

I Decide Healthcare Ltd

I Decide

Inspection report

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23 January 2017

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

I Decide Domiciliary Care agency is based in Barnet. At the time of this inspection, they provided care and support to one person living in their own home with further plans to expand.. This included assisting them with personal care and assisting them to maintain their wellbeing and independence.

There is currently no registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

This inspection took place on the 23 January 2017 and was announced.

At our last inspection in June 2016 we found staff training was not always effective to ensure that staff understood their role in reporting suspicions of abuse. Recruitment procedures were not followed before employing staff. Therefore this put people at risk of receiving care from staff who had not been subject to the necessary checks to ensure they were safe to work with people. Systems were not effective in ensuring care records were up to date and policies reflected the way the service operated.

At this inspection we found the provider had made improvements. Recruitment procedures had been reviewed and updated. The manager was aware of the safeguarding procedure.

Additional systems had been put in place to monitor the quality of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Risk assessments included guidelines on how to mitigate risks. Recruitment procedures had been reviewed and procedures updated. The rating for safe domain remains the same as systems will need time to be embedded and will be reviewed at our next comprehensive inspection of the service.

Requires Improvement ●

Is the service effective?

The service had employed a training manager to deliver training. The manager had plans to complete training to enable her to deliver training to new staff joining the service. The rating for effective domain remains the same as systems will need time to be embedded and will be reviewed at our next comprehensive inspection of the service.

Requires Improvement ●

Is the service well-led?

Systems had been developed to monitor aspects of the service in areas such as recruitment and risk management. Policies had been updated to reflect the way the service operated. The rating for well-led domain remains the same as systems will need time to be embedded and will be reviewed at our next comprehensive inspection of the service.

Requires Improvement ●

I Decide

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 23 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of an adult social care inspector who visited the provider's premises.

At the time of our inspection there was one person using the service.

We spoke with the manager and spent time looking at documents and records that related to people's care and the management of the service. This included care plans and risk assessments for the person using the service. We also reviewed policies and procedures related to specific aspects of the service, including recruitment procedures, safeguarding and risk management.

We reviewed all the information we held about this service, including all notifications received. We contacted the local authority but they did not know the service well enough and therefore was unable to comment on the quality of the service.

Is the service safe?

Our findings

At our last inspection we found staff were not aware of the process for reporting concerns about possible abuse to external authorities. Risk assessments were not detailed and staff did not understand what risks were and how these should be managed. The service did not always follow appropriate recruitment checks before staff started work to reduce the risk of unsuitable staff being employed by the service. Staff knew about the types of abuse but were not aware of the process for reporting concerns to other external authorities.

At this inspection we found the provider had made some improvements. We reviewed the risk assessment used by the service and saw that this had been reviewed to include additional information to mitigate risks. This included the risks associated with health conditions, behaviours that challenge the service, personal safety and risks associated with the environment. The manager demonstrated that she understood risks and how this should be managed. For example risks associated with diabetes and the importance of regular checks of sugar levels to prevent the person going into a diabetic coma. This was confirmed by the risk assessment which had last been reviewed in October 2016. We noted that the falls risk assessment had yet to be reviewed following an incident of a fall in December 2016. The manager told us that this would be updated immediately following our inspection.

The service had reviewed their recruitment practice and organised their personnel files. We saw that these contained a recruitment checklist of documentation to be included in staff files, including reference checks both verbal and written, proof of identification/address and skills and training completed. We saw that the manager had devised a spread sheet to track progress on disclosure and barring services (DBS) criminal records checks. The service had registered with an online DBS service which enables the service to keep up to date with staff status checks of DBS certificates. We were shown application packs which had been introduced following our last inspection in June 2016. This included a job description, training agreement, employee declaration of suitability and screening and interview process for assessing new applicants. We saw evidence of these on staff files reviewed.

The manager told us that she was currently the only staff member providing care to one person using the service. She told us that she had spoken with staff following our last inspection in June 2016 and provided them with training to ensure that they were aware of the external authorities to contact should their concerns not be addressed by the service. We were unable to speak with care staff as the manager told us that they no longer worked with the service. She had received training in safeguarding in a previous role and demonstrated a good understanding of the signs of abuse and the importance of reporting suspicions of abuse, including the involvement of external authorities. Following our inspection the manager had completed a one day external training course which included safeguarding.

Is the service effective?

Our findings

At our last inspection in June 2016 we found that staff training had not been effective in ensuring that staff understood how to identify risks posed to people using the service and knew the process to follow when reporting suspected abuse to the relevant external authorities, including the local safeguarding authority, Police and the Commission. Staff supervision had been inconsistent and the service did not follow their own policy for carrying out staff supervision and appraisals.

At this inspection we reviewed how training was delivered and saw that the provider had developed a training matrix. Although we could not verify training as there were no staff to assess this area. Since our last inspection the manager told us that any new staff joining the service would be expected to complete mandatory training in areas such as moving and handling, safeguarding, Mental Capacity Act 2005 and Deprivation of Liberty Safeguards, medicine administration and first aid. The manager told us that the induction training programme would be based on the Care Certificate standard of care. Following our inspection the manager provided evidence of a one day training she attended on 14 February 2017. This covered areas such as, health and safety, infection control, safeguarding, lone working and infection control.

The manager told us that her long term plan would be to deliver training herself and has started the first step towards this by attending a training course on becoming a trainer. A training manager had been appointed and was due to start in February 2017.

Is the service well-led?

Our findings

At our last inspection we found systems were not effective in ensuring that care records were accurate and up to date. At the time the manager told us of their plans to introduce file audits in July 2016. This would involve an external person to ensure that these were in line with CQC standards. She also told us of her plans to make further improvements to the service, including the introduction of a system that would be used for staff to log in and out to ensure that staff arrived on time. Policies were generic and did not reflect the process followed by the service. The manager told us that she had purchased the policies but would review these to ensure that they were in line with the actions taken by the service.

During this inspection we found that policies had been updated, including recruitment, supervision and appraisal, complaints and risk management. The external person had not been appointed as the service did not feel that this was necessary given that they currently had only one person using the service. The manager told us that they were in discussion with other local authority commissioners with a view of increasing the number of people using the service. As the business grows she plans to increase staffing numbers to suit the needs of people using the service.

The manager told us that she had applied to become the registered manager and was awaiting her DBS checks.

A questionnaire completed by the person using the service in December 2016, showed that services provided were satisfactory. The service had introduced a weekly feedback form to be completed by staff. This would allow the provider to monitor and track concerns. We were shown a copy of the form to be used. Although the manager had reviewed the care file for the person using the service, she told us that she had yet to develop an audit form.

As well as the above improvements, the manager told us that she had registered with the National Skills Academy in preparation to becoming the registered manager and would give the service access to resources, training and mentoring.

The provider had introduced additional systems to monitor the quality of the service. This included a more robust recruitment process and the monitoring of incidents and accidents to identify issues earlier. We saw evidence of these systems during our inspection. There were systems in place to monitor the quality of the service and ensure that people.