

Ivy&Sage Homecare Ltd

Ivy&Sage Homecare Office

Inspection report

Office 2.53 Regus - Heathrow
450 Bath Road
West Drayton
UB7 0EB

Date of inspection visit:
17 June 2022

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09 August 2022

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?	Requires Improvement ●
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

Ivy & Sage Homecare Office is a domiciliary care service providing personal care and support for people in their own homes. At the time of the inspection they were providing support for five people of which four people received support with personal care. 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.

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

The provider had not always assessed and mitigated identified risks to ensure care workers were provided with adequate information on how to reduce possible risks. The provider had a process in place for the administration of medicines but did not always ensure care workers had appropriate guidance to ensure medicines were administered as prescribed and in a safe manner.

People were not always supported to have maximum choice and control of their lives and staff did not always support them in the least restrictive way possible and in their best interests; the policies and systems in the service did not always support this practice. We have made a recommendation in relation to supporting people to be involved in making decisions about their care in line with the principles of the Mental Capacity Act (2005)

The provider did not always have robust quality assurance procedures to enable them to identify issues and implement actions to make improvements when required.

The provider had recruitment processes which enabled them to identify new staff with the required skills and knowledge for the role. People and relatives felt the support provided was safe and met the identified care needs. The provider had developed procedures to investigate and identify lessons that could be learned in relation to complaints, safeguarding and incidents and accidents.

Care workers received appropriate training and supervision so they could meet people's care needs. People's care and support needs were assessed and reviewed regularly. People and relatives felt the care workers provided care in a kind and caring way. People's privacy and dignity was respected. Care plans were written in a person-centred manner which identified people's support needs and how they wanted their care provided. People's communication support needs were identified.

The person we spoke with and a relative both told us they were happy with the care provided. The care plans identified people's cultural and religious preferences.

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

This service was registered with us on 5 May 2021 and this is the first inspection.

Why we inspected

The inspection was conducted based on the date of registration.

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to safe care and treatment and good governance at this inspection. Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Ivy&Sage Homecare Office

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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector. A second inspector carried telephone interviews.

Service and service type

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

Registered Manager

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 or registered manager would be in the office to support the inspection.

Inspection activity started on 17 June 2022 and ended on 21 June 2022. We visited the location's office on 17 June 2022.

What we did before the inspection

We reviewed information we had received about the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this

information to plan our inspection.

During the inspection

During the inspection we spoke with the registered manager who is also the provider. Following the inspection, we carried out a telephone interviews with one person receiving support from the service and one relative. We also received feedback from four care workers. We looked at the care plans for two people, the recruitment and training records for four care workers and other information relating to the management of the service including policies and procedures.



Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection of this newly registered service. This key question has been rated 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

- The provider had a process for the administration of medicines, but we identified appropriate guidance was not always in place for care workers to ensure medicines were administered as prescribed and in a safe manner.
- The care plan for one person indicated they had been prescribed a medicine which was administered through the skin using a removable patch. This medicine required the patch to be administered at the same time every day and the used patch removed. The patch cannot be placed in the same location on the body for 14 days to prevent the person's skin from becoming irritated. There was no guidance for care workers in relation to this requirement. Therefore, the provider could not ensure the medicine was being administered as prescribed.
- This person also had medicines which needed to be administered at specific times indicated by the prescriber to improve the effectiveness of the medicine. The administration times identified on the medicines administration chart (MAR) did not reflect the times the visits were carried out. We saw the record of visits carried out over a five-day period where the time specific medicine was administered, and we saw the visit in the morning occurred over one hour after the time indicated on the MAR chart. There was no guidance for care workers in relation to the importance of administering the time specific medicines as prescribed. The provider had not identified there was a discrepancy between the visit times and when the medicine was directed to be administered and how that would be responded to.

The provider did not always ensure care workers were provided with appropriate guidance to ensure medicines were administered as prescribed. This was a breach of regulation 12(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider used an electronic MAR chart for care workers to record when they administered medicines. The MAR charts included information on the dosage for each medicine and how often it should be administered.
- Care workers had completed medicines administration training and their competency in relation to how they administered medicines was also assessed.

Assessing risk, safety monitoring and management

- The provider did not always ensure risks were managed appropriately as risk management plans had not been developed.
- If the provider identified a specific risk which could be related to a person's health, wellbeing or care needs, a risk management plan had not been developed for care workers providing guidance on how they could

manage and possibly reduce the risk when providing support.

- The provider had developed COVID-19 risk assessments or risk management plans for people receiving care but these focused on the person's living environment and who visited the home but did not take into account possible factors which could increase a person's risks of developing COVID-19. These could include ethnic background and/or medical conditions, and any actions which could reduce possible risks were not identified.
- In relation to care workers the provider had completed a wellbeing survey to check how the care workers were managing but they had not completed a COVID-19 risk assessment considering their characteristics. This was discussed with the registered manager and they confirmed this would be reviewed.

