iCare World Ltd

# iCare World Limited

## Inspection report

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01 February 2019

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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

A comprehensive inspection of iCare World Limited, took place on 18, 21 January and 1 February 2019. This inspection was announced.

iCare World Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It offers a service to older and younger people living with dementia, learning disabilities, mental health conditions, physical disabilities, sensory impairments, substance misuse problems.

At the time of the inspection, there were four people using the service. The service registered with CQC in August 2017 and this was their first rated inspection.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the CQC 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.

The provider had robust systems and procedures in place to keep people safe. Staff were competent in their knowledge of what constituted abuse and how to safeguard people.

Medicines were managed effectively and 'As required' medicines were administered accordingly. People's relatives told us medicines were administered on time and as prescribed.

Risk assessments had been completed and were reviewed regularly. No accidents or incidents had occurred within the service.

Staffing levels were sufficient to meet people's needs and robust recruitment processes were in place to ensure staff were of suitable character to work with vulnerable people.

Staff carried out training to ensure they had adequate skills and knowledge to meet people's needs. However, we were not provided with the evidence during our inspection to show the registered manager had completed their refresher training to ensure their skills were current. The staff supported one another and regularly met to discuss any issues. However, records were not consistently in place to evidence support provided. We made a recommendation to ensure the provider had evidence of their training, supervision and appraisal records.

Staff were aware of people's nutritional needs and people were offered choices about their food preferences. People also received appropriate support from staff to maintain their health and wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

Staff were caring and respected peoples wishes. People were encouraged to remain as independent as possible. People's privacy and dignity was respected. Staff ensured doors were kept closed during personal care and respected peoples wishes.

Care plans were person centred and reviewed regularly or when people's needs changed. Care plans included people's preferences, likes and dislikes.

The registered manager and director were honest and open. They had plans to develop the service to provide more care and were in the process of recruiting staff.

No complaints had been received and relatives we spoke with said they had no issues to raise. The provider had a complaints policy in place to follow should this be required.

Board meetings were held between the registered manager and director to discuss the development of the service, any concerns and changes to people's care.

The provider carried out audits to ensure quality assurance checks had been completed. This meant the provider had oversight of what was happening within 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 safe?

Good

This service was safe.

Staff were trained to protect people against potential abuse and knew who to report this to.

Risk assessments were in place and were specific to people's needs.

Medicines were managed safely and people received their medicines as required.

Staffing numbers were sufficient to meet people's needs and recruitment processes were robust.

### Is the service effective?

Good

The service was effective.

The provider followed the principles of Mental Capacity Act 2005.

Training was completed by staff to ensure their skills and knowledge were relevant to support the needs of the people they cared for. However, the evidence of refresher training was not available for all staff.

People were supported to meet their nutritional needs and to maintain their health with access to healthcare professionals, if needed.

### Is the service caring?

Good

The service was responsive.

People's needs were assessed and appropriate care plans were in place and regularly reviewed.

Care files were person centred and detailed people's preferences, likes and dislikes.

The provider had a system in place to manage and respond to complaints.

## Is the service responsive?

Good

The service was responsive.

People's needs were assessed and appropriate care plans were in place and regularly reviewed.

Care files were person centred and detailed people's preferences, likes and dislikes.

The provider had a system in place to manage and respond to complaints.

## Is the service well-led?

Good

The service was well-led.

The provider had systems in place to monitor all areas of care being provided.

Staff told us they supported each other and board meetings were held to discuss service improvements.

People's views were sought in the running of the service.

# iCare World Limited

**Detailed findings**

## Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider 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.

This comprehensive inspection took place on 18 January and ended on 1 February 2019. We gave the service four days' notice of our first visit to the office on 18 January 2019 because we needed to be sure someone would be available to assist us with the inspection. We made telephone calls to relatives using the service on 21 January and 1 February 2019.

The inspection was carried out by one inspector.

