

# Immaculate Healthcare Services Limited

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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?

Good ●

# Summary of findings

## Overall summary

This inspection took place on 11 February 2016 and was announced. The registered manager was given 48 hours' notice because the location provides a domiciliary care service. This was to ensure that members of the management team and staff were available to talk to. At our last inspection in August 2013 we found the provider was meeting the regulations we inspected. The inspection was carried out by one inspector.

Immaculate Healthcare Services Limited provides support with personal care to people living in their own homes. At the time of this inspection there were 85 people using the service.

There was a registered manager in place. 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.

Most people told us that they were happy with the care they received and there were enough staff to meet their needs. Records we saw indicated staff had received appropriate training to keep people safe including moving and handling, health and safety, safeguarding and food safety training. Staff received on-going support through staff meetings and supervisions.

We saw safeguarding procedures were robust and staff understood how to safeguard the people they supported. People were cared for by staff who had completed the necessary pre-employment checks to ensure it was safe for them to work for the service.

People where appropriate, were supported to take their medicines and their nutritional needs were being met by the service. The registered manager worked well with external health and social care professionals to make sure people received the care and support they needed. People were referred onto the appropriate service when concerns about their health or wellbeing were noted.

People told us staff always treated them with kindness and respect and they encouraged people to maintain their independence and were mindful of their privacy and dignity.

People care records and risk assessments had information for staff to help them provide the personalised care to people using the service. People were involved in planning and agreeing their care and support arrangements. The registered manager and staff understood the principles of the Mental Capacity Act (MCA) and how to put these into practice.

There were quality checks undertaken to ensure people received care and support in accordance with their needs and preferences. People said they knew how to make a complaint if they were unhappy about the support they received.

People were asked for their opinions of the service through telephone calls, care plan reviews and quality monitoring surveys. The management team welcomed suggestions on how they can develop the services and make improvements. Where shortfalls or concerns were raised these were addressed.

## 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. There were procedures to protect people from risk of harm. Staff had attended safeguarding training and had a good understanding of abuse and how to protect people.

Risks to people's health and safety had been assessed and were well managed by the service.

Staff suitability to work with people had been checked before they started employment. There were enough staff to provide care and support to people.

People received their medicines as prescribed.

### Is the service effective?

Good ●

The service was effective. Staff were trained and supervised to ensure they had the right skills and knowledge to support people effectively.

People were always consulted and consent sought prior to care being delivered.

People who required support had enough to eat and drink.

Staff ensured people had access to healthcare professionals when they needed it.

### Is the service caring?

Good ●

The service was caring. People received care and support from staff who understood their individual needs.

Staff always ensured people's privacy, dignity and independence was maintained□

People were supported and encouraged to make their own choices and decisions and staff understood the importance of this.

### Is the service responsive?

Good ●

The service was responsive. People received care and support which was personalised to their wishes and responsive to their needs. They were involved in their care and deciding how their care needs were met.

There was a clear complaints procedure and people were confident that their complaints would be dealt with appropriately.

**Is the service well-led?**

**Good** ●

The service was well led. The management team were accessible and provided support to their staff team.

The service had systems in place which allowed people who used the service and their relatives to provide feedback on the service provision.

Quality checks were undertaken by the management team to ensure people received care and support in accordance with their needs and wishes.

# Immaculate Healthcare Services 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 checked 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.

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. The provider also supplied information relating to the people using the service and staff employed at the service.

Prior to the inspection we reviewed this information, and we looked at previous inspection reports and the notifications received by the Care Quality Commission. A notification is information about important events, which the provider is required to tell us about by law. We also sent questionnaires prior to our visit to people and staff to gain their views on the service. Fourteen people responded to our surveys.

During the inspection we visited the provider's office and spoke with the registered manager. We looked at eight records relating to the care of individuals, six staff recruitment files, staff training records, surveys completed by people and records relating to the running of the service.

After the inspection we spoke with four people who used the service, two relatives and three members of staff to obtain their views of the service. We also contacted the local commissioning team to get their feedback about the service being provided.

# Is the service safe?

## Our findings

People and their relatives told us they were felt safe with staff coming into their homes. One person commented "I do feel safe when they [staff] come to see me." One relative told us, "I am very happy with the carers that come to the house."