The provider did not always ensure care workers had the guidance to assist them to provide care in a way that reduced possible risks. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The provider had a range of risk assessments in place which included an environmental risk assessment for the person's home, a moving and handling assessment, falls risk assessment and skin integrity assessment.

Staffing and recruitment

- The provider had a robust recruitment procedure which enabled them to ensure new care workers had the required skills and knowledge for the role.
- We reviewed the recruitment records for four care workers which included at least two references, checks on if the applicant had the right to work in the United Kingdom and a Disclosure and Barring Service check for any criminal record. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The provider had appropriate numbers of care workers to provide support for the planned care visits. Both the person who was receiving support and a relative of another person we spoke with confirmed care workers usually arrived on time and stayed for the full agreed time. They also confirmed they were contacted if the care workers were not going to arrive on time.

Preventing and controlling infection

- The provider had an infection control process in place. Training records indicated the care workers had completed training on infection control.
- Care workers confirmed they had completed infection control training which included how to put on and take off personal protective equipment (PPE) such as gloves, masks and aprons. Care workers told us they had access to adequate supplies of PPE.
- The relative and person who received support confirmed the care workers who visited them wore their PPE when providing care.

Learning lessons when things go wrong

- The provider a procedure in place for the reporting of accidents and incidents. The registered manager demonstrated a clear understanding of the procedure and how they would investigate any incidents and accidents to identify how they could reduce any further risks.
- At the time of the inspection no incidents and accidents had occurred so we could not review how they were recorded and investigated.

Systems and processes to safeguard people from the risk of abuse

- The person who received support told us, "I do feel safe." A relative for a person who had care visits commented they felt their family member was safe when they received care.

- The provider had developed a procedure for the reporting and investigation of any concerns raised about the care provided and they demonstrated a good understanding of what action should be taken if a safeguarding concern was identified.
- At the time of the inspection there had been no safeguarding concerns reported so we were unable to review any records or investigations.

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.

This is the first inspection for this newly registered service. This key question has been rated 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 MCA 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. We checked whether the service was working within the principles of the MCA.

- The provider had a MCA policy and procedure but we identified that this was not always followed. The care plan consent form for one person indicated they were unable to sign due to cognitive impairment, but the provider had not undertaken a mental capacity assessment to identify if the person had the capacity to make decisions about their own care.
- A relative who held the Lasting Power of Attorney (LPA) had signed the consent form on the person's behalf. An LPA is a legal document that can be issued in relation to either property and financial affairs or health and welfare and legally enables a relative or representative to make decisions in the person's best interests as well as sign documents in areas identified in the LPA. This meant the person may not have received the appropriate support to enable them to be involved in the decision-making process.
- We discussed this with the registered manager who explained that the person's ability to engage with making decisions about their care varied. The registered manager confirmed they would undertake a mental capacity assessment in relation to the person's ability to consent to specific aspects of their care.

We recommend the provider reviews the guidance in relation to the principles of the Mental Capacity Act 2005.

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

- People's care needs were assessed and their wishes in relation to how they wanted their care provided were identified before the care package started so the provider could ensure they could meet the person's support needs.
- The information from the assessment was used to develop the person's care plan and risk assessment.

Staff support: induction, training, skills and experience

- People received care from care workers who had received appropriate training and were supported in their role. The person receiving support commented, "Yes, I do think they have the right training. Whatever I ask for, they are very good at doing it for me. They want to help."
- The registered manager confirmed care workers had completed a range of training courses which included dementia care, role of the care worker, health and safety and fire training. This was confirmed by care workers and copies of training certificate we saw in the care worker's employment records.
- Regular spot checks were carried out to observe care workers providing support and the registered manager held supervision meetings to enable them and the care workers to discuss any issues.

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

- People were supported to have enough to eat and drink. The person receiving support and a relative confirmed the care workers helped heat pre-prepared meals.
- Where a person had been identified as needing support with preparing meals or with eating, a nutrition and hydration assessment had been completed to identify the person's specific support needs.

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

- People's care plans identified information on their healthcare support needs. The contact details of healthcare professionals involved in the person's care were also identified.
- An oral care plan had been developed for each person which identified if they required support with brushing their teeth or maintaining dentures.
- The registered manager told us that if a person was identified as needing support from a healthcare professional or from another organisation the person's relatives or representatives would be contacted. The relative we contacted confirmed they were responsible for contacting relevant healthcare professionals when required.

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.

This is the first inspection for this newly registered service. 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; Supporting people to express their views and be involved in making decisions about their care

- People were treated well and had their support needs met. The person who was receiving support commented, "I don't think I could do better than these carers. Oh yes, they are respectful with personal care." The relative we spoke with told us, "Carers are absolutely respectful and do a good job. It is not just about physical care; they also engage with [my family member] in conversation and try to provide stimulation for them. If they finish their physical tasks early, they will try to engage with [my family member]."
- People and their relatives were involved in the assessment process. The relative we spoke with confirmed they and their family member were involved in the development of their care plan from the start of the care package. People were also given choices during care visits and their choices were respected.
- Care plans identified the person's religious and cultural preferences.

