Impact Care 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?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an announced inspection of Impact Care Limited on 13 June 2018. This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It primarily provides personal care to older adults. At the time of the inspection, the service supported two people with personal care. This was the first inspection of the service since they registered with the Care Quality Commission (CQC).

The service had a registered manager. 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is managed.

Staff had been trained to perform their roles in certain areas by the registered manager. However, the registered manager did not hold a qualification to deliver training. Therefore, important updates on certain areas may not have been covered effectively when training was delivered.

Risks had been identified and information had been included on how to mitigate risks to ensure people received safe care. Staff were aware of how to identify abuse and knew who to report abuse to, both within the organisation and outside the organisation. Medicines were managed safely. Medicine records were completed accurately. Staff had been trained with medicines.

Pre-employment checks had been carried out to ensure staff were fit and suitable to provide care and support to people safely. Staff told us they had time to provide person centred care and had enough staff to support people. There were systems in place to reduce the risk and spread of infection. Staff were provided with personal protection equipment (PPE) to ensure risks of infection were minimised when supporting people.

People were cared for by staff who felt supported. Spot checks had been carried out to observe staff performance to ensure people received the required care and support. Assessments had been carried out using the Mental Capacity Act 2005 (MCA) principles. People's care and support needs were assessed regularly for effective outcomes. The service worked with health professionals if there were concerns about people's health. Staff could identify the signs people gave when they were not feeling well and knew who to report to.

People had a positive relationship with staff. People and relatives told us that staff were caring. People's privacy and dignity were respected by staff. People were involved with making decisions about their care.

Care plans were person centred and detailed people's preferences, interests and support needs. People and relatives knew how to make complaints and staff were aware of how to manage complaints.

Staff told us the culture within the service was open and transparent and told us the service was well-led. People, relatives and staff were positive about the registered manager. People's feedback was sought from surveys.

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.

Risks had been identified and information included on how to mitigate risks when supporting people.

Staff were aware of safeguarding procedures and knew how to identify and report abuse.

Systems were in place to monitor staff attendance and punctuality.

Medicines were being managed safely.

There were systems in place to reduce the risk and spread of infection.

Is the service effective?

Requires Improvement

The service was not always effective.

The registered manager delivered some training. However, the registered manager did not hold a qualification to deliver training. Therefore, important updates on certain areas may not have been covered effectively when training was delivered.

People's needs and choices were being assessed effectively to achieve effective outcomes.

Staff felt supported in their role.

Staff knew when people were unwell and who to report this to.

Is the service caring?

Good

The service was caring.

People had a positive relationship with staff.

People's privacy and dignity was respected.

People were involved with making decisions of the care and

support they received.

Is the service responsive?

Good

The service was responsive.

Care plans were person centred and included information on how to support people.

Staff had a good understanding of people's needs and preferences.

Staff knew how to manage complaints. People and relatives were confident with raising concerns if required.

Is the service well-led?

Good

The service was well-led.

Quality assurance systems were in place for continuous improvements to be made.

Staff told us the service was well-led and were positive about the management.

People's feedback was obtained through surveys.

Impact 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.

The inspection was carried out on 13 June 2018 and was announced. We gave the provider 48 notice as we wanted to ensure that someone would be available to support us with the inspection. The inspection was undertaken by one inspector.

Before the inspection we reviewed relevant information that we had about the provider. We also received a provider information return (PIR) from the service. A PIR 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 made contact with professionals that the service worked with to obtain feedback about the service.

During the inspection we reviewed documents and records that related to people's care and the management of the service. We reviewed two people's care plans, which included risk assessments and four staff files which included pre-employment checks. We looked at other documents held at the service such as training and quality assurance records. We spoke to the registered manager.

After the inspection we spoke to one person, one relative and two staff members.

Good

Is the service safe?

Our findings

The person and relative we spoke with told us people were safe. A person told us, "Yes, I am very safe. I am very pleased with them."

Assessments were carried out with people to identify risks before they started to use the service. Risk assessments that had been completed provided information and guidance for staff on how to keep people safe and were regularly reviewed and updated. There were risk assessments for falls, risk of abuse such as neglect, moving and handling and risks around people's home environment. Risks had been identified and assessments included the risk and strategies to mitigate the risks. For example, in one care plan, a falls risk assessment included information that a person could become dizzy. Staff were to monitor the person and hold their hand should they become dizzy. A falls slip mat had also been purchased for the person to minimise the risk of falls in the bathroom. This meant that the person could be supported safely when receiving care from staff.

