

Immediate Social Care Limited






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Inspection report

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Ratings

Overall rating for this service	Not sufficient evidence to rate	
Is the service safe?	Not sufficient evidence to rate	
Is the service effective?	Not sufficient evidence to rate	
Is the service caring?	Not sufficient evidence to rate	
Is the service responsive?	Not sufficient evidence to rate	
Is the service well-led?	Not sufficient evidence to rate	

Overall summary

We carried out an announced inspection on 22 December 2015. The last inspection of this service was carried out on 11 June 2014 and all the standards we inspected were met.

Immediate Social Care Limited provides personalised domiciliary service based on people's physical, emotional

and mental wellbeing requirements. This includes supporting people with personal care as well as behaviour management and assistance with cognitive functions.

On the day of this inspection there was one person using the service. This meant that although we were able to carry out an inspection we could not rate the quality of the service as we had insufficient evidence on which to do so.

Summary of findings

A registered manager was in place at the time of the inspection. 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.

The service provided person centred care and support and staff promoted choice and independence.

Staff could explain how they would recognise and report abuse and received the appropriate training in safeguarding adults.

Person centred risk assessments had been undertaken. Plans were put in place to minimise any risks identified for people and staff to ensure they were safe from harm.

Staffing arrangements were adequate to meet people's needs. There was out of hours of hour's management cover provided by the registered manager.

There were appropriate procedures in place for the safe recruitment of staff and to ensure all relevant checks had been carried out.

Staff were up to date with their mandatory training which included safeguarding adults, first aid, fire safety, moving and handling and medicine awareness.

Staff received one to one supervision every two weeks. The content of supervision sessions recorded were relevant to individuals' roles.

The registered manager and the staff had a good understanding of the principles of the Mental Capacity Act (MCA).

Staff were very clear that treating people with dignity and respect was a fundamental expectation of the service. They had a good understanding of equality and diversity and understood the need to treat people as individuals.

Care plans were detailed and personal and provided good information for staff to follow.

A complaints policy and procedure was in place, with a review date to ensure relevant changes were taken into account. Structures were in place to address complaints effectively.

The culture at the service was positive and open and the registered manager was approachable. Regular spot checks on staff performance and audits were undertaken to ensure a high quality service was provided.

Summary of findings

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 safe. Staff knew how to report concerns or allegations of abuse and appropriate procedures were in place for them to follow.

Individual risk assessments had been prepared for people and measures put in place to minimise the risks of harm.

There was sufficient staff available to meet people's needs.

Not sufficient evidence to rate



Is the service effective?

The service was effective. Staff received induction training and relevant mandatory training.

Regular one to one supervision was provided to support staff to fulfil their roles and responsibilities.

Staff had a good understanding of the Mental Capacity Act 2005 and how to support people using the principles of the Act.

Where assistance was required with shopping for food, staff encouraged people to eat a balanced diet.

Not sufficient evidence to rate



Is the service caring?

The service was caring. Staff understood people's individual needs and ensured dignity and respect when providing care and support.

Staff supported the same people as much as possible in order to ensure consistency and to build relationships with people.

Staff focused a lot on promoting a good quality of life and wellbeing for people and supporting people to pursue the activities they enjoyed.

Not sufficient evidence to rate



Is the service responsive?

The service was responsive. People were supported to actively express their views and be actively involved in making decisions about their care and treatment.

Care plans were person centred and reviewed regularly.

The service had a complaints policy in place and people and their relatives knew how to use it

Not sufficient evidence to rate



Is the service well-led?

The service was well-led. There was an open and positive culture and people received person centred care and support that met their individual needs.

Not sufficient evidence to rate



Summary of findings

There were appropriate policies and procedures in place to support and guide staff with areas related to their work.

There were regular checks and audits taking place to ensure high quality care was being delivered.

Immediate Social Care Limited

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 22 December 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in the office. The inspection team included one inspector. One person was using the service at the time of the inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also reviewed the information we held about the service including people's feedback and notifications of significant events affecting the service.

We spoke with two staff including the registered manager. We gained feedback from one relative. We also gained feedback from health and social care professionals who were involved with the service.

We reviewed one care record, one staff file as well as policies and procedures relating to the service.

Is the service safe?

