

Immaculate Healthcare Services Limited

Immaculate Healthcare

Services Limited Croydon

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

About the service

Immaculate Healthcare Services is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the present time it provides a service for 139 people. Not everyone using the service receives personal care. 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:

People, their relatives and the health and social care professionals we spoke with all said they were happy with the service and support being provided to people. Comments included, "I am very satisfied with the care I receive from Immaculate", "We are so pleased with the care and support offered us by this agency" and "We have had good feedback about the quality of services being provided to people."

There were appropriate safeguarding processes in place to safeguard people from harm that included a comprehensive risk assessment for people and staff.

There were appropriate numbers of staff to meet people's needs and safe recruitment practices were in place.

The provider had appropriate policies and procedures in place to support people safely with medicines where required.

Since the last inspection the registered manager ensured all staff had relevant health and social care qualifications and completed training to ensure they were able to meet people's needs effectively. Support was provided appropriately for staff with regards to their professional roles.

People told us they were encouraged to develop their skills and build their confidence, so they could maximise the choices they had in their lives. They said staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Records showed people were supported to have their health needs met, with access to health professionals as required.

The registered manager and staff spoke about people with care and kindness. Assessments and care plans included details of their preferences and wishes for care and support. People told us they were fully involved in the assessment and care planning process.

There was sufficient detail and personalisation in the care plan to ensure the person's needs were met in a personalised way.

The provider had systems in place to ensure concerns and complaints were responded to in an appropriate way.

The provider had systems and processes in place to monitor the quality and safety of the service.

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

Rating at last inspection and update:

The last rating for this service was requires improvement (published 9 October 2018). The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made.

Why we inspected:

This was a planned inspection in line with our inspection schedule. We found the service met the characteristics of a "Good" rating in all areas.

Follow up:

We will continue to monitor information we receive about the service until we 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?

Good ●

The service was safe.

Details are in our Safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our Effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our Caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our Responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our Well-Led findings below.

Immaculate Healthcare Services Limited Croydon

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 to provide 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 and flats.

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:

The inspection took place on 9 and 14 October 2019 and was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure the provider or the registered manager would be in the office to support the inspection. Inspection activity started on 7 October and ended on 16 October 2019.

What we did before the inspection:

We used the information the provider sent us in the provider information return. This is information we require providers 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.

During the inspection:

We visited the office and spoke with the registered manager, the deputy manager, four care workers, a field supervisor and a care co-ordinator. We reviewed a range of records. This included six people's care records and six staff files as well as other records relating to how the service was managed.

After the inspection:

We spoke with six people, six of their relatives and four health and social care professionals.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management.

At our last inspection people told us staff were often late for their calls and they did not always stay for the agreed length of time. Following that inspection the provider sent us an action plan detailing how they intended to address the issues raised. At this inspection we found improvements were made by the provider. Staff are now scheduled to work in smaller geographical areas so that travelling time is reduced. Tracking is used so that office-based staff can see if staff are running late. Staff are instructed to telephone the office if they are held up with a call so that people using the service afterwards may be informed. Spot checks included checks on staff timekeeping. People told us staff were on time and stayed for the contracted length of time and relatives we spoke with also confirmed this.

- Risk assessments were carried out for people and we saw these on the care files we inspected. These provide guidance for staff to follow to minimise identified risks to people. They told us they had signed them to indicate their agreement with them. We saw evidence of this on most of the files we checked. The registered manager told us where people were unable to sign they would record this on their file.
- Staff told us they followed the guidance set out in the risk assessments in order to reduce the risk of avoidable harm.

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

- The service had safeguarding procedures in place aligned with those of the local authority that staff were well aware of and which helped to protect people. Staff received training on safeguarding people. Staff demonstrated they had knowledge as to how to recognise abuse and they told us how they would respond to any safeguarding concerns they might encounter.
- An appropriate whistleblowing policy and procedure was in place that staff told us they knew about and said they felt confident to follow if the need arose.
- Staff received a comprehensive staff handbook that they were required to sign to indicate they had read and understood the provider's policies and procedures contained in the handbook. This has helped to ensure people receive safe support and care.

Staffing and recruitment

- There were appropriate recruitment procedures in place for the recruitment of all staff. These procedures included criminal record checks, identity checks and references from previous employers. This meant only staff deemed suitable by the provider were employed to provide care and support safely.
- People told us there were enough staff to meet their needs.

Using medicines safely.

