

ICare Network Ltd

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Inspection report

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30 September 2021
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11 November 2021
25 November 2021

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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

Icare Network Ltd is a domiciliary care agency that provides personal care to people in their own homes. At the time of the inspection one person was using the service. CQC only inspects where people receive 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

The service did not have any audits in place as advised within their own quality assurance policy. Issues found within the inspection had not been identified within any quality checks or actions plans by the provider.

Relatives told us they felt the service was very good, they had no complaints. Relatives confirmed communication from staff was good.

Staff were positive about the service however they had not received supervision to help support them in their role.

We have made a recommendation to help improve the management of supervision and induction for new staff.

Staff told us they regularly carried out their own testing for COVID-19. The provider had not carried out any routine monitoring in recording testing and there was no oversight to check staff were consistently doing tests on a weekly basis. The registered manager took appropriate action during the inspection to improve records and management of necessary testing.

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 the policies and systems in the service supported this practice.

Rating at last inspection

This service was registered with CQC on 3 October 2019 and this is the first inspection.

Why we inspected

This was a planned inspection based on our approach to inspecting newly registered services.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress.

We will 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 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 Network 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. 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

This inspection was carried out by one inspector.

Service and service type

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

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 24 hours' notice of the inspection. This was because the service is small and we wanted to be sure there would be staff at the office to assist with the inspection.

Inspection activity started on 18 October 2021 and ended on 25 November 2021.

What we did before the inspection

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 contacted the local authority for feedback. We used all this information to plan our inspection.

What we did during our inspection

During the inspection, we spoke with one relative about their experience of the service. We also spoke with the registered manager and three members of staff.

We looked at care records and a selection of other records including quality monitoring policies, recruitment and training records for three staff.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant people were not always safe and protected from avoidable harm

Assessing risk, safety monitoring and management

- The registered manager had developed care plan's but they had not always completed and documented how they managed risks. For example, to risk assess the use of bedrails and the environment. This highlighted concerns around the lack of oversight and management to reduce and minimise the risk of harm to people.

The provider and registered manager had failed to assess and manage the safety of the service being provided to service users. This was a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- One relative advised they felt the service was very safe.

Preventing and controlling infection

- Staff took part in routine COVID-19 testing. However, the registered manager had not routinely recorded testing and had no evidence of general oversight and monitoring of staff testing and their results. During the inspection the manager took appropriate actions to improve record keeping and management of weekly COVID-19 testing for staff.

- Staff followed Infection control procedures and had access to plenty of personal protective equipment (PPE.)

Staffing and recruitment

- Staff recruitment procedures needed improvements to ensure they had all relevant documentation to evidence safe recruitment practices. For example, interview notes had not been stored for staff recruited.
- There were enough staff in post to provide a safe and consistent service.

Using medicines safely

- Relatives told us they managed their family members medicines.
- Care files needed updating to reflect that support with medicines was provided by a family member and not by the staff. Medication processes and systems were in place if they ever needed to provide support to people with their medicines.

Systems and processes to safeguard people from the risk of abuse

- Staff were knowledgeable of what course of action they would take if they felt someone was at risk of harm or abuse.

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.

This is the first inspection for this newly registered service. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent

Staff support: induction, training, skills and experience

- Staff had not been provided with regular supervision to help support them within their job role. The registered manager took appropriate action during the inspection to carry out supervision sessions with all of her staff team.
- Staff had completed training to enable them to fulfil their role. They were positive about the training they had been provided with. Although there were no records available to show whether staff had been supplied with suitable induction.

We have recommended that a schedule of one to one support is provided to all staff on a regular basis including setting out how they will be supported including when they are new and inducted to the service.

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

- People's needs and choices were documented to show their choice and support needed. Some of the care records had not been fully documented and signed. Some improvements were needed with the care records to help improve the accuracy and clarity of the support plans.

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 and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- There was no one subject to deprivations on their liberty. The registered manager was aware of MCA and who to contact to help assess people's capacity if they lacked capacity to make certain decisions.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support; Supporting people to eat and drink enough to maintain a balanced diet

- People were supported by staff to access healthcare services and seek out support if they needed it.
- There was information recorded in people's care records to show staff had contacted district nurses and GP's on people's behalf when they felt unwell or required further advice and support.
- Care records documented when people required support with fluids and dietary needs.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Respecting and promoting people's privacy, dignity and independence

- Care plans reflected people's choices and their diverse needs.
- One relative told us about the care and support provided by the staff team. They felt the care provided to their family member was sensitive to their needs and respected their choices.
- Family members made the following comments about the caring nature of the staff, "I watch how my [relative] reacts to the staff and my [relative] adores the staff. They are very capable and I have confidence in them to make sure [my relative] is kept comfortable."

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

- Family members acting on behalf of their relative told us they had been involved in the completion of their care plan. They felt this ensured that staff listened and learned from their advice about how their relative liked to be supported.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- There was a complaints policy in place which was available to everyone. Some updates were needed to the guidance to help people to access named contacts for the local authority and the Local Government and Social Care Ombudsman if needed. The registered manager advised they would update their policy.
- One relative told us they had no concerns and they knew how to complain. There had been no complaints to review at the time of the inspection.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- A care plan seen was written in a way which was meaningful to the person that staff supported, respecting the persons needs and choices in how they liked to live their life.
- There was enough information that reflected the persons preferences and routines. However, records needed to be improved to show ongoing review and accuracy of the plans in place.
- There was no one being supported with end of life care at time of the inspection.

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.

- Information was available about the service to help support people's understanding of the service they would receive. The registered manager discussed their intention to develop more accessible documentation.
- Staff had learned how to communicate with people so they could better understand their needs and interpret their behaviours and non-verbal signs to communicate.

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

- Relatives told us that their family member was supported with their social needs and assisted to be comfortable at all times.

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.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service was not consistently managed and well-led.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager was not fully up-to-date with the standards and guidance they needed to follow. During the inspection they reacted positively and took actions to improve the service and their record keeping.
- The service's quality assurance policy advised on audits being carried out within the service every two weeks. However, we noted they had never carried out audits and had not identified the issues noted within the inspection. Improvements were needed in management of staff recruitment files and rotas, managing records and evidence of COVID-19 testing for all staff, organising care reviews, updating risk assessments, updating care files, improving induction records and supervision for staff.
- We felt assured following our feedback the registered manager would continue to make positive changes within the service to improve their governance and record keeping.

The provider had failed to ensure there were effective governance and quality assurance measures in place. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- The registered provider was committed to ongoing investment to achieve continual improvement.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The registered manager had ensured people's choices and opinions of the service and the support they received was sought and obtained. They sought updates from their family members to keep up-to-date with their feedback about the service provided.
- One relative was very positive about the service and told us they felt the service was well-managed.
- The service worked in partnership with other external agencies and professionals.

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

- The registered manager was aware of their responsibilities around Duty of Candour legislation. There had been no specific incidents which required them to act on that duty.

This section is primarily information for the provider

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 12 HSCA RA Regulations 2014 Safe care and treatment The provider and registered manager had failed to assess and manage the safety of the service being provided to service users.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider had failed to ensure there were effective governance and quality assurance measures in place.