

Ignite Health And Home Care Services Ltd

# Ignite Health and Home Care Service - Northampton

## Inspection report

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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

Ignite Health and Homecare Services Ltd is a domiciliary home care service providing personal care to 31 younger and older people in their own houses or flats at the time of the inspection.

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

Risks were not consistently assessed and mitigated and care plans did not always reflect people's current need. People did not always feel involved in the care planning process which meant care was not always person centred.

The registered manager had not consistently maintained oversight of the safety and quality of the service and did not have a regular presence in the service. Auditing and monitoring of delegated tasks required improvement.

Medicines were not consistently safe and well managed, staff did not have all the information needed to support safe administration in line with national guidance. Medicine audits had not identified issues found during inspection.

There was not consistently enough staff to meet people's needs. This meant staff were frequently late and call durations were shorter than agreed. The lack of recruitment and contingency plans meant we were not reassured that staffing numbers would be sufficient if there were high numbers of staff sickness or adverse weather affecting travel. We have recommended that the provider and registered manager look at how they will manage staff sustainability going forward.

People were not supported to have maximum choice and control of their lives and staff did not consistently support them in the least restrictive way possible and in their best interests; the policies in the service did support this practice but the policies and systems had not been implemented at the time of the inspection. We have recommended that this is reviewed to ensure mental capacity assessments are completed where required, legal authority of decision making on a person's behalf is evidenced and staff understanding is supported in this area. □

People told us they felt safe with staff, some people reported staff were rushed and not as gentle as others but still kind and caring.

Staff were recruited safely and completed an induction and mandatory training. Training for people's more complex needs such as pressure area care and catheter care was not always completed for staff working in these areas. Some staff required a refresh of their training in line with the providers policy.

People's religious and cultural needs were considered and planned into care. Staff had access to the providers equality and diversity policy and staff were trained in supporting people with protected characteristics such as dementia and learning disability.

Staff had access to and were using personal protective equipment (PPE) to prevent the spread of infection.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection This service was registered with us on 20/03/2020 and this is the first inspection.

#### Why we inspected

We received concerns in relation to staff time keeping and attendance and the safe management of medicines. As a result, we undertook a comprehensive inspection as this service had not yet been inspected and rated.

You can see what action we have asked the provider to take at the end of this full report.

#### Enforcement

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 discharge our regulatory enforcement functions required to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safety and management of the service 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 for 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 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was not always effective.

Details are in our effective findings below.

**Requires Improvement** ●

### Is the service caring?

The service was not always caring.

Details are in our caring findings below.

**Requires Improvement** ●

### Is the service responsive?

The service was not always responsive.

Details are in our responsive findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Ignite Health and Home Care Service - Northampton

## **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 Care Act 2014.

### Inspection team

This inspection was carried out by one inspector, an Expert by Experience and a second inspector supported with calls to staff. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

### Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

### Notice of inspection

We gave 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 14 December 2020 and ended on 23 December 2020. We visited the office location on 14 December 2020.

### What we did before inspection

We reviewed information we had received about the service since the last 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 used all of this information to plan our inspection.

#### During the inspection

We spoke with eight people who used the service and six relatives about their experience of the care provided. We spoke with nine members of staff including five care workers, the project manager, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included two people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data, quality assurance records, policies and procedures, Covid-19 risk assessment processes, staff rota's and recruitment documents.



# 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 for 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.

Assessing risk, safety monitoring and management;

- Risks were not consistently assessed and mitigated. Where people were at risk of pressure sores or had existing pressure sores, risk assessments, associated care plans and records such as reposition charts, had not been completed and put in place to identify and mitigate risk and support healing.
- Catheter risk assessments and care plans had not been completed. Therefore, staff did not have the information they needed to support safe, effective catheter care, including timely intervention when needed. Risk was increased as we identified an untrained member of staff supporting someone with catheter care.
- Where risk assessments were in place, they did not consistently contain the information needed to mitigate risks. For example, one person's manual handling risk assessment did not detail that they experienced pain on movement and had not been updated to reflect that they were no longer using a hoist. This meant people were at increased risk as staff did not have all the information needed to support people safely.
- Details whether people required resuscitation in the event of a sudden health emergency were not consistently recorded. This meant people were at risk of receiving treatment against their wishes.

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.

