

Imaan Care Ltd

Imaan Care

Inspection report

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25 September 2019

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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 caring?

Requires Improvement ●

Is the service responsive?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Imaan Care is a domiciliary care agency based in the borough of Hammersmith and Fulham.

Not everyone using the service received support with tasks related to personal care and eating. CQC only inspects services where people receive this type of care and support. We also consider any wider social care provided.

At the time of the inspection, the service was providing care to three people over the age of 65, two of whom were receiving support with personal care tasks.

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

Despite the provider having policies and systems in place to support good care practice, we found breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation to safe care and treatment, staff recruitment and governance.

People were not always being protected from the risk of harm because care records were incomplete and risks to people were not being assessed and monitored.

Safe recruitment processes were not always followed to ensure staff were suitable to work with vulnerable people.

Care plans were not being reviewed and updated when changes to people's health occurred.

Staff did not always have appropriate guidance on how to provide people with safe care and support.

Staff supported people to take their medicines where this formed part of an agreed package of care. However, robust recording systems were not in place to support safe medicines practices.

The provider had not yet developed a systematic approach to quality assurance to identify shortfalls and implement improvements.

Staff told us they respected the choices people made in relation to their care and did their best to maintain people's dignity and privacy.

People were supported to eat and drink according to their needs and preferences.

The service worked in partnership with other professionals to optimise people's health and well-being.

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

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 registered with us on 28 September 2018 and this is the first inspection.

Why we inspected

This was a planned inspection.

Follow up

We will speak with the provider following the publication of this report to discuss how they will make changes to ensure the rating of the service is increased to at least Good. 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?

Not all aspects of the service were safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

Not all aspects of the service effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

Not all aspects of the service were caring.

Details are in our caring findings below.

Requires Improvement ●

Is the service responsive?

Not all aspects of the service were responsive.

Details are in our well-Led findings below.

Requires Improvement ●

Is the service well-led?

Not all aspects of the service were well-led.

Details are in our well-Led findings below.

Requires Improvement ●

Imaan Care

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by one inspector.

Service and service type

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

The service manager was registered with the Care Quality Commission. A registered manager is a person who has registered with the CQC to manage the service. Like registered providers, they are 'registered persons'. Registered persons are legally responsible for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 24 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 25 September 2019 and ended on 8 October 2019. We visited the office location on 25 September 2019.

What we did before the inspection

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. We looked at information we hold about the service such as notifications of events and registration information. We used this information to plan our inspection.

During the inspection

We spoke with the registered manager and an administration support worker. We reviewed a range of records. This included two people's care records and related documentation. We looked at records for two members of staff in relation to recruitment, training, supervision and appraisal. We reviewed policies and procedures and records relating to the management of the service.

After the inspection

We were unable to speak directly with people using the service but were provided with contact details for people's relatives. We spoke with one relative and one member of care staff.

Is the service safe?

Our findings

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

This was the first inspection of this service. We rated this key question Requires improvement.

This meant some aspects of the service were unsafe. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- The provider was failing to assess, monitor and review individual risks to people to ensure they received appropriate care and support that kept them safe.
- Risk assessments were not being completed prior to the delivery of care and support. The registered manager told us, although she was unsure, that one person was living with diabetes. There was no risk assessment or guidance in place to address this medical condition. Another person had been diagnosed with epilepsy. Although the registered manager told us this person had not had any recent seizures, there was no reference to how this condition was being managed in this person's care records.
- The registered manager told us staff were supported by district nursing teams where people had complex healthcare needs. However, in light of our findings above, she told us she would review specialist training needs for staff members. We will follow this up at our next inspection.
- Risk assessments were not always being updated following changes in people's healthcare needs and when people were discharged home from a hospital stay.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Using medicines safely