We found the service had policies and procedures for safeguarding people who used the service. Records we viewed showed that staff had completed safeguarding adults training and they were reminded of their responsibilities during their one to one meeting with their line manager. This gave them the knowledge and the skills to help protect people from abuse. Staff were able to describe to us their understanding of safeguarding and how to ensure people were safe. One staff told us, "If I have any concerns about someone I would document it and report it the office." Staff were aware that any allegation of abuse would be referred to the local safeguarding team and an investigation would be carried out.

Discussion with the registered manager showed they understood what their role and responsibilities were regarding the reporting of safeguarding issues. For example, they knew which external agencies they needed to contact should they witness, be informed, or suspect that people were being harmed or placed at risk of harm. Records showed that they worked in partnership to address any concerns raised.

The service had a whistle blowing policy which staff were familiar with. Whistleblowing is when a staff reports wrongdoing at work to their employer or someone in authority in the public interests. Staff said they would not hesitate to report concerns and were confident that they would be dealt with.

Risks to people's health and safety were well managed. We saw people had individual risk assessments to ensure they were as safe as possible. The level of risk was identified along with any action staff should take to minimise the risks. For example risks assessments were in place when helping people to move from their chairs to their beds or when transferring using a hoist. The risk assessments had been agreed with the person or their representatives and were regularly reviewed on a yearly basis or sooner when needed. Staff were made aware of people's identified risks and how they should manage them as these were included in their folder in their homes. This helped ensure the safety of people and reduced the likelihood of an incident.

There was a procedure for recording any accidents and incidents that occurred whilst staff were supporting people in their own homes. Staff knew what they would do if they became concerned about someone's welfare. They would contact the office or contact the person's family if they concerned about someone. There were arrangements in place for staff to contact management support out of office hours.

We found recruitments checks were carried out before staff were offered employment at the service. We looked at six staff files and saw that a range of checks had been undertaken to assess the suitability of staff prior to them being offered a position. This included completion of an application form which required the staff to provide details of their skills, experience and previous employment. Staff would not start working in people's homes until their disclosure and barring certificates had been returned and references received.

The Disclosure and Barring Service (DBS) assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services. These checks helped ensure that suitable people were employed and people were not placed at risk through their recruitment processes.

People felt there were enough staff to meet their needs. Most people told us the staff were on time. One person said, "They [staff] are always on time." Another person said "The girls come when they are supposed to." However before our visit two people raised concern about the length of time staff stayed to deliver care. We discussed these concerns with the registered manager who said they were aware of them and the staff concerned, had their visits monitored more closely either covertly or by contacting the person using the service to get their feedback. The situation had now improved. People told us if a staff member was going to be late the staff in the office would telephone to let them know.

Some staff had worked for the service for a number of years and this helped with familiarity and consistency to people they supported. The registered manager confirmed there were enough staff to allocate all the care visits people required. Staff were divided in small group within one area of the community and this helped them to provide care and support to the same people. This also ensured continuity of care for people.

Some people required support with taking their medicines. People who required support confirmed that staff prompted them to take their medicines. One person told us, "The girls remind me to take my medicines when they come in." Another person told us, "They always make sure that I take my tablets." Staff received training and had access to policies and procedures in relation to the management of medicines. They were aware of what actions they would take if a person refused their medicines and would encourage them to take their medicines as prescribed. Staff were encouraged to report any concerns regarding people medicines so that advice could be sought if necessary. This ensured risks associated with medicine were safely managed.

## Is the service effective?

### Our findings

People and their representatives were positive about the staff who supported them. They felt staff understood what their needs were and how to care for them. One person informed us "Staff know what they are doing." Another person told us "I feel very happy with the help from the carers, they are very nice."

Staff received appropriate professional development through regular training to help them gain the skills required to support people effectively. We saw staff had attended training in areas such as safeguarding vulnerable adults, moving and handling, health and safety, and medicine administration. Staff told us the training they had received was good and helped them with their work and they had regular refresher training to keep their skills up to date. One staff told us, "The training is very good and the trainer is very good too, she knows the topic she is teaching us very well."

There was a record kept of training courses staff had attended so the dates for updates were identified. Staff were provided with training on a regular basis. Most of the staff were up to date with their training however we noted there were some gaps in training. The registered manager was aware of them and further refresher training had been arranged. We saw basic first aid training was planned for the end of February 2016 and the principles of care and dementia awareness was taking place in March 2016. There was evidence that once employed, staff received regular and relevant training appropriate to the tasks they performed.

