

IHI Care Services Limited

# Offices of IHI Care Services Limited

## Inspection report

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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

Our inspection was announced and took place on 15 March 2016.

At our last inspection of April 2014 the provider was meeting all of the regulations that we assessed.

The provider is registered to provide personal care to adults. People who used the service received their support and care in their own homes within the community. At the time of our inspection 25 people received personal care and support. They had needs mainly relating to old age and/or a physical disability.

The manager was registered with us as is required by law. A registered manager is a person who has registered with the Care Quality Commission to manage the service. The registered manager was also the registered provider. 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 processes in place that they and staff followed to prevent people experiencing any miss treatment or abuse.

Risk assessments were undertaken and staff knew of the actions they needed to take to keep people safe and reduce any potential risk of accidents and injuries.

Staffing levels ensured that people received a consistent service from staff they liked and were familiar with who knew of and met their needs.

People were supported to take their medicines as they had been prescribed by their doctor.

Staff felt that the induction training and the support they received on a day to day basis ensured that they did their job safely and provided support in the way that people preferred.

Staff training records showed and staff confirmed that they had received the training they required to meet people's needs and to keep them safe.

People were enabled to make decisions about their care and they and their families were involved in how their care was planned and delivered.

Staff understood that people have the right to refuse care and that they should not be unlawfully restricted.

Staff supported people to have sufficient diet and fluids to prevent them experiencing ill health due to malnutrition and dehydration.

People were cared for and supported by staff who were kind and caring.

Staff supported people to be as independent as possible. People were encouraged and supported to undertake daily tasks and attend to their own personal hygiene needs.

The service was responsive to people's changing needs and requests.

Complaints processes were in place for people and their relatives to access if they were dissatisfied with any aspect of the service provision.

People told us that they had confidence in the management team and that the quality of service was good. This was also the view of relatives and staff we spoke with.

## 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 ●

The service was safe.

People who used the service felt safe and secure and staff knew of the processes they should follow to prevent harm and abuse.

People and their relatives felt that risks to people's safety were well managed.

Medicines were managed safely and people were supported to take their medicines as they had been prescribed by their doctor.

### Is the service effective?

Good ●

The service was effective.

People and their relatives felt that they received effective care and support in the way that they preferred.

Staff felt supported and had the training they needed to meet people's needs.

The registered manager and staff understood that people should not be unlawfully restricted and that care and support must be provided in line with people's best interests.

### Is the service caring?

Good ●

The service was caring.

People and their relatives confirmed that the staff were kind. People felt that the staff gave them attention and listened to them.

People's dignity and privacy was promoted and maintained and their independence regarding daily life skills was encouraged.

### Is the service responsive?

Good ●

The service was responsive.

People's needs were assessed regularly and their care plans were

produced and updated with them and their family.

People felt that staff were responsive to their preferences regarding daily wishes and needs and accommodating if they required changes to call times.

Complaints procedures were in place for people and their relatives to access if they had a need to.

**Is the service well-led?**

**Good** ●

The service was well-led.

People and staff told us that the management of the service was open and inclusive.

Management support systems were in place to ensure staff could ask for advice and assistance when it was needed.

Processes were in place to ensure that the service was run in the best interests of the people who used it.

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## **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 inspection took place on 15 March 2016 and was announced. The inspection was carried out by one inspector. The provider had a short amount of notice that an inspection would take place. This was because we needed to ensure that the registered manager/ provider would be available to answer any questions we had or provide information that we needed.

We tried to contact the local authority for their views on the service provided but we had not had a response. We reviewed the information we held about the service. Providers are required by law to notify us about events and incidents that occur; we refer to these as 'notifications'. We looked at the notifications the provider had sent to us. We used the information we had gathered to plan what areas we were going to focus on during our inspection.

With their prior consent we visited and spoke with two people who used the service in their own homes in the community. When in the two people's homes we observed staff interacting with them. We spoke with three relatives, three care staff, the care co-ordinator, a social care professional and the registered manager who was also the registered provider. We looked at two people's care records and medicine records, three staff member's recruitment, supervision records and looked at staff training records. We looked at systems in place to monitor the quality and management of the service.

# Is the service safe?

## Our findings

A person who used the service told us, "Nothing" (which meant that they had not been mistreated in any way). Another person said, "No nothing like that". A relative said, "I have not heard of any poor treatment". Other relatives who we spoke with also told us that there were no concerns about poor treatment or abuse or neglect. All staff told us that if there were concerns regarding abuse that they would report it to their manager. The registered manager had reported some concerns to us and the local authority safeguarding team. A number of these issues did not involve the service directly but had been reported to ensure that people were safe and free from harm.

