

Immediate Quality Care (IQC) Ltd

Immediate Quality Care (IQC) LTD

Inspection report

Suite 516 Crown House
North Circular Road
London
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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Immediate Quality Care (IQC) LTD is a domiciliary care agency providing personal care and support to people living in their own homes. They are registered to provide care to all adults including those who may be living with dementia and have disabilities. At the time of the inspection the service was offering a service to 10 people receiving personal care.

People's experience of using this service and what we found

People and their relatives told us they felt safe and care staff were kind to them.

At the last inspection we found people's risks had not always been documented, and there were some areas in which the management of the service needed to improve.

At this inspection we found there were improvements and risk assessments were documented, and there were established quality audits, and policies and procedures were in place to manage the service.

Care records were person centred and documented people's needs, preferences and routines. People were supported by staff who knew them well, and who were rarely late. People's cultural and religious needs were understood and catered for by staff.

People were supported to have maximum choice and control of their lives and staff. Staff supported them in the least restrictive way possible and in their best interests. Mental capacity assessments were completed when a person lacked the capacity to make decisions about their care and treatment.

People and relatives were positive about the service they received from Immediate Quality Care (IQC) Ltd. People and their relatives knew how to raise any concerns they had.

Staff were safely recruited. They understood their role in safeguarding vulnerable adults. Staff received training, supervision and support so they could carry out their caring role. Medicines were safely managed by the service.

Audits of medicines, care records and daily logs took place. There were additional systems to check the quality of care through spot checks and reviews. We found some minor issues with records during the inspection which were addressed immediately.

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 service was inspected in January 2021 and was rated Requires Improvement, published 29 January

2021. There were breaches of Regulations 12, safe care and treatment, and 17, governance of the service, at the last inspection.

Why we inspected

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 and the provider was no longer in breach of regulations.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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?

Requires Improvement ●

The service was not always well-led.

Details are in our well-led findings below.

Immediate Quality Care (IQC) 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

The inspection was carried out by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. This service is required to have a registered manager.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

Inspection activity started on 6 July 2022 when we visited the office location and ended on 20 July 2022 when we completed our calls and reviewing information.

What we did before the inspection

We reviewed information we had received about the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

During the office visit we were supported by the nominated individual and met the registered manager and care co-ordinator. We also spoke with three care staff.

We reviewed a range of records. This included three people's care records, three staff files in relation to recruitment, training and staff supervision. We also looked at a variety of records relating to the management of the service, including spot checks, reviews and supervisions as well as policies and procedures.

After the inspection

We spoke with the management team to validate evidence found. We reviewed updated care records and policies and sought feedback from health and social care professionals.

We spoke with eight relatives and two people who used the service about their experience of the care provided.

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 requires improvement. At this inspection the rating has changed to good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to robustly assess the risks relating to the health safety and welfare of people. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- At this inspection, we found that risk assessments were in place and covered a wide range of areas such as moving and handling, skin integrity, health conditions and the environment.
- We found one lacked detail regarding overall risk management of a person living at home alone with a cognitive impairment, and another which lacked detail regarding the person's consistency for fluid. This person was not supported with food and fluid preparation by the service, as they lived with their partner, who undertook these tasks. But best practice would require this information being available to the staff for use in an emergency.
- We discussed these issues with the management team, and they amended the documentation immediately.
- Risk assessments are further discussed in the well-led section of the report.

Staffing and recruitment

- Staff recruitment was safe. Checks of identity, right to work and Disclosure and Barring criminal record checks (DBS) were completed. References were gathered prior to staff starting work. We noted there was not always references from previous employers who were social care providers. We discussed this with the management team who told us they had sought references and they had no response. They told us they would record this in the future.
- People and relatives told us they had experienced no missed calls. Care workers generally arrived on time or close to the allotted time, People and their relatives were happy with a consistent staff team. Comments included "95% of the time it's the same carers as it's important to build a bond," and "Yes, she has the same carer unless she is on holiday."

Systems and processes to safeguard people from the risk of abuse; Learning lessons when things go wrong

- The provider had systems and processes to safeguard people from abuse. Staff had undertaken training and understood what they needed to do if they had any concerns.
- People and relatives felt the service provided was safe. We were told "Yes, with the ones I have [care staff], definitely he is safe."
- We saw the management team had managed a safeguarding concern appropriately. However, we prompted the need for a notification to CQC. This is discussed in the well-led section of the report.

- The management team described how they would share learning from safeguarding concerns with the staff team to prevent a reoccurrence and review systems and protocols to reflect their learning from the concern.

Using medicines safely

- The provider had supported staff to administer medicines in a safe manner. The staff had received training to administer medicines safely. The provider had undertaken competency observations to ensure care workers were using best practice.
- The management team audited medicines administration records monthly to ensure they were completed safely and correctly.
- People's care plans contained relevant information to support care workers to administer medicines in a safe manner.