- Although the provider had a medicines policy and related procedure in place, an accurate overview of what medicines people were taking and when was unavailable during our inspection. Therefore, we were unable to verify whether people were receiving the appropriate support with their medicines.
- The registered manager told us that staff completed medicines training before providing support to people using the service. A member of staff told us they had over 10 years of experience working in care settings and were confident around the management of people's medicines. However, we could find no information to indicate that staff competency was assessed prior to carrying out medicines related tasks.
- Staff recorded what assistance they had providing with medicines in people's daily logs. However, there was little information in relation to what people's current medicines were and medicines administration records (MAR) were not in use.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a

breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- Safe recruitment processes were not being followed. The provider's current recruitment systems did not ensure people were protected from potential harm and did not provide assurance that people were cared for by staff suitable for the role.
- We found concerns in relation to DBS checks. A DBS check is when the Disclosure and Barring Service complete a criminal record check to confirm that people are not barred from working with vulnerable adults or children. Copies of DBS checks were incomplete with pages missing. One staff member had a DBS in place that recorded conditions that may have impacted on the provision of safe care and treatment. There was no evidence of these issues having been risk assessed or reviewed by the provider as part of the recruitment process.
- The registered manager had not always ensured employment references obtained were relevant, reliable and complete. References did not always correspond with people's employment histories.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Systems and processes to safeguard people from the risk of abuse

- The provider had a safeguarding policy and related procedures in place.
- Staff told us they were required to record details of any purchases they made on behalf of people using the service. However, there was no record of the management of people's finances in the daily logs we reviewed.
- Staff told us they received training and guidance on how to recognise abuse and knew to report any concerns they may have about people's welfare to managers and other relevant agencies.
- Staff were less familiar with the provider's whistleblowing policies. Whistleblowing is when a worker reports suspected wrongdoing at work. A worker can report things that are not right, are illegal or if anyone at work is neglecting their duties, including if someone's health and safety is in danger.

Preventing and controlling infection

- The provider had an infection policy and related procedures in place which staff were required to read before supporting people with personal care tasks.
- The registered manager told us that staff were provided with personal protective equipment (PPE) such as disposable gloves and aprons to minimise the spread of preventable infections.

Learning lessons when things go wrong

- No accidents/incidents/events/complaints or concerns had been reported. The registered manager was therefore unable to provide any documented evidence of learning when things had gone wrong.

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 was the first inspection of this service. We rated this key question Requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- Staff files contained copies of an induction care certificate issued by an external company. Topics covered were in line with the Care Certificate. The Care Certificate is a nationally recognised standard for skills and knowledge that all care staff should meet. Although staff confirmed they had completed an induction, we could find no supporting evidence to demonstrate how this training had been delivered or completed as workbooks and other records that normally accompany this type of training were not available to review on the day of our inspection.
- A relative told us that staff were well trained, capable and experienced. However, staff had not yet completed relevant training on how to support people living with diabetes and epilepsy despite providing support to people affected by these conditions.
- Staff told us they felt supported and received adequate supervision. The registered manager told us that annual appraisals would be scheduled to discuss staff roles and responsibilities and identify any further training needs.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care

- People's needs were identified and assessed in order to determine the level of support required before a service was provided.
- Staff provided flexible support, for example, when people needed to attend medical appointments.
- People's care records included contact details for GP and family members. Staff were able to explain what they would do in emergency situations such as contacting 999 and reporting concerns to the registered manager and health and social care professionals.

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. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The service was working within the principles of MCA. Where possible, people had signed to show their agreement to give consent to the care and support provided.
- Induction information indicated and staff confirmed they completed mental health legislation training and understood the principles of the MCA.
- Staff promoted people's independence and respected their right to make their own choices.

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

- Staff supported people with food shopping and meal preparation where this formed part of an agreed package of care. Daily notes contained information about meals and drinks prepared and provided by staff.

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 was the first inspection of this service. We rated this key question Requires improvement.

This meant people may not always be well-supported, cared for or treated with dignity and respect.

Ensuring people are well treated and supported; respecting equality and diversity

- A relative told us their family member was well supported and treated with dignity and respect. They stated, "I have no concerns at all. [Staff] do more than the normal remit of carers" and "[My family member] is happy and we're happy." However, the provider has not ensured that support was provided to people in a caring way. This was because they had not ensured that staff had the necessary guidance, support and training to care for people safely. They had also not ensured people were protected from risks associated with the medical conditions and the medicines they were receiving.