Staff and the registered manager were aware of their responsibilities in relation to safeguarding people. Staff were able to explain what abuse is and who to report abuse to. They also understood how to whistle blow and knew they could report to outside organisations such as the Care Quality Commission (CQC) and the police. One staff member told us, "There are many types of abuse, emotional, physical, verbal. I would report this to my manager. I can also report to the police, some charity organisations that deal with abuse and the CQC."

We found that there were no recorded incidents. The registered manager told us that there had been no incidents since people started using the service. The registered manager and staff were aware of what to do if accidents or incidents occurred. There was an incident form in place that could be used to record them. In addition, the registered manager told us that if incidents were to occur, then this would be analysed and used to learn from lessons. This would ensure the risk of re-occurrence was minimised.

Pre-employment checks were carried out to ensure staff that were recruited were suitable to provide care and support to people safely. Staff confirmed that these checks had been carried out. We checked four staff records. Relevant checks such as criminal record checks, references and proof of the person's identity had been carried out as part of the recruitment process.

None of the staff we spoke with had concerns with staffing levels. They told us that they were not rushed in their duties and had time to provide person centred care and support to people when needed. A staff member told us, "There is enough time allocated to help them. They do not crowd you with calls." The person and relative we spoke with did not raise concerns with missed visits or punctuality. A person told us, "They are very reliable, I am very pleased with them." A compliment received from a relative was, 'I have also been very happy with the reliability of your staff'. During the inspection, records showed that staff had to complete timesheets of care visits. The logs were then reviewed by the registered manager to keep track of staff attendance and punctuality. Rotas were sent to staff in advance so that staff were aware of who they would be supporting.

The registered manager told us the service only prompted people to take medicines and did not administer medicines. People and relatives confirmed this. The service had completed medicine self-assessments with people, to check they were able to take medicines by themselves. There was also a risk assessment in place for the self-administration of medicine to ensure people could take their medicines safely.

There were systems in place to reduce the risk and spread of infection. Staff had been trained on infection control. We asked staff how they minimised the risk of infection and cross contamination. They told us they were supplied with personal protective equipment (PPE) such as gloves, aprons and sanitisers when supporting a person. Staff told us they disposed of PPE in a separate bag when completing personal care. They also washed their hands thoroughly. A staff member told us, "They do provide you with gloves and aprons. When doing personal care, I would use them and after I have finished, I would discard them into a bin." Infection control audits were also carried out by the registered manager to ensure staff adhered to infection control standards and there was no risk of outbreaks of infection in people's homes.

Requires Improvement

Is the service effective?

Our findings

Records showed new staff that had started employment had received an induction. The induction involved looking at care plans and shadowing experienced members of staff. A staff member told us, "I did an induction, it was helpful." Another staff member told us. "Training is good, it refreshes your memory."

Records showed that new staff members received introductory training that was required for them to perform their roles effectively and in accordance with the Care Certificate standards. The Care Certificate is a set of standards that health and social care workers stick to in their daily working life. However, although staff had been provided training in some area's through an external training provider such as first aid and moving and handling, we found records that showed that staff had also received training from the registered manager such as in infection control, safeguarding, food hygiene and health and safety. These were in mandatory areas required to perform their roles effectively. We asked the registered manager the level of training they had received and records showed that the registered manager had been trained in mandatory areas. However, they had not received 'train the trainer' training to ensure they were qualified to deliver training. This meant that there was a risk that staff may not have received up to date and relevant training to ensure people received safe and effective care at all times.

The registered manager told us that most the staff had been trained in their previous roles but they did not have their certificates as this was not released by the providers some staff had previously worked for. Staff we spoke to confirmed this. A staff member told us, "Training has been good here but I have been doing this for many years so it is just an update on my knowledge. I received training in my previous role."

After the inspection, the registered manager sent us evidence that assured us staff had enrolled and completed training by an external training provider, which was recorded on a training matrix with the date of completion.

People told us staff were skilled, knowledgeable and able to provide care and support. A person told us, "Yes, they are very patient. They know how to help." A relative told us, "Yes, I have not had any concerns about them."

