Ignite Health And Home Care Services Ltd

Ignite Health and Home Care Service

Inspection report

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Tel: 01562515073

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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?	Requires Improvement

Summary of findings

Overall summary

Ignite Health and Homecare Services Ltd is registered to provide personal care for people who live in their homes. At the time of our inspection 80 people were receiving personal care in their own homes.

The inspection took place on 31 October 2017 and was unannounced.

A registered manager was in post at the time of our inspection and was present for the inspection. The service had a registered manager in place at the time of our inspection. A registered manager is a person who has registered with CQC 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.

At this inspection we found the provider was in breach of a regulation. This was because the provider had failed to display their current inspection ratings on their website. This is a legal requirement to show people had access to the ratings to inform their judgments about services.

People received the care and support they needed from staff to feel and be as safe as possible within their own homes. Staff understood how to report concerns about potential abuse, and took action to make sure people were protected from harm. People's needs were assessed and any potential risks to people and staff were identified before any new services commenced. Environmental risks were also assessed within people's homes to help avoid any potential accidents to people who used the service or staff. People who needed staff assistance to take their medicines were supported to do this so their health needs were safely met.

An on-going recruitment programme was in place which showed staff only commenced work once their suitability to support people in their own homes had been checked. Staffing levels were monitored to make sure there were enough skilled and experienced staff to meet people's assessed needs. Staff undertook training in a variety of subjects to support and develop their skills. Staff were provided with regular support to help them carry out their roles which included direct checks of their care practice.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. This included involving people in decisions about their day to day care. People were consulted about the type and amount of care they received and their needs and wishes were understood and followed by staff. Where people required support with their meals and drinks this was provided by staff who followed people's preferences. People were supported to access healthcare services when required and staff were aware of people's health needs.

Care plans and risk assessments were updated as people's needs changed. People valued the relationships they had built up with staff who regularly provided their care and support. Staff knew what was important to

people and had learnt how they liked to be supported with their care. People were positive about how staff respected their privacy, dignity and independence.

The provider and registered manager listened to what people had to say and took action to resolve issues or concerns when they were raised with them. There were systems in place for handling and resolving concerns and more formal complaints.

There was a range of quality monitoring systems in place where senior staff had completed various quality checks and reviews which were documented with improvement actions taken where required. The provider and registered manager met regularly with staff at meetings where they reviewed and reflected on the systems they had in place to manage the service. When action was needed they responded in ways which supported them to keep developing and improving practices for the future. This included reminding staff about areas of their practices which needed to be improved.

Full information about CQC's regulatory response to any concerns found during inspections is added to reports after any representations and appeals have been concluded.

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.

People were supported by staff who knew how to recognise and report any concerns to keep people safe from harm.

Potential risks to people who used the service and staff were identified and preventive measures were put in place where these were required.

People had enough staff support to meet their needs which assisted them to live safely within their own homes.

People did not always need support with their medicines but where this was required staff had their competencies checked so people received their medicines safely.

Is the service effective?

Good

The service was effective.

Staff had the knowledge and skills to meet people's needs.

People were supported to make their own decisions and to consent to their care.

People were supported to have enough to eat and drink, and staff supported people to access health care, where needed.

Staff worked well with local healthcare services and supported people to access any specialist support they needed.

Staff assisted people to prepare food and drink of their choice when this was required as part of their care service.

Is the service caring?

Good

The service was caring.

People particularly valued the relationships they had built with regular staff who they knew well and supported them in a friendly, helpful way.

People were supported to be involved in planning and reviewing their care.

Staff provided people with care in various ways which maintained their privacy, dignity and independence.

Is the service responsive?

Good

The service was responsive.

People were supported received care based on their individual preferences and needs

Staff knew people as individuals and provided support in ways which reflected their particular preferences and any changes in their needs.

People knew how to raise concerns or complaints. These were responded to in an effective way in order to try to resolve concerns or complaints with lessons learnt to drive through improvements in people's experiences of their care.

Is the service well-led?

Requires Improvement

The service was not consistently well led.

The provider had not ensured their current inspection rating was conspicuously displayed on their website. This was a legal requirement.

People had been invited to contribute to the development of the service and senior staff had a range of quality checking systems so they could be assured the care services developed in line with people's needs.

Steps had been taken to support good team work and staff were encouraged to speak out if they had any concerns.

Ignite Health and Home Care Service

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 registered persons were 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 took place on 31 October 2017 was unannounced and conducted by one inspector who visited the provider's administration office.