Our findings

A relative told us people were well treated by staff and that they felt their family member was safe with them.

Staff could explain how they would recognise and report abuse. Records we saw confirmed that they had received training in safeguarding adults. Staff understood how to “whistle-blow” and were confident that the management would take action if they had any concerns. The registered manager understood the process for dealing with safeguarding concerns appropriately as well as working with the local authority safeguarding team around investigations and any safeguarding plans implemented.

Before people were offered a service, a pre-assessment was undertaken by the registered manager. This assessment involved looking at any risks faced by the person or by the staff supporting them. We saw that person centred risk assessments had been undertaken in relation mobility and falls, self-harm, security at home and possible behaviours that may challenge the service. Plans were put in place to minimise any risks identified for people and to ensure they were safe from harm.

We saw that the registered manager had worked closely with other services, for example a day centre, where discussions were had regarding mitigating risks for a person using both services. A positive behaviour guide was produced for this person to ensure consistency.

A relative told us they thought there was adequate staff cover to meet the needs of their relative. We saw from the staff rotas staffing arrangements were adequate to meet people’s needs. Staff told us that they had enough time to carry out the tasks required and that they would inform the registered manager if they felt they needed more time to complete complex tasks or any additional tasks. There was out of hours of hour’s management cover provided by the registered manager.

Recruitment checks were carried out before staff started working with people using the service. Each staff member had employment references, identity checks and a Disclosure and Barring Service certificate (DBS). We also saw that as part of the recruitment process a potential staff member had looked at a case study about a person with a learning disability and wrote a response as to how best they would support them. This was used to assess the skills and knowledge of staff before they were employed by the service. This meant staff were considered safe to work with people who used the service.

At the time of our inspection the service was not supporting people who needed help with their medicines. However there was an up to date medicine policy in place and staff had completed medicine administration training during their induction as part of the mandatory units covered in the care certificate.

Is the service effective?

Our findings

Relatives told us they thought the service was effective and their family members needs were being met. One relative said, “They have the right skills to do the job, I have no complaints.”

Staff files we looked at confirmed that staff were up to date with their mandatory training which included safeguarding adults, first aid, fire safety, moving and handling and medicine awareness. These were completed as part of the care certificate induction and updates were provided when needed. Staff told us the training was very good and assisted them to support and care for people appropriately as well as understanding the different policies and procedures. One staff member was working towards a level three diploma in health and social care.

We spoke with staff and looked at staff records to assess how staff was supported to fulfil their roles and responsibilities. Records indicated that staff had received one to one supervision every two weeks. As the staff member had only been working at the service for six months the registered manager told us they had not conducted an appraisal for the staff member employed but they had looked at performance and development as part of supervision. This was confirmed in the file that we saw. The content of supervision sessions recorded were relevant to individuals’ roles and included topics such service user issue, development needs and work issues. Staff confirmed that supervision sessions took place regularly and they found them useful and supportive. One said, “I meet with the manager every two weeks and it helps me to do my job well.”

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.

The registered manager and staff had a good understanding of the principles of the MCA. We saw evidence of signed consent to care and treatment by people used the service and staff understood the process to follow if people lacked the mental capacity to make decisions about their care and support.

Where assistance was required with shopping for food, staff encouraged people to eat a balanced diet. People being supported currently do not require assistance with meal preparation and one person had some assistance with eating and drinking and this was detailed clearly on the care plan.

People were registered with a GP locally to their area as well as having access to other health services to ensure they were able to maintain good health. People and their relatives shared relevant information regarding the outcomes from appointments with staff and the registered manager and this was recorded in their care records to ensure the person was supported appropriately.

Is the service caring?

Our findings

Relatives told us they liked the staff that supported their family members and that they were caring and treated people with kindness.

The registered manager told us that their staff supported the same people in order to ensure consistency and for staff to build relationships with people. Staff confirmed that they supported the same people and this was important for the people they supported. One staff member told us that communication and talking to people was really important as well as listening and finding out what people liked and wanted. He described this particularly in relation to supporting people with a learning disability. In our discussion with the staff and the registered manager it was apparent that they displayed patience and kindness with people and this was confirmed in our conversation with relatives.

