

Impact Healthcare Services Ltd

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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

About the service

Impact Healthcare Services Ltd is a domiciliary care agency, providing care to people living in their own homes. At the time of inspection, the service was providing care to 16 people.

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

People and their relatives felt safe. Staff had received safeguarding adults from abuse training and knew how to act on any concerns. Risk assessments were in place to manage potential risks within people's lives, whilst also promoting their independence. Safe recruitment systems were in place to ensure suitable staff were employed. People's medicines were managed safely. Effective infection control processes were in place.

Staff received training, support and supervision to fulfil their roles and responsibilities. The service worked well with health and social care professionals to ensure people's health and welfare needs were effectively met.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff were kind and caring and placed people at the heart of the service. They were committed to delivering high quality, person centred care and support.

People, relatives and staff spoke positively about the management at the service for their commitment and passion for care. They considered the service to be well led and managed and, without exception, told us they would recommend the service to others.

There were a variety of checks in place to monitor the quality of the service and drive improvements.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 15/08/2019 and this was the first inspection.

Why we inspected

This inspection was carried out to check the safety and quality of the care people received.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Impact Healthcare Services Ltd

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

This inspection was carried out by two inspectors.

Service and service type

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

The service did not have a manager registered with the Care Quality Commission. Immediately following our inspection, the manager, who was also the owner of the service and managed the day to day management of the service, applied to the Commission to register as a registered manager.

Notice of inspection

This inspection was announced. Due to the pandemic, we gave a short period notice of the inspection to enable us to collate as much information as possible virtually to minimise the time spent by the inspection team visiting the office of Impact Healthcare Services Ltd.

Inspection activity started on 27 November 2020 and ended on 11 December 2020]. We visited the office location on 9 December 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with two people who used the service and three relatives about their experience of the care provided. We spoke with three members of staff including the provider.

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

After the inspection –

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with one health and social care professional.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The provider had systems and processes in place to protect people from the risk of abuse and discrimination.
- Staff had received training in how to keep people safe and described the actions they would take where people were at risk of harm. This included reporting to external organisations such as CQC and the Police.

Assessing risk, safety monitoring and management

- The provider had developed systems to ensure people were kept safe and free from harm.
- Risk assessments, including environmental risk assessments, were in place for people. Staff were aware of people's risks and able to tell us how they kept people safe.
- The provider had oversight of the service through spot check observations and regular review of risk assessments to provide safety monitoring.

Staffing and recruitment

- Safe recruitment systems were in place to ensure staff were suitable to provide safe care and support. This included obtaining references and undertaking checks with the Disclosure and Barring service (DBS). The DBS check helps employers make safe recruitment decisions and prevents unsuitable potential employees from working with vulnerable people.
- Probationary periods and disciplinary policies supported the management of unsafe and ineffective staff conduct.
- People and relatives told us they had experienced no missed calls and staff were usually on time. One person said, "Sometimes they're a little bit late about 10 minutes but that's down to the traffic." A relative said, "The other weekend one of the girls was unwell so [manager] called me to advise about 8am and said they would be sending another carer in. I phoned [person] about an hour later and they said [staff] had been there."
- People told us they received support from regular staff. One person told us, "I have different carers come in but have consistent ones. I have got to know them. I feel safe when they are here."
- Staff felt there were enough care staff appointed to ensure all visits could be covered.

Using medicines safely

- Where required, people received their medicines as prescribed.
- There were systems in place to ensure the safe management and supply of medicines.
- Staff received training and had their competency assessed to ensure they were administering medicines safely.

Preventing and controlling infection

- Staff received training in how to prevent and control infection.
- Specific attention had been given to the current pandemic, so people and staff were protected and kept free from harm. All the necessary guidance and personal protective equipment (PPE) was available.