Prior to the inspection visit we received a number of concerns from members of the public. These included the provider not having enough staff to ensure people consistently received the care they required to effectively support people in their own homes with their care calls at the times planned. During the planning and conducting of this inspection we took into consideration the concerns we had received, together with the information we received from the provider and management team. This included the statutory notifications they had sent to us. A notification is information about important events which the provider is required to send us by law.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form the provider completes to give some key information about the service, what the service does well and improvements they planned to make. The provider returned the PIR to us and we took this into account when we made our judgements in this report.

In addition we asked various organisations who funded and monitored the care people received, such as the local authority and clinical commissioning group. We also sought information from Healthwatch who are an independent consumer champion, which promotes the views and experiences of people who use health and social care.

We spoke with 11 people who used the service and seven relatives by telephone. This was to seek their views about how well their care services were meeting people's needs.

We also spoke with the registered manager, area manager, a care co-ordinator and three staff who provided care to people in their homes. We looked at a range of documents and written records about how care services were being provided which included sampling eight people's care files, three staff recruitment files, information relating to the administration of medicines and the management, auditing and monitoring of the overall service people received in their own homes.

Following the inspection visit information about staff training was sent to us.

Good

Is the service safe?

Our findings

We heard consistent comments from people about how they felt comfortable and safe because staff who provided care and support to them in their homes were friendly, reliable and listened to their care preferences. One person said, "They're all friendly, makes me feel comfortable and safe." Another person told us, "I trust them as they know what they are doing so I have no doubts about being unsafe." Relatives we spoke with also felt reassured their family members safety was promoted by staff who provided care and support.

The registered manager had knowledge of her role and responsibilities in reporting concerns of potential abuse. They had the relevant contact names and numbers so they were able to liaise with local authorities if there were concerns about people's safety. Staff we spoke with knew the signs of abuse and who they needed to report it to if they suspected someone had been or was being abused. We saw staff received training in how to recognise and report abuse. One staff member told us, "Would report abuse straight to [area manager's name]" and was confident the management team would listen and take the necessary action. Additionally, staff understood how certain practices could be discriminatory to people and the impact this could have on them. One staff member referred to discriminatory practice as not considering people with respect or being unfair to them.

People gave us various examples of how staff made them feel safe and confident by meeting their individual needs. One person told us, "They [staff] help me to have a shower which I like while making sure I don't fall. I would be at risk without their help and would not be able to have my shower as I would not feel safe without someone by my side." Staff knew about the risks associated with people's care and how these were to be managed. For example, one staff member told us how they provided prompts to people if they forgot to use their walking aids so risks of them falling were reduced and supported their independence. Care records we looked at confirmed risk assessments had been completed and people's care was planned to take into account and reduce identified risks.

We found where staff supported people in purchasing items receipts were produced alongside records completed and were brought into the office as documentary evidence. The management team had plans to further strengthen these arrangements so financial records became part of their regular quality checks. This was another way of identifying and reducing the risks of financial abuse in a timely way.

Environmental risks within people's homes had been assessed so risks to people who used the service and staff were reduced. These risk assessments considered the safety aspects within a person's home, such as, whether there were any trip hazards so avoidable accidents were reduced. The management team also had arrangements in place for reporting and reviewing accidents and incidents. This was to make sure action was taken to protect people's welfare and safety and reduce the likelihood of them from happening again.

People who used the service and relatives told us their home care visits were made at times they expected and if staff were going to be late they were usually notified. None of the people we spoke with had ever experienced their home care visit not happening. People consistently said this was important as it

contributed to them feeling safe and confident. One person told us, "They [staff] can be a little bit late at times but they have never missed coming which is a big relief." Another person said staff had, "Not let me down once. Phone if going to be late, longer than 15 minutes." One relative said, "The care is good and safe. Was a bit late with calls but this improved very recently." Some people told us there had been a lapse in being provided with rotas in advance to provide them with information of the staff who would be providing their care on certain days. However, this was going to be remedied by the management team to ensure people did consistently receive the rotas in advance of their home care visits.

We saw from looking at care records and staff rota's the management team had determined staffing levels by the number of people who used the service and the funding of people's individual care needs. This was confirmed by staff who told us their schedules allowed for them to spend the full allocation of time with each person in order to meet their needs so their safety was not compromised.

