raise concerns and who to raise them with."
● The provider had a variety of ways to get feedback from people, relatives and healthcare professionals about the quality of the service. Relatives told us they had completed survey questionnaires in the past.

End of life care and support.
●Policies and procedures were in place for end of life care. The registered manager told us the policy was in the process of being updated. No one was receiving end of life at the time of our inspection. However, we looked at how end of life care was planned. The registered manager told us it was their policy to ensure people had the opportunity to share and understand their wishes, needs and preferences around the care they required at the end of their life. They said, "This was an area they needed to develop further and ensure staff received appropriate training to support their roles."

●Staff had not received training in end of life care at the time of our inspection. This was confirmed by staff we spoke with.

Requires Improvement

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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

● People told us their experience of the service was good and they received care that was personalised to their individual needs. Relative said, "We find it is a good service." Another relative said, "We are really pleased with the care provided."

●The registered manager had a system to plan staff rota's and monitor care calls, but the system was not used to its full potential. There was no forward planning for staff rotas. The registered manager told us staff new the care calls they needed to attend as the care was provided on one to one care. This meant if there were any changes to staff attending a care call there was no record of the changes made. The registered manager told us they collected staff timesheets weekly and audit them to ensure staff were attending care calls.

●The registered manager told us they were aware of notifications they should submit to the care Quality Commission(CQC) and would notify us if incidents or issues did occur. They said, "There had been no incidents to report. However, we received a safeguarding concern in May 2018 from the local authority and it was recommended a notification should be sent to CQC in regard to the safeguarding concern raised, but we did not receive any notifications from the provider. We were not confident the provider would fulfil their obligation of when notifications should be submitted to CQC.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements.

● There was a registered manager in post. They were aware of their responsibility and had a clear oversight of the service and a plan to develop the service further.

●The registered manager was supportive to staff, and staff confirmed there was regular contact with them to share information.

●The registered manager used many audit checks to ensure the service provided was of good quality, for example spot checks, interviews with people to discuss how their care was delivered and questionnaires to

gain people and staff views on how the service was managed. The content and feedback from the different audit checks were discussed with staff during their supervision to ensure any amendments or good practice could be identified.

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

- People were involved in discussions about their day to day care. Care reviews were taking place.
- People and their families had received opportunities to feedback their experience about the service by means of completing a satisfaction survey. One relative confirmed they had completed a survey.
- Staff told us they felt supported by the registered manager and felt they were approachable and able to raise concerns should they arise. They said there was a positive open culture. One member of staff said, "The registered manager was good. I am happy to raise concerns or speak with them."

Continuous learning and improving care.

- The registered manager was open and transparent about shortfalls within the service and assured us they would take immediate action to make improvements. They were passionate about providing people with a high standard of care and showed great determination and commitment in developing the service.
- The registered manager had made some improvements to some of the records and had implemented actions since our inspection.

Working in partnership with others.

- The registered manager told us how they had developed their networks with other professional, such as, meeting with local hospitals and rehabilitation hospitals to share what ICare Nottingham could offer as a service.
- As part of the services business expansion plan they had been invited onto BBC radio to speak about language, culture and religious barriers in health and social care and how ICare Nottingham were overcoming this in the care community.

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 11 HSCA RA Regulations 2014 Need for consent People's capacity had not been fully assessed to ensure choices made were in people's best interests. 11(1)