Preventing and controlling infection; Using medicines safely

- Risk of infection was not consistently mitigated. For example, a testing program to ensure that staff were tested for Covid-19 as per government guidance was not in place. This meant people were at potential risk of contracting Covid-19 from staff who may be unaware they were carrying the infection.
- Medicines were not consistently managed safely. Medicine charts lacked detail for staff guidance. For example, charts did not contain detail on how people should take their medicine maximum dosage in 24 hours or if medicines should be taken with food. Creams charts did not consistently detail how or where to apply creams.
- People were at risk of not receiving their medicines when they needed them. Staff did not have protocols in place for as-required medicines to know when and why they would administer people's medicines and how to measure and record the effectiveness of them.
- People told us staff time keeping affected when they received their medicines. One person told us, "Due to

the timekeeping of the staff my medication is late. My medication should be given on time." A relative said, "If the staff are late it messes up the times for medication."

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.

- The provider had introduced a coronavirus awareness and infection control course in addition to the standard infection control training provided, which some staff still had to complete. Staff spot checks took place regularly which included checking good infection control practices and the appropriate use of personal protective equipment (PPE).
- Staff had access to PPE including face masks, gloves, aprons and shoe covers. The registered manager maintained a good stock of PPE which was replenished regularly in people's homes. People told us that staff wore PPE when supporting them. One person said, "All of the staff use masks and gloves and aprons."

#### Staffing and recruitment;

- There was not consistently enough staff available to meet people's needs. The registered manager told us they had experienced some issues with staff retention during the Covid-19 pandemic due to some staff returning to their home countries. The registered manager was liaising with the local authority to resolve this.
- People had a mixed experience of staff time keeping. One person told us, "The staff should be here for a half an hour call, they are definitely not here that long, sometimes it is only 10 minutes tops." Other people had not experienced this. One person told us, "They are on time and have never missed me." Electronic call monitoring records evidenced staff were sometimes late and did not consistently stay for the agreed call duration.
- Staff were recruited safely. Recruitment processes ensured only suitable staff were employed, this included an interview process, reference checks and an induction program. Disclosure and Barring Service (DBS) checks were completed for all staff prior to them working with people. The DBS carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults, to help employers make safer recruitment decisions.

#### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. Staff had access to safeguarding and whistle blower policies via a staff handbook that was issued when joining the service. Staff told us they would contact the office team to raise their concerns and seek guidance when needed. We noted the policies lacked detail on recognising safeguarding concerns and how to report outside of the organisation. For example, there were no contact details for the local authority safeguarding team or the Care Quality Commission (CQC) to provide clear guidance for staff.
- Staff had received training in safeguarding people, they demonstrated an understanding of recognizing concerns and told us they would contact the office team to raise their concerns and seek guidance.
- People told us they felt safe. One person said, "I do feel safe and comfortable with the staff." Another person said, "Yes, I do feel safe."

#### Learning lessons when things go wrong

- Lessons were not consistently learnt when things had gone wrong. One person had experienced a pressure sore previously, but this had not prompted the registered manager to complete a risk assessment and prevent a reoccurrence. This meant the person had remained at risk.



# 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 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 training required further development to ensure that all staff had the knowledge required to support safe and effective practice. For example, one staff member told us and records evidenced, they had not received training in supporting people at risk of pressure sores or who were using a catheter even though records show they were working with people with those needs. The provider's training schedule evidenced that staff had not consistently received their annual refresher training in line with the providers policy.
- Some people told us they felt staff needed further training. One person told us they had reported to the office that staff needed further training. Another person said, "The staff need more training." A relative told us, "Some staff are better than others."
- Staff completed an induction on joining the service which included, Mandatory training, competency checks, supervised shadow shifts with people and the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.

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

- People were not consistently well supported to maintain a balanced diet. We identified one person with a very nutritionally limited diet. The risks to health from poor diet had not been questioned or explored for the person who was having meals chosen on their behalf due to a memory condition.
- Guidance for staff in care plans was limited and did not include details, such as, the level of support needed for eating and drinking for people with higher support needs or how people liked their food and drinks prepared. One person had to request that staff return to support with food as they had had left without preparing it in a way that the person could manage independently.

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

- The management team worked in partnership with the local authority and hospital teams to admit people into the service in a timely manner.
- Records were not available to evidence the service working in partnership with health care professionals. However, a staff member told us there had been involvement with the district nurse team when needed. The management team were liaising with the Pharmacy and collecting prescriptions for people during our inspection.

- People's care records included details of their GP for staff information if needed.

