

iCall Care Limited

iCall Care Office

Inspection report

iCall Care
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Date of inspection visit:
08 June 2016

Date of publication:
29 June 2016

Ratings

Overall rating for this service

Requires Improvement 

Is the service well-led?

Good 

Summary of findings

Overall summary

We carried out an announced comprehensive inspection of this service on 19 and 20 January 2016. A breach of the legal requirements of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 was found. After the comprehensive inspection, the provider wrote to us to say what they would do to make the required improvements.

We carried out a focused inspection of this service on 8 June 2016 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 someone would be at the office.

We undertook this focused inspection to identify if the required improvements had been made. This report only covers our findings in relation to 'Well-Led'. You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for iCall Care Office on our website at www.cqc.org.uk

A registered manager was 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 2008 and associated Regulations about how the service is run.

At the time of our inspection there were 25 people using the service. During our inspection visit we found the provider had made improvements to the way they managed the service.

The registered manager had attended training to update their knowledge in relation providing a quality care service. Improvements were made to ensure systems in place were effectively monitored to ensure the quality of care provided met the provider's expectations of providing a quality service. The registered manager had updated the policies and procedures and checked practices within the service were up to date. Records showed staff were recruited safely and provided with the training and support to ensure people's needs were met.

People's care needs and risks to their wellbeing and safety had been re-assessed. The provider had introduced new care plans, which provided staff with clear information as to how to support people. These took account of how risks should be managed and were centred on the person's preferences.

We found the provider's quality assurance and governance systems were being used effectively to monitor the quality of service provided. The provider maintained accurate records and information relating to the people who used the service, staff and the management of the service. Information gathered from the regular audits and feedback from people who used the service, their relatives, staff and health care professionals was used to develop the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service well-led?

Good ●

The service was well-led.

We found that action had been taken to improve the systems to assess and monitor the quality of service provided. The provider used audits and feedback from people using the service and staff to check on the quality of the service.

iCall Care Office

Detailed findings

Background to this inspection

We undertook an announced focused inspection of iCall Care Office on 8 June 2016. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be at the office. This inspection was done to check that improvements to meet the legal requirements with regards to good governance was being met.

We inspected the service against one of the five questions we ask about services: is the service well-led? This is because the service was not meeting some legal requirements.

The inspection was carried out by one inspector.

At this inspection we spoke with the registered manager and the care co-ordinator. Although we did not speak with people who used the service, we looked at the care records for three people, which included their support plans, risk assessments and records relating to their daily wellbeing and health. We looked at three staff recruitment files, staff training information and support provided. We looked at the management records which included the checks carried out on the quality of care provided, complaints and surveys, policies, procedures, minutes of meetings and the quality assurance information.

Is the service well-led?

Our findings

At our previous inspection of iCall Care Office on 19 and 20 January 2016 we identified that the provider's quality assurance had not been fully implemented and was ineffective. We found staff were not properly recruited, trained or supported to carry out their job role. The service did not fully assess, monitor or review people's care needs and care plans did not always provide staff with clear guidance as to the support they required. We also found that people's views about the service were not consistently sought and they were not involved in the development of their care or the service. On 6 April 2016 we issued a warning notice under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requiring the provider to become compliant with Regulation 17.

The provider sent us an action plan outlining the improvement they planned to make. During this inspection we found the provider had taken action and made the improvements to the quality assurance system and governance of the service.

The registered manager had completed training to enhance their knowledge in managing and providing care and support to people using the service. Training records showed they had completed the Care Certificate and trained as a trainer to deliver short training courses to staff. The Care Certificate is a set standard for care staff that upon completion should provide staff with the necessary skills, knowledge and behaviours to provide good quality care and support.

We found the provider had made the required improvements to ensure they carried out regular checks to monitor the quality of care provided to ensure the provider's expectations of providing a quality service were met. The provider's policies and procedures were updated in relation to staff recruitment, training, safeguarding and health and safety. The registered manager told us that changes to the policies and procedures were shared with the staff at the staff meetings. This meant that the service had clear and up to date information available to staff to reflect the current legislation and good practice guidance.

Recruitment records showed that the relevant checks including a check from Disclosure and Barring Services (DBS) had been completed for all staff. DBS helps the employers to make safer recruitment decisions and prevents unsuitable people from working with people using the service.

The registered manager had provided staff with training on topics relating to health and safety and person centred care. Most staff had completed the Care Certificate. Training records and certificates detailed the modules covered within each training course relating to health and safety and person centred care and included practical training such as moving and handling provided by an external training provider and assessment of staff's competence and knowledge. The registered manager told us that new staff were completing their induction training and would work alongside experience staff before completing the Care Certificate. This helped to assure people that they would be supported by trained staff.

The care co-ordinator provided staff with both formal and informal support including supervisions and quarterly observations of their practices. For example, a member of staff was provided additional moving

and handling training as result of their practice being observed. This was an example of how the service continuously improved the quality of care provided. The care co-ordinator told us they kept in regular contact with the staff by sending information with the staff rotas and messaging them with updates, advice and support. This was evidence of a caring culture at the service. This showed the provider had made the required improvements and meant that people using the service could be assured that their needs were being met by staff who were trained and supported.

Records showed there were regular staff meetings. The topics discussed at the meetings included the changes to the policies and procedures, introduction of staff supervision and also provided staff the opportunity to raise issues. The meeting minutes did not refer to the actions required or review of issues from the previous meeting, which when raised with the registered manager they said they would include this for all future meetings. This meant that improvements to the service could be monitored more effectively.

We found meetings were held specifically involving staff that provided care to one person where there were concerns raised by a specialist nurse about the person's medicines. This was another example of the improvements made by the service because action had been taken to ensure improvements were made when a concern had been identified.

The registered manager was able to describe the effectiveness of the quality assurance and governance systems which had been implemented. They had a clear view as to how they planned to make improvements in response to feedback from the surveys and any complaints or concerns received about the service. Although satisfaction surveys were planned to be sent to people using the service and staff later in this year, action had been taken to address an issue identified from the last survey, which was to update people's care plans.

The registered manager and the care co-ordinator had reviewed people's care records before new care plan documentations were put in place. We looked at a sample of people's care records. We found risks to people's health and safety had been assessed and referred to specific equipment needed to deliver safe care such as a hoist. Care plans were tailored to people's needs and provided staff with clear guidance to follow as to how the person wished to be supported.

Records showed that people were involved in the planning of their care and they signed to confirm the care they had agreed to. Where appropriate advice from health care professionals such as the GP, specialist nurses or occupational therapist had been included to ensure the care provided was safe. For example, advice had been sought to ensure one person was supported to move in a safe manner. Audits carried out on people's care records showed staff maintained accurate records of the care and support they provided which also helped to monitor the people's wellbeing.

Records also showed the people were involved in the reviewing of their care. We looked at a sample of care records, which showed people were involved and their wishes and decisions made were recorded. We found the registered manager archived old care plans and records which were no longer required and were accessible when required. This meant the provider had made the required improvements to ensure people's needs were monitored, reviewed and met reliably.

The service had introduced a new electronic communication log to record communication with people using the service, relatives and health care professionals. We looked at the sample of the communication records. We saw that action had been taken when issues were reported to the office such as advice given to staff when someone's health was of concern. The communication logs were also used to check people were satisfied with the care provided ensured care was provided at right times so that any changes or

improvements could be made, when required.

The registered manager works in partnership with other agencies to ensure people who used the service received quality support that was appropriate and promoted their wellbeing.