Learning lessons when things go wrong

- Systems were in place to record and investigate accidents and incidents.
- Accidents or incidents were investigated by the provider and lessons learned shared with staff to reduce the risk of them happening again.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs had been assessed prior to them using the service, to ensure they received the right support.
- People's needs continued to be assessed to ensure the care they received met their choices and needs, helped achieve good outcomes, and supported them to have a good quality life.
- Staff told us people's care plans helped them to provide care that met people's needs, and people confirmed their needs were fully met by staff at all times.

Staff support: induction, training, skills and experience

- Staff felt supported in their role and received the training they needed to meet people's individual care needs.
- Newly appointed staff received an induction to the service. This included shadowing experienced staff, understanding their role and responsibilities and getting to know people and their support needs. One member of staff told us, "During my induction I shadowed [manager and staff name]. They showed me what to do and what my job was all about. They asked our clients whether they were happy for me to observe. I was able to shadow until I felt confident, then [manager] observed me taking the lead."
- People and relatives told us they felt staff had the skills to provide them with support.
- Staff told us they were able to approach the manager for support and advice at any time. Feedback included, "I feel supported by [manager]. I have never been supported by a manager like this in any other job." And, "[Manager] is always there and will always come back to you if they are unable to speak to you straightaway."

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

- Where required, people were supported to maintain a healthy and balanced diet. Their care plans contained guidance for staff to ensure their personal preferences were offered.
- The manager informed us no one had any specific dietary needs. They advised they would liaise with the speech and language team (SALT) should anyone required additional support.

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

- The service offered flexibility with the timing of care call visits to enable people to attend health appointments.
- The manager worked closely with health and social care professionals such as social workers, district nurses and GPs to help achieve good outcomes for people. They placed importance on developing these

relationships. They said, "We have very good relationships with placement teams, district nurses, GPs, social workers, physios and occupational therapists on a daily basis. We have a good channel of communication."

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. 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 checked whether the service was working within the principles of the MCA.

- People's capacity was assessed and recorded.
- Staff understood the need to provide people choices. People told us staff obtained their consent before providing support. One said, "They always ask before doing anything." A relative told us, "I am happy with what I have observed [name] doing. They are really kind and try their best in nice ways to get things done but knows they cannot force [person] to do anything."
- Staff had not received MCA training. The manager informed us they were in the process of assigning MCA e-learning training for staff to complete.
- The manager demonstrated a good understanding of the principles of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and relatives were treated with dignity and respect and, without exception, told us staff were kind and caring. Feedback included, "I have to say they are very helpful and friendly. It's nice they come in and see me. They talk to me that means a lot as I am on my own and I hardly see anyone as nobody is about at the moment." And, "They're marvellous they come every day. I feel safe when they are here. They are very caring. They are very good I cannot grumble about anything."
- Relatives gave us examples of how staff demonstrated a caring approach. One relative said, "I am happy with what I have observed [name] doing. They are really kind and very helpful and do the extra little things to try and help us all out."
- Staff had a good understanding of people's individual needs, preferences and personalities.
- Equality and diversity needs were assessed during the assessment process. We saw information relating to people's protected characteristics such as their gender, age, marital status, ethnicity and religion. However, people's sexual orientation was not asked. The manager told us they would ensure all protected characteristics would be incorporated in the future and said no one would be discriminated from accessing the service.

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

- People and relatives were regularly asked for their views on how their care was being delivered.
- The manager worked alongside the staff team in the delivery of care. They told us they used this as an opportunity to gain feedback from people about the quality of the care.
- A satisfaction survey was sent out to people and relatives in June 2020 to provide feedback on the quality of care. We noted from the responses received that everyone confirmed they received a good quality service.