A person said, "I feel safe with the staff". A relative we spoke with told us, "I have had no concerns about their [person's name] safety". Another person and a relative we spoke with felt that action had been taken to prevent risks so that they or their family members were safe. We saw that risk assessments had been completed regarding a range of risk factors to prevent accidents and injuries. These included taking into account risks relating to clutter or uneven surfaces in people's homes and the risk of people developing sore skin. We were told by staff, people who used the service and their relatives that where people required a hoist to move them from one place to another two staff were always provided to ensure that this was done safely. The registered manager showed us records to confirm that any accidents or injuries had been documented and the action they had taken to manage situations. Records highlighted that no falls, risks and injuries to people had occurred when staff were present or providing care. They had occurred when people were at home alone. We found that not all new staff had an identity badge to prove to people who they were before they provided care and a risk assessment had not been undertaken concerning staff providing a person with a hot water bottle. The registered manager told us that they would address these issues to prevent any risks to people's safety.

A person told us, "Staff always come to me and I have the same ones. I like that because they know me well". Another person and the relatives we spoke with told us that in general care calls were not missed by staff and if staff were going to be late there was usually a reason for this. A person said, "If the staff are running late they phone and tell me. That is not a problem". A person told us, "I have the same staff. I like my own staff". People and the relatives we spoke with told us that they had a small group of care staff to provide their care and support. This meant that they received their care and support from staff that they knew and were familiar with. Staff told us that they covered each other during holiday time and during other staff absences. The provider told us that they also had two staff who they could call upon at short notice if needed who knew the people well and could meet people's needs. This ensured that people would be supported at all times by staff who were familiar to them and knew their needs.

A staff member told us, "They [the provider] sent for references and checked me before I could start work". Records that we looked at confirmed that before staff started to work checks had been carried out with the Disclosure and Barring Service (DBS). The DBS check would show if a prospective staff member had a criminal record or had been barred from working with adults due to abuse or other concerns. We also saw that references from previous employers had been obtained and that potential new staff had been asked to confirm their health status to ensure that they were fit to carry out their job role. This meant that the

provider had gathered all of the required information to enable them to make a judgement on potential new staff's suitability to prevent any risk of harm to people.

A person said, "The staff always help me with my tablets every day. They help me to have my correct tablets at the right time".

The registered manager and staff we spoke with told us that only staff who had been trained and deemed as competent to do so, were allowed to manage and prompt medicine. Records that we looked at confirmed that this was correct.

We looked at two people's medicine records and saw that they had been fully completed to show that had been supported to take their medicines as they had been prescribed by their doctor.

Although we did not see that staff had supported people to apply topical medicines (creams) we spoke with the registered manager about the application of creams in the event that a person was prescribed these in the future. The registered manager told us that they had not used body maps for this purpose in the past but would implement their use if there was a need in the future. Body maps can be used to show staff where the creams need to be applied to prevent any error.



# Is the service effective?

## Our findings

People we spoke with and their relatives told us that the service provided was effective. A person said, "It is very good". Another person told us, "Everything is alright". A relative said, "I think it is a very good service". The staff we spoke with told us that the service provided was good.

A staff member said, "I had a good induction. I did training, looked at care plans and met the people. I shadowed other staff [shadowing is when new staff work with more experienced staff to learn their job role]. It was good as I found out what I needed to do". The registered manager told us that they had introduced the new Care Certificate and showed us training files to confirm this. The Care Certificate is an identified set of induction standards to equip staff with the knowledge they need to provide safe and compassionate care.

A staff member told us, "All the staff are well supported. The managers are lovely. We can go to the manager at any time. They give us support and advice. We all work as a team and help each other". Other staff we spoke with told us that they felt supported and received supervision sessions and support. Records that we looked at confirmed this. A person who used the service said, "The staff know what they should do". All staff we spoke with told us that they had the training they needed. The registered manager showed us training records that confirmed the training staff had received.

A person who used the service told us, "The staff always turn up they have not missed me". A relative said, "The staff have never missed the call". A person told us that on occasions the staff had been slightly late for the call. They said, "If they are late they always ring and let me know and that is fine". People and their relatives told us that staff did what they should during the care calls and stayed the agreed length of time to provide the care and support that people needed.

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. The application procedures where personal care is being provided must be made to the Court of Protection. The provider had knowledge of the principles of the MCA.