Before our inspection, we looked at information we held about the service. The provider sent us a Provider Information Return. 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 reviewed the information we held about the service, such as notifications we had received from the registered manager. A notification is information about important events which the service is required to send us by law. We sought feedback from the local authority contract monitoring team prior to our visit.

During the inspection, we spoke with the registered manager and the director who also delivered all of the care to people. We made several attempts to telephone people who used the service, but were unable to make contact. We spoke with two relatives of people who used the service.

We looked at a range of documents and records related to people's care and the management of the service. We viewed two people's care records, one medication record, two staff recruitment, induction and training files and a selection of records used to monitor the quality of the service.

Good

# Is the service safe?

## Our findings

People's relatives told us they felt safe care and support was provided. A relative told us, "If [Name] is happy we are happy and they seem happy enough. They have regular staff for continuity. They (staff) are really good." People lived in their own homes but the provider ensured they remained as safe as possible. One care plan recorded how one person had a pendant alarm to call for assistance if support was needed. The care plan instructed staff to ensure the person was wearing their pendant at each visit.

The provider had appropriate systems and procedures in place, which sought to protect people who used the service from abuse. No safeguarding concerns had been raised however, the registered manager understood in what circumstances they should raise a concern. The registered manager said, "It's how we protect people that we look after. We have a safeguarding policy. It can be sexual, modern slavery, discrimination, gender, physical, financial, mental. People are free to come to us and make any complaints. Any poor practice we would encourage people to let us know so we can respond to this." A safeguarding policy was in place with clear instructions for staff to follow, should this be required.

Risk assessments were in place for those people that required them or when people's needs changed. Risk assessments focused on the potential severity of harm and the likelihood of harm occurring using a low, medium and high chart to assess people's level of risk. Control measures were then put in place to mitigate risks. For example, one person was assessed as being at high risk of skin damage. The control measures to prevent their skin breaking down were recorded and included use of a profiling bed, pressure relieving cushion and creams. We found this to be effective as the body map showed the person's skin was intact.

There had been no incidents or accidents. The registered manager told us, "Any accidents or incidents would be investigated and information gathered. We would ring people's families and might need to involve the police, local authority, CQC and the safeguarding board. We would also feedback to the person involved and document everything and do an incident report." There was a policy in place for staff to follow and this was up to date.

Staffing levels were sufficient to meet people's needs. Two staff worked at the service who were also the registered manager and the director of the company. This meant people received support from consistent staff. They told us the plan was to grow and deliver care to more people and they were in the process of recruiting staff. The registered manager said, "We are making sure we have the right people."

Recruitment procedures were robust. The registered manager showed us their recruitment procedures which included application forms, interview notes, confirmation of identity, two references, right to work documentation and a Disclosure and Barring Service (DBS) check. These checks identify if prospective staff have a criminal record or are barred from working with children or adults at risk. We saw the provider was in the process of recruiting one new staff member. We looked at the recruitment files for both of the current staff and found these had the relevant checks.

Medicines were managed safely and one relative told us, "They sort out [Name]'s medicines and they always

get them on time." We looked at a medicine administration record (MAR) for one person. Signatures had been recorded when the person received their medicines and stock counts of medicines were documented. Staff recorded when 'as required' medicines were needed, when they were offered and the times these had been administered to mitigate any risk of over medicating. Care plans included summaries of people's allegories and historical medical information and preferences for taking their medicines. For example, one care plan stated, '[Name] likes to take their medication one by one from a medicines pot using a spoon and medicines to be given with [Name]'s choice of drinks.' Staff had completed medicines training to ensure they administered medicines safely.

There was one person who required an injection. However, there was no detail in the care plan about what this medication was and any symptoms which required monitoring. The registered manager told us this medication was administered by a community nurse and agreed to gather further information so this could be included in the care plan.

The provider had an infection and control policy which was followed by staff. For example, one person required catheter care and their care plan instructed staff to keep the area clean and free from obstruction to prevent against cross infection. It also advised staff to wash their hands before carrying out any tasks relating to the catheter care and using personal protective equipment (PPE).