Staff had regular supervision meetings with their supervisor where they had opportunities to talk about their ongoing development and training needs. One staff member told us "I have regular supervision and normally discuss any changes in people needs or any training issues." We looked at a number supervision records and saw a range of issues were discussed, including staff training and people needs as mentioned to us by staff. This indicated that the registered manager regularly assessed and monitored the staff's ability to meet people's needs.

The service had a staff induction programme which covered the aims, objectives and purpose of the service. New staff were given full information to clearly guide them about how to care and people using the service. They worked alongside more experienced staff so they got to know about people's needs and felt confident in their role before they supported people independently.

People felt they were supported to make decisions about their care and support. They told us the staff asked them for their consent before they provided support to them to confirm their agreement. One person said, "They [staff] always ask me before they do things."

The registered manager and staff had an understanding of the Mental Capacity Act 2005 (MCA) and were aware how to support people to make their own decisions. 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. We saw people had been consulted about their care and relevant signatures were in place on their records. Staff had received training in the Mental Capacity Act.

People's health needs were monitored and their changing needs responded to. Records showed that health professionals were involved with people who had particular health concerns. The registered manager worked closely with health and social care professionals to monitor the health of people where required or requested as most people would make their own arrangements to see a doctor or health professional. For example we saw correspondence where the registered manager contacted the local brokerage team to inform them that one person's mobility had deteriorated and now needed two staff to attend to their needs and also needed a hoist. The registered manager informed us that these were now in place. Staff told us they would report any concerns they had about a person's health or wellbeing to the staff in the office. We noted people records had information about health professionals involved in people's care.

People's nutritional needs were met by the service where they had requested it. One person said "The staff come and give my meals. They always ask me what I want." People told us that staff asked them for their preferences when preparing their meals and the staff always ensured they had something to eat and drink during their visit. This showed people were offered sufficient food and drinks to meet their needs. Where staff noted any concerns with people eating and drinking they would report the concerns to their line manager who would contact the relevant health professional for example the GP or the dietician. Staff we spoke with had an understanding of people's dietary needs. For example, they were aware how to support people who were diabetic. If people needed help with their food shopping, staff would assist them to do so. The registered manager informed us that nearly all people did their own shopping or their relatives would do it for them.

# Is the service caring?

## Our findings

Most people commented the service was good however two people told us they had some concerns with regards to the staff attending to them and their concerns had now been resolved by changing the staff who were attending to their needs.

People and their relatives told us staff were caring and kind. One relative commented, "The care worker my mother has had since June is very good." One person said, "I am very happy with the carers that come to see me." Another person said, "I am very happy with the carers, they are wonderful." Relatives told us the staff were friendly and had built a good relationship with their family members.

People told us they had regular staff that came to see them and they were familiar with their care needs. Most people felt they received care and support from a consistent staff team. One person told us, "I always know who is coming."

Staff had a good understanding of the needs and preferences of people. They said they were allocated sufficient time to support people without having to rush and felt by attending regular calls they attended people's needs more effectively as they knew the people well.

People were able to express their views and their views to be acted on. They were actively involved and encouraged to make decisions about their care and support. They could choose the times of visits to best suit their needs and this was respected. Relatives also commented how they were involved in the care planning of their family member and were regularly kept informed about changes to their care and support. We saw people's ability to make an informed choice or decision had been assessed and support was provided where needed. Where people did not have family members to support them, the registered manager had access local advocacy services. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People were treated with dignity and respect. Staff knew how to maintain people's privacy and dignity. They gave us examples of how they did this for example by closing the doors when providing personal care. People told us that staff were respectful and polite when supporting them and did not feel rushed. One staff said, "I always make sure the doors are closed when I am providing care to the clients [people using the service]."

People were supported in promoting their independence. They were encouraged to do as much as possible for themselves, for example, shaving themselves or washing part of their body by themselves during personal or having a shower independently. People confirmed staff respected their independence when supporting them with their care. Staff gave time to people to do things for themselves to maintain their skills and independence.

The service had a confidentiality policy which was included in the staff handbook. Staff were reminded that any information regarding people must be kept confidential. The service always sought the permission of the person before sharing any information to other parties. Information about people was kept secure and

accessible to only staff who had a need and right to access them.

## Is the service responsive?

### Our findings

People said they were happy with the care they received and staff understood their needs. We saw people received personalised care that was responsive to their needs, wishes and preferences. People's needs had been assessed prior to a service being provided. They confirmed their care and support was planned with them or a family member. People were able to make choices about all aspects of the support they received and support plans for example what time they wanted the staff to come to assist them with their needs. There was clear information in the care plans about what support and care people needed and what they wanted to do for themselves.