Preventing and controlling infection

- The service had equipped the care workers with PPE and provided training to maintain good infection control. People told us "That is a must because we have been through COVID-19 so they wear masks, gloves and aprons and wash their hands. That is a must for me" and "Yes, apron, shoe cover and gloves."

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 our last inspection we rated this key question requires improvement. At this inspection the rating has changed to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- At the last inspection we made a recommendation in relation to mental capacity assessments.
- At this inspection we had no concerns with the service documentation in relation to the MCA. We found that mental capacity assessments were in place and where a person had lasting power of attorney (LPA), this was documented, and records were on files. LPA gives a specific relative or friend the legal right to make decisions on a person's behalf when they no longer have the capacity to make certain decisions.
- Staff understood the need to gain consent from people. People and their relatives told us "They talk to mum very nicely, they always tell mum the actions they are about to do, so she is not surprised" and "Yes, they ask for permission."

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

- The management team worked to deliver care in line with standards, guidance and the law. They reviewed initial referral documents to ensure they were able to support the person and had staff available.
- People and relatives were involved in care planning and confirmed and that care was offered in line with their requirements. These assessments considered any protected characteristics under the Equality Act, such as religious needs. Assessments of people's needs identified the areas in which the person required support.

Staff support: induction, training, skills and experience

- Staff received support and training to carry out their role effectively.
- People and their relatives told us staff were knowledgeable about them and their condition. Staff were

able to support them in ways they wanted. We were told "They know my [relative] and she knows them. Yes, I am very happy because my [relative] is a very difficult person to deal with and stubborn. And, they know how to use the hoist." When asked if staff knew about their health condition, one person said, "They do yes, they are aware of everything."

- Records showed, and staff confirmed they received an induction, which consisted of shadowing and training. Refresher training was also provided.
- One staff member told us they were encouraged by the service to apply for nationally recognised qualifications in care.,.
- Staff received regular supervision, received regular phone calls to check they were okay, and staff meetings took place to share information.
- The management team also used technology to share information and best practice.

Supporting people to eat and drink enough to maintain a balanced diet

- People's care plans recorded the support they required to eat and drink.
- Most care staff made simple meals, for example breakfast or warmed up meals prepared by family members.
- Care records indicated what people liked to eat for breakfast, or how they had their drinks prepared.
- One person, who lived with their relative, who was available at all times, had a risk of choking. Care records indicated this, but there was no speech and language therapist assessment on file. We discussed the need for this, and for more detailed information to be recorded. This was completed following the inspection.
- Care workers had guidelines promoting good hydration. For example, to leave a thermos flask of drink or their preferred choice such as juice or water.

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

- There was evidence that staff were working with health and social care professionals to meet their health needs, and promote healthier living.
- Each person's care plan contained detailed information regarding people's health conditions and staff had received training to support them to manage people's health conditions.
- Where people were at risk of skin breakdown, nationally recognised tools were in place to highlight the measures to be taken to avoid pressure ulcers occurring and stated when district nurse support was in place.

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 good. At this inspection the rating has stayed the same. 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

- Staff treated people with dignity and respected their diversity. People and their relatives spoke very positively about the staff. One person told us their "Carers are marvellous" another said "Yes, all of them I have regularly, are kind and caring and quite understanding."
- Relatives told us their care workers were kind and respectful. Comments included ""Yes, she really talks to her, makes her comfortable and makes her happy," and "They are very kind to him."
- People's cultural needs were acknowledged in care plans, and staff understood what was important to people. Relatives told us ""Yes, he is muslim and the staff coming in are muslim," and "Yes they do. I believe the carer shares the same cultural needs as my [relative], so it makes it a little bit easier."
- Staff could tell us information regarding people's religious beliefs, and respected their requests for care to be provided in a specific way. One staff member said "I respect him for his religion, Hindu, we discuss it always. Not eating meat, he's vegetarian."
- The service employed staff who spoke a range of languages and this helped with communication for some people.

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

- People were supported to express their views and were involved in decisions about their care. People and their relatives told us "I told them what I wanted and they do it," and , "Absolutely, I am the only [relative] in the family who deals with mum, so I am involved." Another relative said, "Oh yes, I've got power of attorney, so I make all the decisions."
- Care plans stated how people preferred their care and the support needed. The management team checked on a regular basis that care was being provided in line with people's requests.

Respecting and promoting people's privacy, dignity and independence

- The management team and care workers respected and promoted people's privacy, dignity and independence.
- People and their relatives told us "Yes, they never change her in any room. They always take her back to her bedroom and shut the door" and "Yes they do. They won't go into the toilet with her or if she is getting changed they won't go into the room."
- People were supported to do as much as they could for themselves. One person told us, "Well I'm very limited so she supports me when I need it. She's got that common sense." Relatives said, "Yes, they let him

do what he can do, they don't stop him" and "Yes, she stays near her to see what she is doing and if she needs help then she will help her."