- People received their medicines safely and as prescribed. Only staff who completed training in the safe administration of medicines were allowed to assist people with their medicines. Staff told us they had been trained in the safe administration of medicines which they had found useful. We saw certificated evidence that supported this.
- Since the last inspection the provider has implemented a system of assessing staff competencies to ensure the safe administration of medicines to people. We saw evidence of these assessments in staff records. We noted that where issues were raised the provider took action to ensure training and support was provided and staff supervised until their practices were deemed to be competent by the registered manager.
- The provider's policies and procedures for medicines helped to ensure people received them safely and as prescribed. Clear guidance was provided for staff to follow in how to administer medicines safely. Staff were able to describe the steps to ensure people received their medicines safely.

Preventing and controlling infection

- Staff told us they received training with infection control and with food hygiene. We saw certificated evidence of this training. Staff received refresher training as part of their further development programme. This knowledge, staff told us, helped to prevent the spread of infection to people.
- We saw there was a good supply of personal protective equipment such as gloves and aprons. This helped to prevent the spread of infection when staff delivered personal care.
- Field supervisors and care co-ordinators carried out 'spot checks' when staff provided care and support to people. Part of the process included monitoring staff practices relating to medicines administration and infection control. This meant risks were minimised for people from the spread of infections and medicines administered safely.

Learning lessons when things go wrong

- The registered manager showed us the records for logging any accidents or incidents that arose. The recording format used to log any accident or incident was appropriate and included a section designed to enable improvements to be made to policies and practices where necessary.

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.

At the last inspection this key question was rated as good. At this inspection this key question remains good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The care co-ordinators and field supervisors we spoke with told us people's needs were assessed before they received support. People said appropriate outcomes for their care and support packages were arranged with them. People also told us their care and support needs were reviewed.
- We inspected people's care files and we saw there were comprehensive needs and risk assessments carried out together with people. Care plans reflected these needs and included information for staff to do with people's preferences as to how their care would be delivered.

Staff support: induction, training, skills and experience

- People said staff were good at their jobs and seemed to be suitably trained. One person said, "The staff who come to me do a good job and they do it well. So I would say they have effective training." A relative commented, "The carers who come to us have made a really big difference to our lives, very friendly and knowledgeable."
- We saw records that indicated staff received regular and ongoing training in a wide variety of relevant topics that helped to ensure people receive their personal care from staff who have the appropriate skills and support. Staff had completed training that was relevant to their role. This included a wide induction training programme. The induction was followed by a period of shadowing experienced staff.
- Staff told us the training they received has been a mix of classroom-based training and e-learning. They said it was helpful and relevant to their roles and responsibilities. Typical comments we received from staff included, "I like this training, it has helped me to improve my knowledge," "We do get quite a lot of training both e-learning and classroom-based training. I like this because I want to learn as much as possible."
- The registered manager explained that staff were supported by their line manager with spot checks, telephone calls and group meetings with other staff. We noted that the frequency of staff supervision in 2019 reduced from the level provided in 2018, although we noted the quality of care had not reduced. The registered manager told us they were arranging for additional spot checks and individual supervision sessions with staff to be carried out in order to resume the level of provision in 2018. This should help to ensure staff receive appropriate levels of support in their work.

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's care plans identified how staff should provide support to them with regards to their health care needs. This meant that people with staff support were enabled to access healthcare services promptly and to lead healthier lives.

- We saw appropriate referrals were made to health and social care professionals to ensure people received the support they required. For example, we saw for one person a GP was contacted when their health care needs changed. Another person needed the support of a district nurse and the referral was made accordingly.

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 as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. The registered manager told us that all of the people they supported had capacity to make their own decisions.

- As part of the assessment process people's capacity to make decisions was assessed to see what decisions they could make for themselves.
- There were processes in place where, if people lacked capacity to make specific decisions, the service would involve people's relatives and professional representatives, to ensure decisions would be made in their best interests.
- Staff were aware of their duties and responsibilities in relation to the Mental Capacity Act 2005. For example, staff told us they always asked for people's consent before commencing any personal care tasks.

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.

At the last inspection this key question was rated as good. At this inspection this key question remained 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;

- People told us staff treated them well and said they felt well supported. Comments included, "I am very, very pleased with my carers, they do everything I need them to do and they go above and beyond, actually", "Staff are kind and helpful, they always let us know if they are going to be late", and "The staff have been fantastic, so kind and caring."
- Care plans outlined for staff how to provide people's care. The registered manager told us that new staff were always introduced to the person prior to the first visit.
- All the staff received training in equality and diversity. Needs assessments took into account people's religious and cultural needs. Support plans provided good information for staff so that they were aware of people's wishes and preferences in these areas. For example, one member of staff we spoke with explained how they helped one person to cook halal food in line with their cultural needs. People told us staff understood and respected their culture.