#### 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Staff we spoke with did not demonstrate a good understanding of mental capacity and deprivation of liberty. One staff member told us they were not sure they had completed MCA training and could not explain the principles. Another staff member said they were unsure about MCA but said that most people had family members living with them, so they relied on speaking to them.
- Records evidenced not all staff had completed training in MCA and deprivation of liberty and people told us they had a mixed experience with staff regarding their choices being supported. Some people felt in control and listened to and others not.
- The registered manager had not completed mental capacity assessments where they were required or ensured that lasting power of attorney records were in place where people were having decisions made in their best interest. The practice taking place was not in line with the providers policy and meant people were at risk of being deprived of their liberty.

We recommend that the registered manager review people's care to ensure mental capacity assessments are completed where necessary, seek evidence of lasting power of attorney or court of protection authorisations where required and support staff understanding.

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

- People had received an initial assessment prior to care commencing to ensure their needs could be met. Staff also reviewed the local authority assessments to ensure they had all the information required.
- Peoples likes, religion and culture, dislikes and relationships were considered and planned into care. However, some people told us they had not been involved in the care planning process.

# 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 requires improvement.

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

Respecting and promoting people's privacy, dignity and independence

- Staff deployment, time keeping and attendance had, in some cases, impacted negatively on people. For example, one person told us that they felt they could not have visitors as they did not know when staff were going to arrive. Another person commented that their meal times were reliant on when staff could get to them and not of their choosing.
- Care plans reflected what people could and couldn't do for themselves. For example, one person's care plan guided staff with supporting independence with washing by detailing what the person could do for themselves and what they would need support with.
- Staff had a good understanding of ensuring people's dignity. For example, one staff member told us they ensured people were covered when assisting them with personal care and spoke of the importance of treating people how they would want to be treated themselves. Another staff member said they ensured that doors and curtains were closed when supporting people to ensure their privacy and dignity.

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

- People's involvement in decision making was inconsistent. One person said, "I don't feel I have control." Another person told us, "Staff don't listen to me and I feel the staff don't always do my care right and they battle against what I want." Other people said they were making their own decisions. One person said, "Staff listen if I want something done differently." Another person said, "The staff listen to me when I ask them."
- Records showed that where reviews of people's care had taken place people were invited to share feedback on the service. Records showed that some people's reviews were overdue. However, people also told us that a manager from the office attended once a month to collect care notes and check if everything was ok which gave the opportunity for feedback.

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

- Some people told us the staff were sometimes rushed and were not always gentle with their support. However, they still felt that staff were kind and caring. One person told us, "The staff are kind and respectful, one or two can be a little rough." A relative said, "I think some are gentler than others, the staff are all nice." Another person said, "The staff are very friendly they are a little rushed and could do with more training, but they are nice."
- Compliments were collated and shared with the staff team. Comments supported that staff were kind and caring and included thanking staff for their kindness, support and taking care of people.
- Staff had received training in equality and diversity and had access to the providers equality and diversity

policy. Staff had also received training in supporting people with protected characteristics such as dementia and learning disabilities.

# 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 requires improvement.

This meant people's needs were not always met.

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

- Not everyone felt they had been involved in planning their care. One person told us, "I had no say in the care plan the staff wrote it themselves." Another person felt the care plan had been written in their previous service and transferred to this service, they had not felt involved. However, another person told us, I have a care plan and I helped to write it.
- Care plans required some improvement to ensure people were involved and preferences, likes and dislikes were consistently recorded. One person's care plan detailed what they liked to wear and what toiletries they liked to use whilst another person's care plan lacked the level of detail to support staff.
- People's religious needs were being met where required. For example, one person told us that prior to the pandemic they had attended church regularly and staff had accommodated a different call time on Sundays to ensure they could attend.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedure in place which they advised was in people's home files. Some people told us they were not aware of a complaint's procedure. However, they told us they would speak with the projects manager if they needed to and one person told us there was a number to call that was available in the file kept in their home.
- The office team recorded people's complaints or concerns. The projects manager told us that minor complaints were managed by talking to people to resolve issues. Two of the minor complaints we reviewed did not evidence outcomes. The project's manager advised that staff had been reminded of their duties and told us they would ensure outcomes were recorded going forward.
- People had a mixed experience regarding action taken following complaints with some people saying they had been satisfied with the outcome and others feeling issues such as timekeeping had not been resolved.

End of life care and support

- End of life information was inconsistent. We saw that some people had an end of life care plan in place which detailed their end of life wishes, however, other people did not. We discussed recording if people did not wish to engage in end of life discussion with the project's manager who advised they would implement this going forward. The service was not supporting anyone with end of life care at the time of the inspection.