A person who used the service said, "The staff do as I say". Although staff were not familiar with the terminologies Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguarding (DoLS) we found that staff knew that they should not restrict people in any way and that they should ensure that people consented to their care and support. A staff member told us, "We [the staff] always ensure that people give permission for us to provide support". The daily records made by staff of the care provided read, "Consent from them [the person] to start the call. They accepted the care and support". The daily records also confirmed that staff gave people choices every day for example, if they wished to have a bath or a shower

and what they wanted to eat and drink. Training records that we looked at confirmed that staff had received MCA training. The provider told us that they would secure further DoLS training for staff to ensure that they were fully aware of the principles.

A number of people and their families accessed health care support independently. Other people needed support from staff. A relative said, "The staff would make sure that they [their family member] got medical support if it was needed". Staff told us and records that we looked at highlighted that when there was a need, appropriate emergency services were accessed if people were ill or had fallen. Staff we spoke with and records that we looked at highlighted that staff worked closely with a wider multi-disciplinary team of healthcare professionals to provide effective support. This included GP's, the dietician, occupational and speech and language therapists. This ensured that the people who used the service received the health care support and checks that they required.

A person said, "The staff always give me my food and drink". Another person told us, "The staff ask me what I want to eat and drink". For the two people we visited in their homes we heard staff asking them what they would like to eat and drink and provided them with what they asked for. Staff told us that they knew it was important that people consumed enough diet and fluids to prevent illness.

## Is the service caring?

### Our findings

A person who used the service told us, "The staff are very kind. I like them very much". Another person said, "The staff are friendly and helpful". A relative said, "I am very happy with the staff they are kind and caring". Another relative told us, "They [their family member] get on and like all of the staff". We found that the provider encouraged a positive atmosphere within the service. A staff member said, "We [the staff] all care about the people. The owner is very caring. We are like one big happy family". We saw that staff interactions with the people who used the service were positive. We observed that staff greeted people and asked how they were. We saw that staff took time to listen to what people said. We saw that people looked comfortable and were smiling when talking with the staff.

A person said, "The staff are always polite". Another person said, "The staff never enter my house without knocking the door or asking my permission to enter". A relative told us, "The staff are polite, helpful and respectful". Staff we spoke with gave us a good account of how they promoted people's privacy and dignity. We saw that staff supported a person to use toilet by taking them to the bathroom to ensure their privacy and dignity. Records highlighted that the staff had determined people's preferred name and we heard them using this name when speaking with them. We heard staff refer to one person as 'Auntie'. The person smiled when the staff used this term. A staff member explained to us that to address an elder female person as auntie was a sign of respect in their culture.

A relative said, "The staff treat them [their family member] in a way that makes them feel good". Staff told us and records highlighted that they encouraged people to select the clothing that they wanted to wear each day. We saw that people were dressed in clothing that reflected their culture, gender, and was appropriate for the weather. One person's records read, "I need to be helped to follow my culture". We saw that the person wore a head covering as was required by their culture and religious beliefs. The provider told us that they ensured that staff allocated to people had the skills and knowledge to attend to people's cultural needs when providing personal care. They gave a specific example of ensuring that the staff allocated to one person knew how to attend to their hair care. This was confirmed by the care co-ordinator. This showed that staff knew that it was important to promote people's self-esteem, enable people to present themselves in the way that they wished and meet their cultural needs.

The provider told us, "We ensure that the staff we allocate to people can speak the person's first language". We observed that the staff spoke in a person's first language [as this was not always English] when providing their care. We saw that the person understood what staff said to them as they communicated back, nodded, smiled and responded appropriately when staff explained the task they were going to do. We also saw that staff spoke slowly and clearly and where it was needed repeated what they said so that people understood what they were saying.

A person said, "I do what I can independently and the staff encourage this". A staff member told us, "We encourage people to retain their independence by prompting and offering support not always doing". Another person told us, "I like to take my tablets myself and the staff let me do this". This highlighted that staff knew it was important that people's independence was maintained.

## Is the service responsive?

### Our findings

A relative said, "The staff assessed their [person's name] personal circumstances". Records we saw and the registered manager confirmed that all people who were considering accessing a service had an assessment of their needs undertaken. The care co-ordinator told us that they were assessing the needs of a person who required additional support. They explained that the process was not being done in a hurry because they wanted to make 100% sure that they could meet the person's needs. The registered manager said, "We only take people who we know we can meet their needs. If we don't it causes us problems and it would be unfair to the person". This highlighted that the registered manager knew the importance of undertaking robust assessments to ensure that they could meet new people's needs in the way they required.

