Ignite Health And Home Care Services Ltd

Ignite Health and Home Care Service

Inspection report

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Tel: 01562515073

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22 October 2019

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

About the service
Ignite Health and Home Care is a care at home service, providing personal to people aged 65 and over at the time of the inspection 19 people were using the service.

Not everyone who used the service received 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. There were 19 people who received personal care.

People's experience of using this service and what we found
The provider did not always have safe processes and procedures in place for the management of medicines. People continued to tell us they felt safe and well supported. Staff had a good understanding in how they protected people from harm and recognised different types of abuse and how to report it. Potential risks to people had been identified, assessed and monitored. There were enough staff on duty to keep people safe and meet their needs. Safe practice was carried out to reduce the risk of infection.

The provider did not fully understand their registration requirements; the provider addressed this matter promptly. The checks the provider made ensured the service was meeting people's needs and focused upon people's views and experiences.

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

Rating at last inspection
The last rating for this service was Good (published 06 June 2019)

Why we inspected
We received concerns in relation to the management of people's call, staff training and staff recruitment checks. As a result, we undertook a focused inspection to review the Key Questions of Safe and Well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other Key Questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those Key Questions were used in calculating the overall rating at this inspection.
The overall rating for the service has deteriorated to Requires Improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvement. Please see the Safe and Well-Led sections of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Ignite

Health and Home Care Service on our website at www.cqc.org.uk.

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?

Requires Improvement

The service was not always safe.

Details are in our safe findings below.

Is the service well-led?

Requires Improvement

The service was not always well-led.

Details are in our well-Led findings below.

Ignite Health and Home Care Service

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 and one 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.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats and specialist housing.

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
This inspection was unannounced.

Inspection activity started on 22 October 2019 and ended on 25 October 2019. We visited the office location on 22 October 2019.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with 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
We spoke with one person who used the service and three relatives about their experience of the care provided. We spoke with one carer, a care-co-ordinator, the office manager and the area manager. We also spoke on the telephone with the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included two people's care records and medication records. We looked at one staff file in relation to recruitment. A variety of records relating to staff training and the management of the service, including policies and procedures were reviewed.

After the inspection
We continued to seek clarification from the provider to validate evidence found. We spoke with the local authority who commission the service.

Requires Improvement

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 Good. At this inspection this key question has deteriorated to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

● Staff did not always carry out safe practice when administering medicine, which put people at potential risk of harm. For example, a relative told us they prepared their family members medicine by crushing and dissolving this ready for the staff to administer. This is not safe practice, as staff cannot be assured the medicine they are giving is in line with the prescription. We raised this concern with the area manager, so it could be addressed.

● We found new staff were not always fully trained and had their competencies checked before they administered medicines to people. We raised this concern with the area manager, so it could be addressed.

● People were exposed to risk of harm through potential administration errors. For example, new people who began using the service did not always have a Medication Administration Record (MAR) in place. A staff member told us they would only record in the daily notes that the medicine had been given, however this had no detail about what medicine was given and the time when it was given. This meant people could potentially be given the wrong medicine or overdosed with medicine. We raised this concern with the area manager, so it could be addressed.

● The provider did not have safe procedures for recording medicines. The care co-ordinator told us they wrote their own MAR for staff to use, from copying the description written on people's boxes of medicine. This process is not safe as this is not checked against the person's prescription and/or leaves error for recording the wrong dose and frequency. Without a prescription and robust checks in place the provider could not be assured people were receiving their medicines safely.

● While we found concerns with the management of people's medicines, we did not find that people had been harmed, however, people were being placed at potential harm. We discussed these concerns with the provider and registered manager, who confirmed they would review their medicines procedures and practices.

This is a breach of Regulation 12: Safe care and treatment, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Assessing risk, safety monitoring and management

● People's care needs, and associated risks were assessed prior to their care commencing.

● People and relatives confirmed that staff supported them in a way which kept them safe while maintaining independence.

● Where people's care needs changed, these were reported to senior staff to ensure the right care and support was in place.

Systems and processes to safeguard people from the risk of abuse

● People told us they felt safe with the staff who supported them.

● Staff demonstrated a good understanding of different types of abuse and what approach they would take in the event of any concerns and how to report these.

Staffing and recruitment

● People and relatives told us staff were reliable, consistent and had good time keeping. They told us there were key staff who they knew well and had built a good rapport with them, while other staff were newer, and they were getting to know them.

● Staff told us there were sufficient numbers of staff on duty and where two staff were required this was always arranged. Care co-ordinators understood people's individual support needs well and what skill mix of their staff was required to keep people safe.

● The provider undertook checks on the suitability of potential staff before they begun work.

Preventing and controlling infection

● People told us staff wore personal protective equipment (PPE) when supporting them with personal care. Staff confirmed they had access to enough equipment.

Learning lessons when things go wrong

● The provider had systems in place to enable staff to record and report any accidents or incidents involving the people who used the service.

● The management team monitored accidents and incidents and acted to prevent things from happening again.

Requires Improvement

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 as Good. At this inspection this key question had deteriorated to 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.

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

- At this inspection, we found the provider did not fully understand the regulatory requirements of their registration. We discussed this with the nominated individual who responded promptly and put processes in place to meet these registration requirements.
- Management staff monitored the performance of staff through supervisions, spot checks on staff practice and sharing information in team meetings to ensure all staff were consistent in their approach to the care and support provided. However, we found that the governance systems to ensure these processes were maintained was not robust.

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

- People and their relatives we spoke with, did not know the registered manager, but knew the staff who worked in the office. They felt these staff listened to them and were responsive to their requests.
- People who used the service and relatives spoke positively about the staff who worked at the service, with one person telling us, "I have found everyone to be so polite".
- People and relatives confirmed they were asked about staff's performance, and reviews of people's care took place to ensure staff were providing high quality care.
- Staff said they worked well as a team and felt supported by the management team to provide good care. A staff member told us they found the management team were approachable and were always able to contact someone if they required advice or support.

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; Continuous learning and improving care; Working in partnership with others

- Audits of the service provision took place and an action plan had been developed to work towards improving any shortfalls identified. Where management had identified improvements required, this was planned, and a co-ordinated approach was taken.
- The management team worked with health and social care professionals who were involved in people's care. This enabled people to access the right support when they needed it and in a timely way.
- The provider recognised their responsibilities of duty of candour. Where incidents had happened, the

person and where applicable, their families were informed.

●The management team had been responsive to the learning and improvements needed following a visit from local authority commissioners. This included improvements to care and risk plans, and we saw improvements were being made.

● The provider had their ratings of their last inspection displayed in the office and met this legal requirement.

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 proper and safe management of medicines was not always delivered in a safe way.