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

- People and relatives confirmed they were consulted at the start of their service to do with their assessments of risks and needs and before their care packages started. We saw people signed these documents indicating their agreement with the content.
- People's records included information to do with their background, life histories and preferences. This provided helpful information for staff in getting to know and understand the people they worked with. Staff told us this information together with the information gained when staff were supporting people, really helped both to gain a good understanding of each other and helped people to feel they mattered.

Respecting and promoting people's privacy, dignity and independence

- People and relatives confirmed that staff provided them with support in a way they were comfortable with and felt respected by staff. They told us staff respected their privacy and maintained their dignity.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Staff told us they always asked people how they wanted their care and support to be provided. People confirmed this with us, comments we received included, "I have a copy of my care plan in the file we have here. It sets out the care and support I need but the staff always ask me what I need or want on the day as well" and "Oh they are very good indeed, they ask me if there is anything else I need that is not on the care plan."
- People's care plans were developed based on the assessments completed by the care co-ordinator and the field supervisor when the service started supporting the person. A copy of the care plan was kept in the person's home for reference and another in the agency office.
- Staff told us the care plan provided them with detailed information about people's preferences, needs and the tasks staff were expected to carry out to meet people's needs. Staff completed daily diary sheets after each visit recording a summary of the care and support provided as well as any significant observations or issues.

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 understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was aware of their responsibility to meet the Accessible Information Standard. The Accessible Information Standard makes sure that people with a disability or sensory loss are given information in a way they can understand.
- People's communication needs and preferred method of communication were identified and recorded in their care plan. This ensured staff had access to all the relevant information they needed to effectively communicate with people they supported.
- The registered manager told us the service could provide information that people needed, such as a guide to the service, their care plan and the complaints procedure, in different formats on request. This included large print, audio, different languages or easy to read pictorial versions, as and when required.

Improving care quality in response to complaints or concerns

- An appropriate complaints policy and procedure was in place. This included the steps someone would need to take if they had a complaint and a timescale within which they might expect a response to their concerns.
- Staff were aware of how to assist people if they had a concern or a complaint to make. The registered manager told us any feedback received would be used to develop and improve the services.

- People and their relatives told us they would talk with staff or the registered manager if they had any complaints although they told us they had not had any reason to complain since they started receiving a service.

End of life care and support

- We noted that where people were approaching their end of life, they had in their care files details as to their wishes and preferences for their end of life care. Staff told us this was done in consultation with their families or representatives.
- Staff told us they had completed end of life care training some years ago. The registered manager acknowledged refresher training would be beneficial and agreed to organise this.

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.

At the last inspection this key question was rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high quality, person centred care. At this inspection the service improved, and the rating was good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At our last inspection we found the provider did not always operate effective governance systems to monitor the quality and safety of the services people received or learn lessons about how they might improve. For example, not all the office records [such as staff references] were well maintained and information was difficult to access with some information being inaccessible. We found there was poor recording of staff supervision and there was a risk that staff did not receive adequate and regular support.

- Since the last inspection the registered manager reviewed the quality assurance processes and made improvements where required. Achievements included implementing medicines competency assessments for all staff. This has helped to ensure staff administer medicines to people more safely. The 'spot check' monitoring system in place to monitor on site staff working directly with people has been improved in that they are now more regular [every three months] with findings linked in to the staff supervision process.
- Other examples of the new auditing process include checks on care plan files, a health and safety audit, a review of staff files to ensure they contained all the necessary information and an audit of notifications to CQC to ensure all appropriate notifications were made as required.

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.

- The registered manager understood their duty of candour responsibility and notified CQC appropriately of significant incidents including allegations of abuse and serious injuries.
- Health and social care professionals as well as people and their relatives all spoke positively about the services provided by Immaculate Healthcare Services. Feedback we received reflected the registered manager and staff were committed to providing good, high quality care. Comments included, "We have had positive feedback about these services", "I have had all the help and support I needed, I have nothing but praise for them, it's a very good service" and "They have really helped [family member] to get back on their feet. We are very pleased with what they have done for them". People told us they were able to speak with the registered manager and other staff about any concerns they may have. Staff said there was an open and transparent culture at the service that met the needs of the people they supported.

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

- Staff regularly spoke via telephone surveys with people to ensure they were happy with the service they received.
- The registered manager told us they were planning to send out feedback questionnaires to people who used services, their relatives and to staff. The registered manager told us the last survey questionnaires in 2018 provided positive feedback that reflected the improvements made since the last inspection. They told us this year's feedback will be analysed, and a summary report produced together with an action plan that identified areas where improvements could be made.
- People received a service from staff who were happy in their work and told us so. One staff member told us, "I do enjoy my work. The last inspection really motivated us to do better and we have pulled together as a team to ensure improvements were made." Another said, "We are well supported by the manager and there is a friendly teamwork approach here that really helps us with what we do well".