Respecting and promoting people's privacy, dignity and independence

- People's dignity and privacy was respected.
- Care workers we contacted demonstrated a clear understanding of the importance of maintaining a person's privacy and dignity when providing care. When asked how they would maintain privacy and dignity one care worker commented, "Allowing them to have privacy when changing, when assisting them with using the toilet and when they have a conversation with their family."
- People's independence was supported. The relative we spoke with explained the care workers encouraged their family member with a range of physical activities and the care workers took their time and were patient to ensure appropriate support was provided.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. 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; 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

- People's care was person centred, met their individual needs and identified how they wanted their care provided. People's care plans included information on how the person wished for their care to be provided.
- The person who received care and a relative we spoke with confirmed care was provided in a kind and caring way, which was flexible and met their identified needs.
- People were supported to maintain relationships as the care plans identified who and what was important to them. Care plans included a section on the person's life history which identified details of their relatives and friends who were involved in their life, their hobbies, religious preferences and interests.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication support needs were identified in their care plan. A communication care plan had been developed for each person indicating if they had any visual, hearing or speech impairments and what equipment such as hearing aids were used.
- The registered manager explained documents could be provided in large print or in a person's preferred language if requested. They also identified the person's preferred method of communication, so they felt comfortable and were able to access the information for example face to face discussions, telephone calls or email.

Improving care quality in response to complaints or concerns

- The person we spoke with confirmed they understood how to raise a complaint, but they had not felt the need to. The relative we contacted told us when they had raised a concern it was responded to appropriately and they were happy with the outcome.
- The provider had developed a system to respond to complaints. At the time of the inspection the registered manager confirmed they had received one complaint. We reviewed the complaint records which included actions which had been taken initially and any further planned monitoring. The manager demonstrated they understood the importance of dealing with a complaint in a timely manner.

End of life care and support

- At the time of the inspection the provider was not providing support to anyone with end of life care. The registered manager explained they had asked people about their end of life care wishes during the assessment process, but they had not been willing to discuss their preferences at that time.

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.

This is the first inspection for this newly registered service. 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.

Continuous learning and improving care

- The provider had a range of quality assurance processes in place, but these were not always robust enough to enable them to identify where action was required.
- The provider undertook a care plan audit but this was not always robust enough to indicate where action was required to ensure the care plans were up to date and reflected how care was being provided. We saw one person's care plan had not been updated to reflect a change to how their care was provided which had occurred in November 2021.
- The provider had not always identified, assessed and mitigated possible risks relating to people's care. We found risk management plans had not been developed for some risks which had been identified during the initial needs assessment. This meant care workers were not always provided with guidance on how they could mitigate these risks when providing care.

The provider did always have systems in place which were robust enough to enable them to identify where action was required. This was a breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- The provider, who was also the registered manager, had a good understanding of the responsibilities and legal requirements of their role. They explained they were the only member of senior staff at the service so covered the day to day duties of running the service. They also told us they also carried out care visits when required to provide cover and to observe how care workers provided care and provide them with additional support.
- A range of policies and procedures had been put in place which were regularly updated to reflect any changes in legislation or good practice.
- The registered manager demonstrated a good understanding of the duty of candour in relation to their responsibilities. The manager explained, "It is accepting that if you do make a mistake you should own up to it so actions can be put in place and see what can be done to resolve it."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People receiving care and the relative we spoke with were happy with the care provided. One person said, "I think the agency is well run. I have been satisfied."
- Care was provided in a person-centred way and people were involved in the development and review of their care plans.
- People's care plans identified their cultural background and preferences. The registered manager explained they worked with people and their relatives to help support people's cultural and religious needs. They had worked with a relative to produce a religious music playlist for a person living with dementia as they enjoyed listening to this type of music. The evening visit times for another person had been adjusted during a religious festival so the person could spend more time with their family celebrating and when one person was visited by their religious representative, visit times were adjusted so they were not disturbed.
- People were supported to provide feedback on their care. The registered manager told us they had sent a survey out to people who were receiving support but there had been a low response rate, so they were looking at how to increase the number of forms completed. People receiving support and their relatives had regular contact with the registered manager. The relative we spoke with told us there was good communication from the provider and they responded quickly to any requests. The person who received support confirmed they had regular contact with the registered manager.

Working in partnership with others

- The registered manager explained that they worked closely with local authorities as some of the people they supported funded their care through direct payments. Direct payments are when the local authority agrees to fund some or all of a person's care and the person can choose who and how their care is provided. The registered manager told us that due to the size of the service they had not yet developed links with other organisations.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered person did not ensure the proper and safe management of medicines.</p> <p>The risks to health and safety of service users of receiving care and treatment were not always assessed and the registered person did not do all that was reasonably practicable to mitigate any such risks.</p> <p>Regulation 12(1)(2)</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered person did not have a system in place to assess, monitor and improve the quality and safety of the services provided in the carrying on of the regulated activity</p> <p>The registered person did not have appropriate checks in place to assess, monitor and mitigate the risks relating health, safety and welfare of services.</p> <p>Regulation 17 (1)(2)</p>