People and their relatives told us that the service was responsive and flexible. A relative said, "If we need to change the time of the call if we have a hospital appointment the staff do this for us". The care co-ordinator told us that if a person required a change of their call time as a one off or long term they would try their best to accommodate this. A social care professional confirmed that the way the service had worked was very flexible and responsive to people's needs.

A person told us, "I have been involved in the care planning since day one. I think the care plans need to be updated, because it has been a few months since last done and I have been told they will be soon". A relative said, "I am involved in meetings about the care provided and feel that I am listened to". We looked at two people's care plans and found that they reflected people's needs.

A person who used the service told us, "If I had a complaint I would speak to the manager or staff and I know that it would be dealt with". A relative told us, "If I needed to complain I would firstly speak to staff or the manager but there is nothing to complain about". We saw that a complaints procedure was available in the 'Service User Guide' document that we saw was available in people's homes. The complaints procedure gave contact details for the local authority and other agencies they could approach for support to make a complaint. We saw that some complaints had been made and had been responded to. We found that where issues from complaints needed to be addressed they were discussed at staff meetings to ensure that the required changes were made. This demonstrated that a system was in place for people to access if they were not satisfied with any part of the service they received and that their concerns were acted upon.

## Is the service well-led?

### Our findings

A person said, "It is a good service". Another person told us, "I think it is a very good service". Relatives we spoke with told us that the service was well-led. Staff we spoke with told us that they felt that the service provided to people was of a good standard and well organised. A social care professional confirmed that the service was well-led and organised. The provider had a management structure in place that relatives and staff were aware of. A registered manager [who was also the provider] was in post who was supported by a care co-ordinator.

Providers are required legally to inform us of incidents that affect a person's care and welfare. The registered manager had notified the local authority and us of all issues that they needed to. This meant that the provider was informing us of all incidents as they should.

A person said, "If anything I ring the owner". The provider had a written 'open door' policy that read, "Our open door policy encourages and promotes an ethos so that service users, relatives, and staff feel comfortable and free to contact any manager or director at any time to discuss any issue. To this end all have the mobile numbers of the managers and directors". A relative told us that they knew who the registered manager and care co-ordinator were, had telephone numbers and they felt comfortable to approach them at any time. People told us that they knew who the registered manager was and named them. When we visited people in their homes we saw that they were familiar with the care co-ordinator. They recognised them and chatted happily to them. A social care professional told us that the registered manager [who was also the provider] was actively involved in the running of the service, attended meetings, and communicated with them where there was a need. This showed that the provider encouraged an open, inclusive and positive culture.

A relative told us, "I am asked my views". The registered manager told us that they had used feedback forms for people and relatives to complete previously but there had been a poor return rate. They told us that because of this they had stopped using feedback forms and instead, on a monthly/two monthly basis, they or the care co-ordinator visited or telephoned people and their relatives to get their views on the service provided. We saw that a template was in place for recording conversations and that these were completed in detail. We found that feedback from people and relatives was positive which reflected our conversations with them.

Staff confirmed that the registered manager carried out spot checks to ensure that the service was running as it should. The care co-ordinator said, "I do checks at different times". Records that we looked at confirmed that spot checks were undertaken monthly. The spot checks included observations of staff interactions with people, that staff were wearing the correct uniform and that care plans and records were in people's houses. Records that staff completed in people's homes were returned to the office weekly for the managers to check. The care co-ordinator told us that they had identified that staff had not been completing the records as they should. They told us that they had taken action to address this by providing staff training and that improvements had been made.

A staff member said, "I love working for this company. It is like a big family". Other staff also told us that the registered manager and care co-ordinator were very supportive and helpful. Staff told us that on call arrangements were in place so that they could be guided and supported outside of business hours. Staff told us that they had regular staff meeting and these were positive. A staff member told us, "The meetings are good as we can discuss issues". Staff we spoke with and meeting minutes we looked at highlighted that the provider had taken action to motivate the staff and make them feel valued. The registered manager told us that they formally recognised staff achievements and meeting minutes that we looked at confirmed this. Meeting minutes highlighted that when staff had completed qualifications and training they were presented with a bonus, flowers and chocolates. Staff had been given a bonus at Christmas and the provider had formally thanked them for the work that they had done. The care co-ordinator told us that the provider recognised staff diversity and that staff meetings were held throughout the year to coincide with Christmas, Diwali and Eid so that all staff could celebrate these festivities together.

A staff member said, "I would report anything like bad practice to the manager". Other staff we spoke with gave us a good account of what they would do if they were worried by anything or witnessed bad practice. We saw that the provider had a whistle blowing policy in place and staff we spoke with were aware of this policy.