The registered manager had procedures in place to assure themselves that only staff suitable to provide care and support to people in their homes were selected and recruited. Staff told us they had completed all the required recruitment checks and were interviewed before they commenced their employment. Staff records confirmed this and showed the required checks had been completed. For example, Disclosure and Barring Service (DBS) checks had been carried out. A DBS check helps employers make safer recruitment decisions and prevents unsuitable people from being employed.

Where people needed support with medicines, it was clearly recorded in their care plan. We saw there were procedures for supporting people to take their medicines safely. Staff told us they were confident supporting people with their medicines and their competency was regularly checked by senior staff. In addition to regularly checking staff's medicine competencies, people's medicine records were also checked. These practices made sure there were no gaps or errors in people's medicine records which could indicate people had not received the planned support with their medicines as prescribed. These practices supported the registered manager to be assured staff practices were effective in supporting people safely with their medicines and identified where staff needed any further training.

Good

Is the service effective?

Our findings

People who used the services and relatives told us the staff were effective and they were provided with the support which met their individual needs. One person told us, "Care is brilliant, can't fault one of them [staff]. They're really good at knowing what to do." Another person said, "They (staff) are all very good at helping me with what I need. One relative told us how they valued the effectiveness of the care their family member received from a regular staff member. On talking about this they commented, "Show [staff member] exactly how [family member] likes the care and [staff member] is spot on." Another relative said they were a little apprehensive at first but having experienced the care provided to their family member they were, "Pleased with the standard of care."

All new staff received an induction prior to working independently in providing people with care and support in their homes. This included working alongside more experienced staff along with the completion of the care certificate. The care certificate is a set of standards that health and social care workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. Staff we spoke with told us these approaches had prepared them for when they worked on their own in supporting people and had equipped them to carry out their roles with confidence.

Staff told us they were encouraged to reflect on their care practices during regular checks which were undertaken on their practices. In talking about this one staff member described how people who they provided care and support to, were also asked if they are happy with their care. The staff member commented, "I do feel really supported by [care coordinator's name], they are only a phone call away, they're always to hand. It is good to know if you are doing a good job and where you could do better."

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA for people living in their own home, this would be authorised via an application to the Court of Protection.

We checked whether the service was working within the principles of the MCA. At the time of our inspection the service had not needed to make any applications to the Court of Protection.

The provider and staff were following the MCA. Staff we spoke with understood the principles of the Mental Capacity 2005 (MCA) and how this may affect people they supported. People who used the service and relatives we spoke with confirmed to us staff obtained their consent before they supported them. One person told us, "They (staff) never do anything without checking with me first as to check whether I am happy before they start to help me." One relative said, "They (staff) involve [family member] in the care by

letting them know what they are going to help with." Staff gave us examples of how they had consulted with people who used the service, explained information to them and sought their informed consent. One staff member explained, "I always check with people what their everyday choices are, such as what they would like to wear.

When people needed help to ensure they had enough to eat and drink as part of their home care service this was provided by staff. One person we spoke with told us staff would get them a meal and always made sure they had a drink before they left. People's care records gave staff information about the support needed to help people to eat and drink their meals where this was required. Staff had also recorded what people had eaten and drunk at each visit so they could respond quickly if any significant changes were noted. Staff we spoke with told us if they were concerned a person was not eating or drinking enough they would report their concerns to senior staff, such as the area manager or care coordinators.

Staff monitored people's health and wellbeing and liaised with professionals involved in their care when this was required. We heard an example of how staff had called to paramedics when they found a person had fallen so they were able to receive medical treatment and care. One person told us they looked after their own health needs but was confident they could rely on staff if they visited at a time they were unwell to contact their doctor for them if the person was unable to do this. One relative described to us how staff assisted their family member to stay as well as possible through the knowledge they had about their needs. For example, the person stayed in bed and required staff to be vigilant about any signs of pressure sores.

We heard examples from people about how staff would work in conjunction with other professionals who visited people in their homes. For example, district nurses to make sure there was a consistent approach to meeting people's health and wellbeing needs.

Good

Is the service caring?

Our findings

People told us they felt staff were kind and caring in the way they supported them. We consistently heard from people who used the service and relatives how much they valued regular staff providing the care they required. One person shared with us their experience of being supported by an individual staff member and described the staff as "Excellent" and they had a "Good relationship" with staff who provided their home care service. Another person told us, "They're [staff] lovely; a couple of staff are especially good, we get on well, love them." One relative said, "[Staff member] is excellent, beyond her job to help us." Another relative described hearing staff chatting to their family member, who helped the person feel at ease.