Good

# Is the service effective?

## Our findings

Staff had the skills and knowledge to meet people's needs. A relative told us how the registered manager acted immediately when they had concerns about their family members health. They explained, "If it hadn't been for the registered manager it could have been worse, they got the district nurse out straight away when [Name] wasn't right. They were sent to hospital straight away. They had sepsis and if it had of been left it could have been much worse but [Name] is getting better. The registered manager certainly does know what they are doing."

The registered manager had created an induction programme for new staff. This included, shadowing of existing staff, reading the provider's policies, and training and observations to ensure any new staff were competent to work with people requiring care.

Staff received training that was deemed mandatory by the provider. This included, health and safety, information governance, fire safety, equality and diversity, infection control, food hygiene, basic life support, moving and handling, safeguarding adults and children, complaints and lone working. However, evidence was not provided to demonstrate training had been refreshed to ensure knowledge was current.

During our inspection we found staff had not completed training on the Mental Capacity Act (2005) or catheter care training. Following our inspection, the provider forwarded certificates to show this had been completed by all staff.

Supervisions and appraisals were not consistently recorded to show how staff performance was monitored. The registered manager told us they completed supervisions and appraisals for the director, but these had not been recorded. However, both staff told us they regularly communicated, attended board meetings and felt supported in their job roles.

We recommend the provider ensures evidence of training records, supervisions and appraisals are in place.

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. At the time of our inspection there were no people accessing care who did not have capacity to make their own decisions.

People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. We discussed whether anyone in receipt of care from the service had a granted authorisation in place from the Court of Protection, to lawfully deprive them of their liberty in a community setting. The registered manager told us that none of the people they supported had such authorisations in place but should such authorisations be necessary in the future, they would pursue this with the relevant parties.

The registered manager told us they always asked people for their consent and said, "It's about giving the opportunity for people to make their own decisions and those not able to we would assess. For example, some people have fluctuating capacity. A person may have had a stroke and may not be able to make a decision. We would assess to see if they understand and retain the information to be able to weigh this up to make a decision. We have to assume a person has capacity. We must support a person to make a decision using different methods for example, writing or pictures."

People consented to their care and this was also reflected in the care plans we looked at. We saw one care plan which had been signed by a person's relative as the person themselves was unable to write but could verbally consent.

People were supported with their nutritional needs when required. For example, one person at risk of choking was supported by staff throughout meal times and when given medicines to reduce the risk of choking. Care plans instructed staff to offer people choices about their food and fluid intake.

The provider encouraged people to remain as healthy as possible and assisted communications with health care professionals to ensure people's needs were being assessed. For example, one person used a walking frame to mobilise and a wheelchair for long distances. The provider had made referrals to the physiotherapist and district nurse to support the person to remain as independent as possible with the assistance of health professional input.

Good

# Is the service caring?

## Our findings

People's relatives told us staff were caring and communicated effectively. Comments included, "[Name] is their carer and has done a brilliant job and has really helped them. [Name] has done really well with them" and "Staff are respectful. Staff phone me regularly and keep me updated and let me know of anything."

Staff told us they always involved people and their relatives when care planning to ensure people were happy with their care. The registered manager told us they would involve people's relatives in care reviews if people had requested this as a preference.

Care plans included details about people's preferred ways to communicate. One person had a medical condition which affected their speech and the care plan stated, 'Staff to ensure effective listening skills and to give time for [Name] to explain himself.' This meant staff ensured that people could express their wishes for care.

Staff respected people's privacy and dignity. The registered manager said, "We make sure we treat people with respect. We practice equality and acknowledge diversity and treat people as a whole regardless of who they are." Relatives told us people were respected and the director said, "We always make sure we close people's doors, you cover them when washing them. We look for facial gestures to determine if they are ok and ask them. I would treat people the same way I wish to be treated, with dignity and respect."

People were encouraged to be as independent as possible. Care plans recorded when people were able to independently carry out personal care. For example, one person was able to brush their teeth and shave. The care plan instructed staff to encourage people to carry out daily personal cares to ensure they remained independent and continued using the skills they had.