We looked at care records for eight people and could see their individual needs were recorded as well as details of their wishes and preferences. Staff knew how to support people and said that they had good information in the care plans to enable them to meet people's needs. One staff said, "If there are any changes in what we are doing for someone, we will inform the office."

People's individual care needs were reviewed regularly to ensure staff met people's needs in the most appropriate way. There were records of when people's reviews had been held and saw evidence of people's needs assessment being updated on a regular basis or as their needs changed. This helped to ensure staff were responsive to changes in people's needs based on up to date information. There were also daily records kept for each person's folder in their home to ensure staff had up to date information about people. The registered manager told us they allocated the same staff to people so they knew how people liked their care provided. People confirmed the same staff came to see them regularly.

The service had a complaints procedure that was clearly written and easy to understand. The registered manager had a system to log complaints and had a process in place to review complaints and comments to improve the service. The policy included acknowledging and investigating complaints and producing a response to the complainant. People told us they knew how to complain and that they would contact the office if they were not happy with something. Relatives told us they had no concerns or complaints about the service and they were confident that any complaints would be dealt with. Records showed that when concerns or complaints had been received they were responded too appropriately. A copy of the complaints policy was given to people using the service. One person told us, "I will contact the office if I need to complain about anything."

The registered manager monitored any complaints to ensure appropriate actions were taken to prevent them from happening again. They told us they or the office staff would speak with people and their relatives to try to resolve any issues as soon as they arose. We saw the service had received a number of compliments. For example one relative commented, "[Relative] and family wish to thank you for all your help, care and advice looking after [person] until his last days. Thank you." Another person contacted us directly by telephone to say their mother received care from the service and it was great, the staff was on time and their mother was happy with all the care that she received. We saw feedback received from people was shared with staff during their meeting.

## Is the service well-led?

### Our findings

The registered manager had a good understanding about their role. They were committed to provide a good quality care to people. They had worked at the service for a number of years and had a good awareness of their responsibility in line with the Health and Social care Act 2008. They were aware that CQC are required to be informed of specific events by law to ensure people are kept safe and well. Staff told us that the registered manager was very approachable and supportive and always available if they needed any advice. One staff said, "The manager is very good." There were clear lines of accountability and responsibility within the service.

Staff told us they felt supported by the office staff and the registered manager. They felt the service was well run. There were regular staff meetings which helped staff to discuss any issues they might have and also to keep up to date with what was happening in the service. We looked at the last three minutes of these meetings and saw different issues were discussed which included care practices, staff training, and health and safety. One staff member told us, "The meetings are very good and informative." Staff felt supported by the management and were happy about their work.

The service had a number of policies and procedures in place which staff had access to. We found they had been reviewed in July 2015. However the registered manager was reminded to ensure they quoted the current regulations (The Fundamental Standards) instead of The Essential Standards which were place previously.

The service was committed to meet people individual needs regardless of their race, nationality, political belief, sexual preference or gender. They aimed to provide care and support in a way which have a positive outcome for people and promote their participation.

The service maintained a robust and effective system for monitoring the quality of the service. We saw the service had sent surveys to people who used the service and their relatives in April 2015. People's feedback was recorded and analysed, and where required action was taken to improve quality in a prompt manner. This demonstrated that the registered manager used feedback to assess, monitor and improve the service. We looked at a sample of returned surveys from people and saw responses and comments made were mainly positive about the service. This demonstrated the registered manager was committed to the ongoing improvement of the service.

There was a number of quality checks carried out to drive improvement within the service and make sure people's ongoing needs were met. We saw staff in the office contacted people by telephone to check if they were happy with the service they were receiving. The registered manager had taken action to address any issues people had raised. For example, one person had requested another staff to support them and this had been changed. There were also spot checks carried out by the office staff to check if staff were providing the care and support to people as needed. This enabled the management team to review and discuss the staff competencies and provide feedback on their performance and areas of improvement.

People were complimentary in their comments about the service and the staff that looked after them. One

person commented, "I was really pleased to see [carer] back to look after me while [another carer] was away. She is a very kind and gentle. I remember when she first came to me and how nice she was. I would love to have [carer] look after me if my permanent carer is ever on holiday or ill." Another person sent a thank you card to the service saying, "Thank you for caring to Immaculate Health Care Services Ltd, keep up the good work."