Staff we spoke with talked about people with compassion and shared examples of how they cared for people beyond completing the required tasks. One staff member described to us how they had got to know people's life histories by, "Sitting down and having cups of tea with them." By taking this approach the staff member said they could tell whether people were having a bad day and would, "Try to pick them [people who used the service] up" with conversation and humour where appropriate. Staff we spoke with were enthusiastic about the role they played in supporting people and told us they enjoyed "making a difference." One person talked about staff's approaches and commented, "They [staff] do what is necessary and quite a lot more. They [staff brought me lunch for me when cooking for their family. They [staff] perch on a stool and have a coffee with me, what laughs we have."

People who used the service and relatives told us they were involved in day to day decisions about their care and support. One person said staff knew their little ways and routines which were important to them. Another person told us how staff supported them with different things the liked to be done, such as making sure their windows were closed and they had items which they may require close to hand. Staff also shared examples with us of how they involved people in decision making. One staff member told us, "People are involved in their support; we ask people how they would like things to be done." Care records included guidance for staff on how to involve the person in their support and staff told us they had read these before meeting people. One staff member told us, "The information is in the care plan and we can now access this and we also read the notes in people's homes."

People were supported by staff to maintain their independence. Staff shared examples with us of how they encouraged people to do as much as they could for themselves. One staff member told us, "It's important that people do things for themselves where they can. Even small things, like making a drink." Where people had specific cultural requirements we saw these had been included in the assessment and planning of people's care. For example, specific dietary requirements, or support around bathing and hygiene.

People and relatives told us staff supported them in a dignified way that protected their privacy. One person told us, "My dignity is always maintained when staff are attending to my personal care." A relative said, "We are both treated with the utmost respect at all times by both care staff and those staff in the office." Staff were able to share with us examples of how they maintained people's privacy when providing them with care. One staff member told us, "It's important to make sure people have their privacy; I close curtains and cover people with a towel when helping them to wash".

People's care records included information about people's needs were stored securely in the provider's office. There were on-going arrangements in place for all care records to be stored and accessed via a computer where they were password protected wherever necessary so only staff who needed to access the information could do this. In addition, to this people told us how staff respected their privacy and confidential so the records held in their homes were kept based on people's own preferences.

Staff we spoke with understood how some people's day to day preferences and wishes were linked to their cultural, religion and values. People's care plans considered their physical, emotional and spiritual needs. Care plans provided clear guidance for staff to follow, so people were supported in ways which took their individual needs into account. This included people's physical and sensory needs. People's care plans had regularly been reviewed and their views on the care they received had been sought.

Good

Is the service responsive?

Our findings

People we spoke with told us they received care and support based on what they needed and in the way they liked. One person told us, "the care is very good and the (staff) are very helpful." One relative said, "The care is very good and [staff] is ever so good with [person's name]."

Prior to people's home care service starting their individual needs were assessed and written down into care plans. Care plans were personalised with information about people's preferences and the routines they liked to follow in their daily lives. Staff said the care plans supported them in their work and they tried to provide care which met the expectations of the person receiving the service. Through this arrangement people told us how staff provided all the practical everyday assistance they needed and had agreed to receive in their care plans. This included support with a wide range of everyday support and care such as washing and dressing, using the bathroom and getting about safely. One person said this arrangement gave them the opportunity of expressing how they wanted to be supported with their personal care and what they were able to do for themselves.

Another person said they had been able to confirm they did not want any assistance with their meals as they were happy to remain independent in doing these. However, they did have their own style of completing their personal care and confirmed to us staff knew this so their particular preferences were responded to and met.

Staff we spoke with told us when they reported changes in people's needs and abilities to the registered manager and staff in the office; they undertook a review straight away. One person who used the service told us, "There is a book. They write down if anything unusual happens." Staff kept daily records about how people were, their appetites and moods, which ensured they recognised when people's needs and abilities changed. One staff member told us, "The daily records tell us what we need to know, whether they are okay, any problems, if they are not well. There is enough detail to understand what is going on." Another staff member told us, "Whenever extra time is needed or equipment for a person this is looked at and actions taken." We saw care plans had been reviewed where any changes in people's needs were noted to support people in receiving consistent support.

There were arrangements were in place to investigate and respond to people's concerns and complaints. People who used the service and relatives we spoke with knew they could telephone the office staff and speak with the registered manager or senior staff if they wanted to make a complaint or raise a concern. One person told us about a particular issue that they had experienced with a care staff member. They were happy with the outcome and felt the registered manager had listened to them and taken action quickly. Another person told us, "I know how to complain, but never had the need, everything is very good. I can always ring the office if I need to."