No person accessing the service had an advocate. An advocate is a person who can support people to raise their views, if required. The registered manager told us that should anyone wish to have an advocate they used a local agency which people had access to.

Information about people was kept securely in locked cupboards at all times and the provider was compliant with the Data Protection Act. Staff told us they were aware of keeping personal information confidential and knew how to access this information.

Good

# Is the service responsive?

## Our findings

Initial assessments were carried out before people came into the service to ensure their needs could be met. Person-centred care plans were in place to guide staff as to the support required. There were lots of examples where people's preferences for care, likes and dislikes had been recorded. For example, one person liked to have an alcoholic drink on an evening and staff supported them to have this.

Care plans were detailed and instructed staff on how to support people's specific needs. For example, one person was at risk of falls due to their mobility. The care plan clearly detailed what measures should be taken to prevent a possible fall. The care plan stated, – 'Safe use of shower chair, [Name] may be at risk of injury or fall from this activity. [Name] to be supervised whilst in the wet room. Staff to ensure their bottom is towards the back of the chair and that [Name] is not twisted or turned at an odd position.'

Monthly reviews of care plans were carried out and any changes to care recorded. A relative told us they were involved in the care planning process and said, "Yes, they go through [Name]'s care plan with us, definitely. They go through everything and involve both [Name] and us."

Historical information had been recorded to allow staff to get to know people they cared for. This included people's previous employments, interests and who they would like involved in their care planning. One person's first language was not English. The person could understand English but this was not their preferred language. To ensure their preferences of communication were met it was agreed the person's relative would interpret for them so explanations could be given in their preferred language by a person in their family.

The staff told us they always offered people a choice about their care and we saw this had also been recorded in care plans. One care plan stated, 'Ensure water temperature is of [Name]'s choice.' The director said, "We always ask people what they want to wear and what they would like to eat."

The registered manager told us no complaints had been received. They were able to explain the process they would follow to investigate any complaints and had a complaints policy in place should they need to use this. Relatives told us they felt confident to raise concerns, comments from relatives included, "I don't know how to complain. I would look it up. We were given a book about the service and I think it's in there" and "I feel confident any issues would be sorted."

The service did not support anyone who was approaching the end of their life.

Good

# Is the service well-led?

## Our findings

There was a registered manager in post who registered with the CQC in May 2016. The staff team consisted of the registered manager and the director, who both delivered care alongside managing the service. They were honest and open throughout the inspection and responsive to the points we raised. Both staff said they enjoyed caring for people. The director said, "We both love the job, we are hardworking and committed. We enjoy it. There is good communication and team work."

The director and registered manager both had previous experience of working in health care. The registered manager was a qualified nurse and kept up to date with their registration requirements. The registered manager told us they were always looking to improve their knowledge and had recently completed a level five diploma in leadership for health and social care.

Systems were in place to monitor the quality and safety of the service and to drive improvement. A health and safety audit was completed for each person's home environment to ensure they were safe. Checks included, access to homes, environment and fire safety to ensure people had plans in place for support. These were reviewed on a regularly basis to ensure they remained current. Medicine audits were also carried out.

Surveys were carried out to gather people's views. The last survey was completed in December 2017 and they received positive feedback about the standard of care provided. There had not been a survey in 2018 as the provider told us only one person was using the service during this time. The registered manager said they were planning to send a survey to people now as they had increased the number of people they supported.

Board meeting were held every three months. These focused-on building upon the established care, recruitment of new staff so that further care could be provided to people within the local area, any concerns and changes to people's care.

The provider had a range of policies and procedures in place. These informed the staff about what was expected from them and how the service ran. These were reviewed by the management team to make sure they were kept up to date and in line with current guidance.

The provider had implemented changes to drive improvement. They had plans to increase in size and wanted to ensure their care followed best practice. The registered manager told us they had built relationships with other services in the local area and visited other companies to look at different ways to ensure people are provided with the best possible care.