

Immediate Medical Solutions Ltd

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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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Immediate Medical Solutions Ltd is a domiciliary care agency located in the London Borough of Redbridge. It is registered to provide personal care to people in their own homes.

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. At the time of the inspection, only a limited personal care service was being provided.

The service was also registered to provide 'Transport services, triage and medical advice remotely' to people in the community. Transport services can include, for example, a private ambulance service.

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

Relatives felt the personal care service was safe for their family members. Safeguarding procedures were in place to protect people from the risk of abuse. Risks around people's health, mobility and environment were assessed to help staff keep them safe.

There were enough staff to provide support to people. Staff were recruited appropriately and had received training to ensure they were suitable to support people. Relatives told us staff were punctual and completed their tasks. Staff told us they were supported by the registered manager to perform in their roles.

There was a procedure for reporting incidents and accidents and to review and learn lessons from them to prevent re-occurrence. Staff followed infection control procedures to protect themselves and people from infections. People did not require support to take their medicines but medicine procedures were available for when people needed this support.

Assessments of people's needs were carried out before they started using the service. People gave their consent to the care and support being provided. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Details of health professionals involved in people's care were included in care plans. People's food and drink preferences were understood by staff.

Relatives told us staff were respectful and caring towards their family members. People's privacy, dignity, human rights and equality and diversity characteristics were respected. People and relatives were able to express their views about the care. Staff supported people to maintain their independence.

Care plans recorded people's needs and preferences and people received a personalised. Staff communicated well with people and relatives. There was a procedure for complaints to be investigated and responded to.

There was a positive culture in the service. Relatives and staff told us the service was well managed. Feedback from people and relatives was received by the registered manager. There were quality assurance systems in place for the provider to continuously improve the service, however they had yet to be fully utilised because there was only limited service being provided. The registered manager worked in partnership with other organisations and providers to keep people in good health.

We were not assured the provider had the necessary systems to provide the transport service because the ambulance vehicle was not suitable and had not been adequately maintained. However, the provider was not providing this service at the time of our inspection and had not done so since first registering the service with the CQC. Therefore, this part of the service was briefly inspected but not rated. Shortly after our inspection, the provider informed us they intended to remove this regulated activity from their registration.

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

Rating at last inspection

This service was registered with us on 11 February 2020 to carry out the regulated activities of 'Personal care' and 'Transport services, triage and medical advice provided remotely'. This is the first inspection of both these regulated activities.

Why we inspected

The inspection was prompted by a review of information we held about the service.

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 Medical Solutions 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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 2 inspectors.

Service and service type

Immediate Medical Solutions Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service is also registered for 'Transport services, triage and medical advice provided remotely' to people in the community.

Registered manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post. The registered manager was also the chief executive and provider of the service.

Notice of inspection

The inspection was announced. We gave the service 24 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 18 January 2023 and ended on 20 January 2023. We visited the office location on 18 January 2023.

What we did before the inspection

We reviewed the information we already held about the service. This included feedback from people and notifications. A notification is information about important events, which the provider is required to tell us about by law.

The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered manager and other members of the management team. These included the medical director, who was responsible for the transport service, and the operations manager. We also spoke with a member of care staff and a relative of a person receiving care from the service, by telephone. We were not able to speak with the person because they were not available.

We reviewed documents and records that related to people's care and the management of the service. We reviewed people's care plans, which included risk assessments. We looked at other documents such as medicine procedures, infection control, recruitment and staff training records. We inspected the vehicle intended to provide a medical transport service and looked at vehicle documents and maintenance records.

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 registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Systems to protect people from the risk of abuse were in place. These included safeguarding procedures, how to identify and report concerns of abuse and who to contact, such as the local authority safeguarding team or police.
- Staff told us they understood the procedures and could describe different types of abuse. Records showed they had received training in this area.
- Relatives told us their family members felt safe in the care of staff. One relative said, "I am very confident that [family member] is safe with the carer."

Assessing risk, safety monitoring and management

- Risks around people's health, home environment and personal care needs were assessed so that they could be monitored and staff could provide people with safe care.
- Risk assessments included people's health conditions, nutrition, mobility and skin integrity risks. Risks relating to their medicines and personal care were also included.
- Staff told us they were aware of the risks people faced and how to support them safely. Risk assessments were reviewed when people's needs changed. A staff member said, "I am aware of the risks I should look out for. I support [person] with their mobility and the risk assessments have the information I need."

Staffing and recruitment

- The provider had recruited enough staff to support people.
- Relatives told us staff arrived on time and were reliable. If staff were running late, they told us they were notified by the staff or the office. Staff completed timesheets and daily records to evidence the times they supported people and completed their required tasks.
- Staff were recruited appropriately and safely to assess the suitability of applicants who would be supporting people in their own homes or out in the community.
- Background checks were carried out on successful applicants before they commenced working at the service. These included criminal record checks, professional reference requests, a full record of their employment history and proof of their identity and legal right to work in the UK.