Staff focused a lot on promoting a good quality of life and wellbeing for people. We saw how staff were continually seeking ways of communicating with people effectively and one example was a staff member would write information down in a story form for the person and this assisted them to understand what was happening as well as making it

easier for them to make choices. Relatives told us that staff listened to their family members and respected their choices and decisions. They also confirmed they were involved as much as they wanted in the planning of their care and support and we saw that care plans included the views of people using the service and their relatives.

Staff we spoke with was very clear that treating people with dignity and respect was a fundamental expectation of the service. They told us they gave people privacy whilst they undertook aspects of personal care as much as possible. They had a good understanding of equality and diversity and understood the need to treat people as individuals. There were detailed equality and diversity policies and procedures in place and this also detailed protocols on culture, customs and festivals. There was a clear explanation of the Equalities Act 2010 with case studies relating to discrimination, for example where a staff member was being discriminated against at work and the manager took steps to protect someone from third party harassment.

People and their relatives views were taken into account and we saw that the registered manager had organised or signposted people for independent advocacy and described situations where this may be used.

Is the service responsive?

Our findings

Relatives told us their family members received care and support that was responsive and met their needs. A relative said about the carer, "He always provides good care and he always turns up on time,"

We looked at the care records of people currently using the service. Care plans were detailed and personal and provided good information for staff to follow. They contained detailed pre-admission information from the referring local authority. We saw evidence of assessments for physical and social care needs and details of professionals to contact in the event of any issues or concerns arising. The care files included detailed input from the person receiving care and support, including, 'what service would be of interest to you and do you need support'. It went on to list the support needed and agreed with the person. Some of the activities included, attending church on Sunday, going to the cinema, help with shaving, assistance with managing behaviour and communication. A relative told us they had been very much involved in planning the support their family member had received and said "We work together" and went on to say that it was important for them to see the care worker as part of the family and that's why it works. Reviews were carried out by the registered manager along with people using the service and their relative on a regular basis, as well as weekly telephone conversations with relatives and of people using the service.

Health and social care professionals told us that they worked closely with the registered manager and staff to ensure the support offered was person centred. The registered manager confirmed that this approach was important and gave us an example of how they had worked alongside staff at an assessment centre to ensure a person's challenging behaviour plan was adapted for use at home and was consistently followed at all times. Staff we spoke with told us that the focus on encouraging people to pursue the activities they enjoyed was a big part of engaging people and promoting independence. They talked about the improvements they had seen in the wellbeing of people as well as positive changes in their behaviour, particularly for people with a learning disability.

Relatives told us that any complaints or concerns were addressed effectively. We saw that a complaints policy was in place, with a review date to ensure relevant changes were taken into account. No complaints had been made at the time of our inspection but there were structures in place to address complaints effectively. They included recording action taken to address the complaint and the outcome desired by the complainant. The registered manager told us that complaints were used for learning and to improve the support for people using the service.

Staff knew how to support people to raise issues or make a complaint. The registered manager told us that they worked closely with people, their relatives and carers to ensure any issues raised were resolved promptly and encouraged feedback in order to improve the service.

Is the service well-led?

Our findings

Relatives of people using the service were very positive about the registered manager and staff that supported their family members. One relative we spoke with said, “She is a good manager.” They told us they felt listened to and able to approach the registered manager about any concerns they may have and that she was open and the culture at the service was positive. The service provided was person centred care and met the needs of the people using the service.

It was clear from our discussions with staff that morale and motivation was high. We saw that staff were well supported via one to one supervisions that took place two weekly as well as regular phone calls. A staff member had recently completed the new care certificate course and the registered manager was actively exploring the health and social care diploma course for them as a next step in their development.

Regular spot checks of staff practice were undertaken by the registered manager that looked at how staff were

working practically with people as well as monitoring their performance. Appropriate training and development could be recommended as a result of these observations. Quality assurance questionnaires were also undertaken on a regular basis with people using the service and their relatives. This was used to audit the quality of the service provided as well as learning from feedback and making improvements where needed.

The registered manager told us they were trying to establish a process for independently reviewing the service, including the systems used for care planning and risk assessments as well as providing an overview of the whole service. One area she was exploring was a system of peer reviewing with other registered managers of similar services.

We saw policies and procedures in place that covered all aspects of the work undertaken at the service and this provided excellent support and guidance to staff regarding processes and good practice related to their work.