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

- The registered manager told us people and their family members were involved in the care planning process and relatives confirmed this.
- People were allocated a regular team of staff members to ensure care was delivered in a consistent manner.

Ensuring people are well treated and supported; respecting equality and diversity

- People's individual needs and preferences were respected. A relative told us, "We couldn't speak more highly of [the staff]" and "[My family member] is in good hands and has wonderful people surrounding [them]."
- Staff understood equality and diversity issues and respected people's cultural and spiritual needs.

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

- Relatives told us they were included in how the care and support was planned and provided. A relative told us they had plenty of opportunities to discuss any issues as they arose.
- Staff told us it was important for them to support people with choices. Records showed that staff supported people with choices for various aspects of their care such as the way in which personal care was delivered, grooming and dressing, meals and household tasks.

Respecting and promoting people's privacy, dignity and independence

- Staff were able to tell us how they maintained people's privacy and dignity. This included shutting doors, keeping people covered appropriately when assisting with their personal care, and asking people if they were comfortable.
- People were supported to maintain their independence and encouraged to do the things they wanted and needed to do to maintain and optimise their health and well-being.

Is the service responsive?

Our findings

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

This was the first inspection of this service. We rated this key question Requires improvement.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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

- People's care plans did not always provide sufficient guidance as to how staff could provide person-centred and responsive care and support. For example, guidance related to diabetes and epilepsy had not been included where required.
- A relative confirmed that they were involved in the care planning process and received a flexible service from a consistent staff team.

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.

- Staff were aware of people's communication needs but these needs were not routinely recorded in people's care and support plans.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place.
- The registered manager told us there had been no formal complaints since the service registered with CQC in September 2018.
- Relatives told us they knew how to make a complaint and were confident any issues would be dealt with appropriately.

End of life care and support

- The service was not supporting anyone with end of life care at the time of the inspection.
- Staff were aware of good practice and guidance in end of life care and understood the importance of people's religious beliefs and preferences in these matters.
- The provider had knowledge of healthcare professionals and specialist services where advice and guidance could be sourced and assured us that appropriate end of life training would be provided in the future. We will follow this up at our next inspection.

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 was the first inspection of this service. We rated this key question 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; Continuous learning and improving care

- We found shortfalls in relation to risk assessment processes, including those associated with medicines, staff recruitment and staff training. Opportunities to improve the way in which the service was managed were not being identified because current quality assurance systems were not always effective.
- Staff were required to complete daily logs recording information and details of the care and support they provided. Daily logs were returned to the office. We were told these were checked for quality purposes. However, we found that logs lacked sufficient information to provide a useful account of people's health, safety and well-being.
- The registered manager was aware that quality monitoring systems required significant development.

We found no evidence that people had been harmed however, systems were either not in place or robust enough to demonstrate safety was effectively managed. This placed people at risk of harm. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- A relative told us the registered manager was "supportive" and "very approachable."
- Staff told us they felt listened to and valued. A member of staff told us, "[The registered manager] is a very good manager. She understands when you have a problem and she will help you and she's good with her clients."
- Spot checks and observations were carried out by the registered manager and notes recording these encounters confirmed that people were happy with the care and support they received.

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

- People's views about the standard of care they received were sought via visits and contact with the registered manager. A relative told us they were contacted on a regular basis with updates about their family member.

- The registered manager told us she held informal meetings with staff members on a regular basis to discuss people's welfare and any other issues regarding the delivery of people's care.
- The registered manager was aware of the statutory Duty of Candour which aims to ensure that providers are open, honest and transparent with people and others in relation to the care and support provided. The registered manager was informed about when CQC should be notified of important and concerning events. We have received no notification to date.

Working in partnership with others

- The registered manager told us she had made referrals to external agencies such as district nursing teams, GP practices, therapists and social workers.
- A relative told us the registered manager was "very knowledgeable about the community." The registered manager maintained good links with other professionals and told us she had been working in the local area for many years.

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 provider was failing to ensure risks to people's health, safety and well-being were being effectively assessed, identified and mitigated.
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance Quality monitoring was not sufficiently robust to identify shortfalls and drive improvements to service delivery.
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The provider was failing to operate robust recruitment processes.