Using medicines safely

- People were not required to be supported with their medicines. The provider had procedures for the management of medicines for staff to follow should this be needed in future.
- This included a medicines administration record (MAR) where staff would document when a person had taken their medicines.

- Staff occasionally supported people with topical medicines such as applying barrier creams to their body. Information was available for staff in people's care plans about this and staff recorded when they applied creams.

Preventing and controlling infection

- There was an infection prevention and control policy to protect people and staff from the spread of infection.
- Staff told us they used Personal Protective Equipment (PPE) when visiting people and carrying out personal care. The provider had a regular supply of PPE for staff to use, such as gloves, aprons, face masks and sanitiser.

Learning lessons when things go wrong

- There was a procedure to report and review incidents and accidents in the service or when things went wrong. This included a form to record the details of what had occurred, such as a fall or serious injury.
- There had been no incidents since the provider first started supporting people. The registered manager told us and procedures showed lessons would be learned as a service, in order to prevent re-occurrence of incidents.

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 of 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.

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

- People's needs and choices were assessed before they started using the service. An assessment was carried out to determine if a person could be supported by the service with their personal care needs.
- Assessments covered people's needs and any risks staff should be aware of to keep them safe, such as if the person needed support with their mobility, their health and nutrition and personal care.
- Relatives told us they and their family members were involved in the assessment process. This helped to ensure staff had the information they needed to meet people's needs. A relative said, "The [carer] understands [family member's] condition and knows what to do. It's very helpful for us."

Staff support: induction, training, skills and experience

- Staff were trained and were provided the skills and knowledge to support people. The training was a combination of online and practical courses.

Records showed staff completed an induction after they were recruited to understand how the service worked and what procedures to follow. A staff member told us, "The training was very good."

- Training topics included safeguarding adults, dementia awareness, infection prevention and control, moving and handling, first aid and equality and diversity.
- Staff told us they were supported in their roles by the registered manager and had opportunities to discuss their work and any concerns with them. A staff member said, "The company and managers are supportive and I can contact them if I have any problems."

Supporting people to live healthier lives, access healthcare services and support; working with other agencies

- People were supported to access healthcare services to maintain their health and receive the treatment they needed.
- Contact details of the relevant professionals involved in people's care, such as their doctor and district nurses, were available in their care plans.
- Staff told us they could identify if people were not well and knew what action to take in an emergency.

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

- If required people were supported with food and drink to maintain their health.
- Staff told us they understood people's needs and their preferences but they did not always need to support people with food and drink. However, information about people's nutritional and dietary needs and risks were included in their care plan. A staff member said, "[Person] always has a drink when they need it. Their family make sure of 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.

We checked whether the service was working within the principles of the MCA.

- The service followed the principles of the MCA. People's ability to consent to decisions made about their care was assessed and recorded.
- Staff had received training in the MCA and told us they asked for people's consent at all times before providing them with support. A staff member said, "I ask for [person's] consent so that I know what they want or don't want."

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 of 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; equality and diversity

- People were well treated by staff. A relative told us staff were kind and caring towards their family member. A relative said, "[Carer] is very nice, considerate and patient. They are really helpful for [family member]."
- Staff told us they spent time with people and got to know them. A staff member said, "I have a positive relationship with [person]. I enjoy supporting them and helping them with their tasks."
- People's equality characteristics such as their ethnicity, religious beliefs and cultural needs were recorded in their care plans for staff to understand and respect. For example, how people wished to practice their religion. A relative said, "[Carer] is very respectful and supports [family member] to attend [place of worship]."
- Staff told us they understood equality and diversity, the importance of respecting people's human rights and challenging discrimination. A staff member said, "I would always treat people with respect and respect their backgrounds, beliefs and sexuality."

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

- People were supported to express their views and make decisions for themselves as much as possible. Staff told us they always listened to people and respected their choices and preferences. A relative said, "[Carer] respects [family member's] views and listens. They are excellent and I have been very impressed how they always ask questions to understand [family member's] wishes and what they want."
- Records showed people had consented to receive care from the provider and they and their relatives had been involved in agreeing what they wanted from the service.

Respecting and promoting people's privacy, dignity and independence

- There was a confidentiality procedure in place to ensure people's personal information remained secure and protected. Staff told us they understood the importance of protecting people's personal details.
- Relatives told us staff were respectful of people's privacy and dignity. One relative said, "[Carer] has a good attitude and is very respectful, making sure [family member] has privacy and feels dignified."
- Staff told us they ensured doors and curtains were closed when providing people personal care to maintain their dignity. A staff member said, "I help [person] get changed or go to the toilet sometimes. I will give them space and privacy."
- Care plans contained information about people's levels of independence and if support was required from family members and from staff. For example, their ability to walk and eat independently.