Supervision meetings were held between staff and the registered manager to discuss staff progress, care standards, identify developments and provide support if required. Staff told us that they were supported in their role. A staff member told us, "[Registered manager] supports me." As staff had not been working at the service for over 12 months, an appraisal had not been completed. However, the registered manager was aware an appraisal would need to be completed for staff that had worked for over 12 months.

We checked if the provider followed the principles of the Mental Capacity Act 2005 (MCA). The 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.

Staff had been trained on the MCA. Records showed that assessments had been carried out using the MCA principles. Staff asked people for consent before doing anything. A staff member told us, "I always say what I am doing when I support people." Records showed that consent also had been sought from people to receive support and care from the service.

Care plans included the level of support people would require with meals, such as with feeding and the times people preferred to eat and people's dietary requirements. For example, information on one care plan included that a person could choose their own meals, was able to feed themselves and preferred to have their meal between 5.30pm to 7.pm. Another person's care plan included the person was a good cook and wanted to eat healthy meals. People were given choices by staff and this was also recorded in people's care plans. A person told us, "I choose the lunches and they will come and prepare it for me."

People's GP details and any community professionals involved in their care had been recorded in their care plans. Staff had awareness of when people did not feel well. A staff member told us, "You can tell if they are not well, like the way they behave when you approach them. You can see it in their eyes also. If that is the case, then I would talk to them and find out how they are. I would then call the office or their family members and they will tell me what to do. If someone is really sick, then I would call the ambulance straight away for their safety." This meant that people were being supported to ensure they were in the best of health.

Pre-assessments had been completed prior to people receiving support and care from the service. These enabled the service to identify people's daily living activities and the support that people required, which allowed the service to determine if they could support people effectively. Using this information, care plans were developed. The registered manager told us that they would assess people's needs and choices through regular reviews. As the service had supported people for a short period at the time of our inspection, a review was not due. The registered manager told us if there were any changes, the care plans would be updated and these changes would be communicated to staff. This meant that people's needs and choices were being assessed effectively to achieve effective outcomes.

Good

Is the service caring?

Our findings

People and relatives told us staff were caring. A relative told us, "I know they are kind to him [person]." A person told us, "They are very nice people." Staff told us how they built positive relationships with people. A staff member told us, "You talk to them [people], be calm and approach them in a nice way." A relative told us, "My [person] did not raise any concerns about them to me."

Where possible, people had been included in making decisions about how best to support them. A compliment from a relative was, 'I was very impressed with the initial contact with you. The detailed discussion about what exactly my [relative] required and the insistence that my [relative] was included in all decisions'. Information in care plans included where people could make decisions. For example, in one person's care plan, information included that a person can choose what they want to wear. Care plans had been signed by people to evidence that people agreed with the contents of the care and support they received from the service. A staff member told us, "We always give them a choice, not just with food but also on other stuff, like what they want to wear. You should always give them a choice to make decisions."

Independence was encouraged and records showed, where possible, that staff should encourage people to support themselves. Care plans included where people were independent and what areas they may need support with. Staff told us they supported people to make choices in their day-to-day lives with personal hygiene and care. A staff member told us, "We are here to support them and encourage them to be independent."

Staff ensured people's privacy and dignity were respected. Staff told us that when providing particular support or treatment, it was done in private. A staff member told us, "First thing we do is close the door and pull the blinds. I would then cover the top half of their body while I shower the bottom half and then cover the bottom half while I help them shower the top half". Another staff member told us, "I always respect their privacy and dignity. When I help them with personal care, I make sure doors and windows are closed and no one is around."

Staff gave us examples of how they maintained people's dignity and privacy not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity. We saw that confidential information such as people's care plans and medicines records were stored securely.

People were protected from discrimination. A staff member told us, "I try to be polite as much as I can. You must adapt to people. This is my way, I do my best for everyone." Staff understood that racism, homophobia, transphobia or ageism were forms of abuse. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally. People's religious beliefs were recorded on their care plan. The person and relative we spoke with confirmed that they were treated equally and had no concerns about the way staff approached them.

Good

Is the service responsive?

Our findings

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service. The person and relative we spoke with told us that staff were responsive to their needs.