Staff were aware of the complaints procedure and told us if someone did complain to them, they would offer reassurance in the first instance and then offer to support them in contacting the registered manager or senior members of staff to make a complaint. We saw the complaints which had been received had been

managed well by the registered manager with appropriate actions taken to try to resolve the issues raised.

Requires Improvement

Is the service well-led?

Our findings

There was a registered manager in post at the time of the inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

However, we looked to see if the provider was displaying their previous inspection rating on their website before the inspection as part of the inspection planning. We saw the previous inspection rating was not displayed. On the day of the inspection we spoke with the area manager and they saw the previous inspection ratings were not displayed on the provider's website. Additionally, the registered manager confirmed this was the case. It is a legal requirement that a provider's latest CQC inspection report is conspicuously displayed where a rating has been given, no later than 21 days after the report has been published on the CQC website. This is so people, visitors and those seeking information about the service can be informed of our judgments. At the time of writing this report the action required has not yet been taken.

This is a breach of Regulation 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

In addition it was a legal requirement for the provider to display their previous inspection ratings conspicuously at their office. We saw the previous inspection ratings were displayed at the provider's office to reflect the provider was meeting this legal obligation.

People who used the service and relatives made positive comments about the service they received. One person told us, "I have used other care companies and this one is much better." A relative said, "[Person's name] looks forward to the carers visiting. The carers make my life liveable at the moment."

People who used the service and staff were encouraged to share their concerns and opinions to help them improve the quality of the service. For example, we saw people had completed questionnaires about the quality of the service provided. Compliments had also been received about the care people received. One comment made read, 'They are the best carers [staff] I have ever had.' Another comment read, 'Very happy with the service you provide.'

Staff spoke about the values of the care services they provided and the culture of the management and senior staff team. On talking about their work one staff member commented, "Well managed, very organised. [Provider and registered manager's name] are very pleasant, never awkward. Go into the office and everyone is always happy, just drop in if any problems or concerns. I feel like we are one big happy family." Another staff member said, "Ignite is probably one of the best care providers worked for. Actually look forward to going to work. Service users [people who used the service] just a pleasure to look after."

Staff we spoke with told us they were provided with the leadership they needed to develop good team

working practices. These arrangements helped to ensure people consistently received the care they needed. During the evenings, nights and weekends there was always a senior staff on call if staff needed advice. Staff also told us they had regular meetings where staff could discuss their roles and suggest improvements to further develop effective team working. These measures all helped to make sure staff were well led and had the knowledge and systems they needed to care for people in a safe and effective way.

In addition, there were office spaces close by to the areas where people and staff lived which supported staff in accessing the equipment they required, such as disposable gloves and aprons. There was also care coordinators based at these offices so people who used the service and staff were able to call if they required advice or assistance. The registered manager was aware of their responsibilities in registering these offices if they wanted to directly undertake the regulated activity of personal care from them.

The provider had systems in place to monitor the quality of care people received. Staff understood how their roles contributed to providing a quality service by following policy and procedures, the completion of training and upholding the values of the service. Senior staff members completed quality checks on staff practice and care records and the registered manager had full oversight of all quality checking systems. The registered manager undertook quality checks and they shared the outcomes of these in various pieces of documentation including minutes of meetings which they shared with the management and staff team. We saw the quality checking systems were used to drive through continual drive through improvements to the quality of the services offered. For example, staff had been reminded about the need to strengthen their medicine practices by making sure they had consistently signed people's medicine records.

The registered manager reflected a candid approach on their oversight of the care provision and where improvements were required in the PIR. One example read, 'Some of the issues we have identified in most concerns is to do with call times. As service user [people who use the service] needs change, the organisation should be quick enough to unjust and change with these needs. However, we have not been always able to do this effectively, and has in some occasions caused anxieties and concerns.' We saw the management team were monitoring the staffing arrangements on a regular basis by using the tools they had in place. For example, the call monitoring system which provided information about people's planned home care visits and the length of these. Some people we spoke with told us they had seen improvements in call times together with having consistent regular staff to meet their needs. This showed the registered manager alongside senior staff were learning lessons to continually develop and improve people's care experiences.

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	Regulation 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments The provider had failed to display their current inspection ratings on their website.

The enforcement action we took:

We issued a fixed penalty notice which the provider has paid.