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 of 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

- People received care that was person-centred. Care plans were personalised to give people choice and control of how they wished to receive care. They contained helpful information about what support people wanted, how they wanted it carried out and any specific risks around their care. Staff told us care plans were helpful in getting to know the person.
- People's needs, wishes and interests were recorded in care plans. Care plans contained personalised information including their life story, hobbies and interests. Outcomes and aspirations people wished to achieve from their care, for example maintaining their personal relationships, keeping to their favoured routines and remaining at home with their relatives, were also included.
- The registered manager reviewed care plans as and when necessary, such as when people's needs changed. A relative said, "I have no complaints. The service is good and the staff understand what [family member] needs support with."

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.

- The provider supported people to develop and maintain relationships with their family and friends. This helped to prevent people feeling isolated or lonely.
- People were supported to go about their daily lives as much as possible by the service. Staff supported them to follow interests that were socially and culturally relevant to them, such as going to the shops, community groups and places of worship so they could practice their religion. This also helped people to get regular exercise and maintain their health and wellbeing.

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.

- People's communication needs were set out in their care and support plans. Staff told us there were no communication issues and they chatted with people regularly.
- The provider was able to provide information about the service in a format that was suitable for them to understand, such as large print versions.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure should people wish to make a complaint about the service.

There had been no complaints since the service registered with us.

- The registered manager told us they would investigate complaints according to the complaints policy and provide people and relatives with an outcome for their complaint.
- Relatives told us the registered manager was responsive to concerns or queries. One relative said, "The manager is very helpful and I can contact them if I have any concerns. They always listen."

End of Life care and support

- At the time of inspection the service did not support people with end of life care but people's future wishes were explored and taken into account.
- There was an end of life policy in place should the service support people needing this care and support.

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 of 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.

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

- At the time of the inspection, the service was registered to provide two types of regulated activity: Personal care and providing 'Transport services, triage and medical advice remotely'.
- Although the provider had notified us they had yet to operate the transport service and it was not in active use, they were still registered to provide this service. We were not assured the provider had suitable systems in place to provide the service, at the time of our inspection.
- We carried out a short inspection of the ambulance vehicle they intended to use for transporting people and found it was not ready for use. It had not been maintained to ensure it met all regulatory, infection control and road safety requirements. However, the provider told us they would not have been able to provide the service in any case, due to issues with the vehicle.
- Despite this the provider had not de-registered this regulated activity as it had not been active for more than 12 months.
- During the inspection the management team told us they would make a decision about their registration of the transport service. After the inspection, they confirmed they had submitted an application to cancel the regulated activity of providing 'Transport services, triage and medical advice remotely'. The registered manager said, "It is not beneficial for us to carry this risk [transport service]. We will consider re-registering this type of transport service at a later date, when we have a more suitable vehicle. I want to grow our personal care service and it is best to concentrate on that."
- The registered manager and staff were clear about their roles and responsibilities within the domiciliary care service. Although people, relatives and staff expressed no concerns about this service, quality assurance systems had yet to be fully used to monitor the service and implement continuous improvements. For example, staff had not been observed and checked in their roles out in the community, to ensure they were providing a safe level of care.
- We took into account the service provided was very limited and records showed people and relatives were able to contact the service if there were any concerns. The registered manager also met with staff for 1 to 1 discussions about their work. We looked at daily notes completed by staff after they had supported people and found them to be detailed and well written.
- The registered manager told us they would utilise quality monitoring systems as they started providing care at home services to more people. These would include audits of care plans, medicines records, staff training and daily notes to identify concerns and implement improvements.

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

outcomes for people;

- There was a positive culture in the service, which was person-centred and supported people to achieve good outcomes. People, staff and relatives felt the service was well managed. A relative told us, "I think they are good. They are a reliable service."
- Staff told us there was an open-door policy and could approach the registered manager with any issues. A staff member said, "[Registered manager] is nice and approachable."

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

- The registered manager was aware of their legal responsibility to notify the Care Quality Commission of any allegations of abuse, serious injuries or incidents involving the police.
- They told us they would be open and honest with people and relatives when things went wrong. The registered manager told us they would look into ways the service could improve to prevent future re-occurrence.

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

- Relatives confirmed they or their family members were contacted by the service to check how they were and if they had any issues. One relative said, "There is good communication from the service."
- The registered manager contacted people and relatives for their feedback about the service. The feedback was analysed to see if they could further improve people's experience using the service.
- Staff felt engaged with the management team and important information was shared with them that was relevant to their roles, such as policies and procedures for the service. This helped to ensure they kept safe when out in the community.
- People were consulted about their equality characteristics and these were recorded in their care plans.

Working in partnership with others;

- The provider worked in partnership with health and social care professionals such as local commissioners, other providers involved in people's care and health professionals. This helped to ensure people could maintain their health and wellbeing.