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.

- The registered manager and projects manager had a good understanding of the accessible information standard. Although they had not identified anyone currently with a need, information could be made available in other languages, easy read format and large print if required.

# 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.

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

- Systems and processes had not identified that mental capacity assessments had not been carried out where required. Where decisions had been made in people's best interest by relatives this was not recorded and lasting power of attorney was not evidenced. This practice was not in line with the providers policy and meant people were at potential risk of deprivation of liberty.
- The providers electronic call monitoring system to monitor staff time keeping and attendance was not being effectively managed. This meant people were not informed if staff were going to be late or missed calls would not be realised promptly. Records and the registered manager audit showed that this had been an ongoing issue and impacted on people. One person said, "Times are all over the place I am just left sitting and waiting." Another person said, "If they are going to be late, they never let me know."
- The registered manager had not maintained effective oversight of the quality and safety of the service. Auditing process had not consistently identified issues we found during the inspection. For example, the medication audit had not identified the missing PRN protocols and care reviews had not identified the risks we found for people, such as pressure area risk. This meant people had remained at risk.
- The registered manager had not consistently maintained oversight of complaints. They were aware and maintained responsibility for complaints which also were safeguarding referrals but, there was no oversight record for the monitoring of trends and patterns when people raised minor complaints.
- The registered manager had not ensured that individualised risk associated with Covid-19 had been assessed and mitigated for people and staff with higher risk health needs and staff from black, Asian and minority ethnic groups (BAME). Following the inspection, we were sent evidence that this risk assessment process had been started. This would need to be continued and embedded in practice.
- The registered manager had not completed and implemented the providers contingency plan to ensure the service could still operate during high levels of staff sickness or self-isolation due to Covid-19 or adverse weather conditions that may restrict travel.
- Reviews of people's care had not consistently been carried out as per the registered managers schedule. Records showed that when care had been reviewed this did not always prompt a change to the care plan to reflect current condition or need. For example, one person's reviewed care plan had not prompted changes to record recent changes in skin condition which was being supported by the district nurse team.

We found no evidence that people had been harmed however, systems were either not in place or robust

enough to demonstrate the provider had maintained effective managerial oversight of the quality and safety of the service. This placed people at potential 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

- Care was not always person centred or planned and timed to meet people's needs including support with medicines and food and drink. Peoples experiences were inconsistent with some people having a better experience with the service than others.
- Some people told us they did not receive rota's which meant they did not know which staff would attend or at what time. One person said, "It is difficult to know if the staff will call as there is no rota, there used to be a rota time, but now it is anytime." However, staff members in people's teams were generally consistent so people saw familiar faces.

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 had a good understanding of the duty of candour and reporting of notifiable incidents. However, the registered manager did not have full oversight of this area, they were not always present in this service and tasks were delegated to the management team. We found that the management team required further guidance on notifiable incidents. Following our site visit, we found an incident which had not been reported. We discussed this with the registered manager who agreed to submit the notification and support staff in this area.

Continuous learning and improving care; Working in partnership with others

- The registered manager had experienced some difficulty with staff recruitment and retention, partly due to the current pandemic as some overseas staff had returned home. This had put a strain on staff capacity and there was no recruitment plan to improve this going forward. The reliance solely on word of mouth, coupled with the lack of a contingency plan raised concerns for how the service would meet people's needs should there be high levels of staff absence or resignations.

We recommend that the provider consider how they will increase staff availability and retention to ensure people's needs can continue to be met.

- The registered manager advised that professionals communication logs were kept in people's home files, but these were not provided on request following the inspection. This meant we were not reassured that professional guidance is being followed for people with pressure sores.
- The provider had implemented an electronic medication system across their other services and were due to roll out the same system in this service. They advised this would ensure records could be updated promptly when changes were required, and the registered manager would be able to run reports for auditing and oversight purposes. This would need to be implemented and embedded in practice.

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

- Staff received regular supervision and spot checks and told us they felt well supported by the management team. One staff member said, "Managers are very supportive and always available if you need them." The registered manager had set up a private group chat via mobile devices to ensure staff felt informed and supported whilst face to face contact was limited during the Coronavirus pandemic.
- Quality monitoring was completed at the same time as care reviews which gave people the opportunity to



discuss their experience of the service. The project's manager also attended people's homes monthly to collect care records which gave further opportunity to share their experience.

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  Care and treatment was not always provided in a safe way for service users.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  Systems and processes were either not in place or not robust enough to ensure effective oversight of the safety and quality of the service.