Respecting and promoting people's privacy, dignity and independence

- People and relatives told us they were always treated with dignity and respect and their privacy maintained.
- People were encouraged to maintain their independence. Care plans reflected people's strengths and described tasks they liked to do themselves. Staff gave examples of how they promoted people's independence. One member of staff said, "It's important for people to have choices, make their own decisions and be as independent as they can." Another said, "I help people to do as much as they can for themselves. For example, [name] struggles with getting dressed so I put on their top as this is the bit they struggle with and they do the rest. I don't just want to go in and do it for people, it is my job to learn what people can/cannot do for themselves."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- Support was tailored to people's needs. Care plans were person centred and provided information to staff on how to support people in line with their preferences. One person told us, "They always ask how I like things or want things done. [Name] chats a lot always asking how I prefer things."
- Staff confirmed any changes to people's needs for example, following hospital discharge or a change in their prescribed medicines, were communicated to them in a timely way.
- People confirmed care files were kept in their homes and they could view these at any time.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were assessed, and this was recorded in care plans, so staff knew the preferred way to communicate with people.
- The manager told us they would always ensure people received information in a format which they could understand; for example, large print, audio, pictorial and information printed on coloured paper.

Improving care quality in response to complaints or concerns

- The service had a complaints process in place which recorded the nature of the complaint, and included the steps taken to resolve the complaint and the outcome.
- There had been one complaint received since the service became operational around the timing of a person's care call visit. Records showed this had been promptly dealt with.
- Clear guidance was available to people on how to raise a complaint.
- People and relatives felt confident any concerns would be listened to and acted upon.

End of life care and support

- At the time of our inspection, no one using the service was receiving end of life care.
- The manager placed great importance on high quality end of life care and confirmed they would work with healthcare professionals should this occur.
- Staff had not been trained in end-of-life care. The manager informed us they had been in the process of sourcing training, but the pandemic had delayed this.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The service is required to have a registered manager. There had been no registered manager since July 2020. The manager was the owner of the business and advised us they would immediately submit an application to the Commission to register as the registered manager. This was received shortly after our inspection.
- Quality assurance systems and checks were in place to monitor the quality of the service.
- The manager had oversight of the service on a day to day basis. They delivered care and support to people alongside their staff. They were knowledgeable and committed to providing high quality care for people. They said, "I am very much involved and am out in the field a lot overseeing and making sure everything is ok."
- Staff enjoyed working at the service and were clear on their roles and responsibilities. They said they felt supported and valued and spoke highly of the manager.
- Morale amongst staff was positive, and staff told us communication was good and they worked well together as a team.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager encouraged a positive, inclusive and empowering culture and was committed to ensuring all staff promoted person-centred high-quality care to achieve the highest possible outcomes for people. They led by example and was highly visible within the service. They said, "We are like a close-knit family we work together and put the service user first. We want to achieve the one goal which is to put a smile on everyone's face, whilst ensuring we are providing a quality of care which is person centred. I work closely with the staff and am continuously instilling our values with the carers encouraging them to remember and maintain them every day."
- Virtual staff meetings were held which provided a safe environment during the pandemic for staff to attend. One member of staff said, "We get a message to advise when the meeting is taking place. Meetings are virtual because of Covid. [Manager] talks about things and we get the opportunity to feedback and put our views forward."
- The provider sought a good range of feedback from people and their relatives, which was consistently positive. This included carrying out regular telephone reviews and visiting people in their homes to ask them about their experience.

- People and relatives said, without exception, they would recommend the service to others.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The manager understood the duty of candour and their duty to be open and honest about any incident which caused or placed people at risk of harm.
- Systems were in place to ensure any accidents, incidents or safeguarding events were managed in an open and honest way, so everyone involved was kept up to date with progress and the staff team learnt lessons from situations when things went wrong.
- Both the manager and staff were co-operative throughout the inspection process. They demonstrated good knowledge of the service and the needs of the people who used it.

Continuous learning and improving care; Working in partnership with others

- The manager recognised the importance of learning and improving the quality of care. Spot checks and audits were undertaken to help the service improve.
- The manager was in the process of reviewing the current structure, with a view to empowering their staff to take on more responsibilities. They had also employed an external consultant to support them in monitoring the quality of the service.
- Staff worked in partnership with people, relatives and health and social care professionals to ensure care was delivered in a way which met their needs and preferences. A healthcare professional told us, "I have called service users regarding quality etc. The feedback has been very positive."