Each person had an individual care plan, which contained information about the support they needed from staff. One staff member told us, "The care plans are good, I always read it to help people." There was a personal profile, which included people's date of birth, ethnicity, marital status and nationality. Care plans detailed the support people would require ensuring people received person centred care. Care plans were individualised and included details of people's family members and details of health and social care professionals. In one person's care plan, information included that they preferred to wake up at 9.30am and liked to shower three times a week, mostly strip wash whilst sitting on the side of the bath. These plans provided staff with information so they could respond to people positively and in accordance with their needs.

There were daily records, which recorded information about people's daily routines and the support provided by staff. Staff told us that the information was used to communicate with each other between shifts on the overall care people received and if a particular person should be closely monitored. This meant that staff could summarise the care needs of the people on each shift and respond to any changing or immediate needs.

Organisations that provide NHS or adult social care must follow the Accessible Information Standard (AIS) by law. The aim of the AIS is to make sure that people that receive care have information made available to them that they can access and understand. The information will tell them how to keep themselves safe and how to report any issues of concern or raise a complaint. There were materials available in easy read and pictorial formats such as care plans, medicines management, making complaints and requesting consent. The registered manager told us this was prepared should they support people with communication difficulties. Care plans included how people communicated. For one person, information included that a person wore a hearing aid and staff should speak in a raised tone when communicating. Staff told us they looked at people's care plans on how to communicate with people and how to make information accessible. The person and relative we spoke with had no concerns on how staff communicated with them.

Records showed that no formal complaints had been received by the service. People and relatives told us they had no concerns but knew how to make complaints and were confident this would be addressed. There was a complaints policy in place. The registered manager and staff were aware of how to manage complaints. A staff member told us, "If there is a complaint, then I will let the manager know so they can look into it."

Records showed that compliments had been received from people and their relatives. Comments included, 'I have found them to be very caring professionals in the manner in which they look after person]', 'I do know my [relative] is very happy with them' and 'Just a not to say thank you to you and your team for your hard

work, kindness and support over the last few months'.

Good

Is the service well-led?

Our findings

The person and relative we spoke with were positive about the registered manager and the service. A relative told us, "We are very happy with the service it has been very good especially [registered manager] is very good." A person told us, "She [registered manager] is very efficient and pleasant. I would recommend them to anyone who is looking for similar agencies." A professional told us, "I have received positive feedback from families regarding their care, promptness and reliability-so far."

Staff told us that they enjoyed working for the service. One staff member told us, "They are one of the good companies, I have no problem with them." Another staff member told us, "I like my job. This company is serious compared to other companies I worked with. I am so happy."

Staff told us that they were supported in their role, the service was well-led and there was an open culture, where they could raise concerns and felt this would be addressed promptly. One staff member told us, "She [registered manager] is always with you. She is a good manager. If I have any problems, I call her and she will sort it." Another staff member told us, "She is very polite. I can always talk to her and she is accessible. If you need to contact her, she is there."

We have not received notifications or safeguarding concerns about the service. A notification is information about important events which the provider is required to tell us about by law. The registered manager was aware of their regulatory responsibilities and knew about notifications and when to send notifications such as on safeguarding, serious injuries or incidents.

There were systems in place for quality assurance. Records showed that the registered manager had carried out audits against the CQC Key Lines of Enquiry on providing care that is Safe, Effective, Caring, Responsive and Well-Led. The registered manager also carried out spot checks on staff and provided feedback to staff on the outcome of these checks. Spot checks included checking on service delivery, infection control, communication and privacy and dignity.

People's feedback was sought through surveys. Surveys included questions on the service delivery, communication, nutrition, complaints and privacy and dignity. The results were positive. Comments from one survey included, 'I feel safe'. The registered manager told us that as they supported a limited number of people and the feedback had been positive so far, the results had not been analysed. However, they told us that as the service expanded, feedback would be analysed from people, to ensure there was a culture of continuous improvement and people always received high quality care. This meant that people's views were sought to make improvements to the quality of the care and support they received.

Staff meetings were held regularly. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues. Minutes of meetings showed staff held discussions on staffing, data protection, training and were able to discuss any concerns or updates as a team. This meant that staff were able to discuss any ideas or areas of improvements, to ensure people received high quality support and care.