- Staff told us how they showed people respect. "I treat each client as a VIP, I respect their privacy; I listen to what they are saying and I observe confidentiality."

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 good. At this inspection the rating has stayed the same. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had person centred care plans. These gave information regarding people's background, family arrangements, occupation as well as their needs, and health condition.
- Documents set out what people liked to eat for breakfast; how they drank their tea or coffee, and their routines.
- People were happy with the care arrangements. One person said ""Well it's been arranged that she comes at 10am to blanket wash me and comes at lunch time and at night. She comes at 8pm to make me a sandwich and drink and puts me to bed. It's a good routine." A relative told us, "They normally fit in with my time schedule. It seems to be working fine."
- Most people were asked if they had a preference for a male or female care staff. Women using the service and their families told us, "I have always insisted on a female because my mum is Islamic," and, "She has only females. There has never been a male come."
- Staff told us they had enough information to provide care to people, and we saw that reviews of care took place. Care workers confirmed they had access to care plans in people's homes for reference. They felt there was enough information in the care plans to support them to work with people in a responsive manner.
- We asked people and their family members if they were asked whether they were happy with the care provided. One relative told us "Yes, even yesterday they asked." Another said "Yes, they keep a file. They show me once every two weeks or once every month. We have a meeting to discuss what they have been doing because I cannot leave them without any monitoring."

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.

- Care plan documentation addressed how people communicated. We found one care record that needed more detail and this was updated following the inspection visit.
- People's care plans contained information which indicated their preferred language, if they had sensory impairments and used glasses to read.

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

- Care plans outlined peoples support network. This included family members and neighbours who were involved in their care.
 - Care workers had enough information about people to chat with them about their past and present. People spoke highly of the staff. One relative said, "Yes, she really talks to her, makes her comfortable and makes her happy. Talking with her she knows what she likes."
- Improving care quality in response to complaints or concerns
- The service had a complaints policy in place, and we saw they logged complaints, and addressed issues raised.
 - People and relatives confirmed they knew how to raise a complaint or concerns and felt these would be speedily addressed. We were told, "I would go straight to the manager. I can't remember ever making a complaint. Things have never got to that stage, if there was an issue it's sorted out," and Yes I know, but I don't see anything to complain about, I'm happy with them."

End of life care and support

- The service had end of life care planning documentation and staff had received training in end of life care.

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. At this inspection the rating has stayed the same. This key question has been 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.

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure governance systems and processes were in place to ensure the quality of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

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

- At this inspection, we found improvements had been made, and better audits and governance processes were in place. However, we identified some minor issues of concern. For example, additional information was required for some risk assessments; the service had managed a safeguarding allegation effectively and could show lessons learnt across the team, but had delayed in notifying CQC in a timely manner. By the time of writing this report, the notification had been sent into CQC.
- The management team consisted of three staff, all of whom had a background in care, but not of management of a care service. They were developing experience in managing the service.
- In other ways, the service was being well-led. Systems were in place to spot check quality of care provided; supervisions and training were provided to support staff. Medicines and daily records were audited, and person-centred care plans including mental capacity assessments were in place.
- The management team met weekly and records showed work was planned and tasks allocated for completion. This ensured everyone was kept updated and well informed.
- We found the management team to be open and honest, and willing to address issues raised at the last inspection, and this inspection. Having discussed notifications to CQC, we were of the view, that the management team were confused as to the timing of notifying, rather than intentionally avoiding notifying CQC.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People told us the care provided to them was person-centred, and empowering. The management team

encouraged and welcomed feedback from people and relatives using the service. We asked if people's views were asked for. We were told "Oh yes, I have confirmed with them I am happy and if there was a problem, I would let them know," and "Oh yes they do. As I said I deal with [nominated individual] and she always asks me if I am happy with the service and if there is anything I need changing. As I said I am very happy with the service."

- A survey confirmed people and relatives were happy with the service. The management team conducted regular monitoring calls to each person or their relative as well as occasional face to face visits.

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

- The management team demonstrated they had good communication systems and involved people, relatives and staff. People and relatives confirmed office staff were good at communicating with them.
- Staff meetings took place regularly and phone, e mail and use of telephone applications supported good communication between care staff and the management team.
- Staff told us they enjoyed working at the service. One staff member said, "Flexible shifts, there's no stress. Any problems I just contact them. They help me with everything." Another staff member told us, "It's a good place to work. I also enjoy working flexibly."
- Records showed the management team called staff regularly, in between supervisions, to check they were happy, and no issues had arisen. This was appreciated by staff.

Continuous learning and improving care; Working in partnership with others

- The management team had made improvements since the last inspection, and told us they were committed to keep their learning updated so they could meet peoples' changing care needs, and work within best practice guidance.
- The management team worked in partnership with health and social care professionals for the well-being of people using the service.