

Ixceed Health UK LTD

IXCEED HEALTH UK LTD

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

Ixceed Health UK Ltd is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 6 people receiving personal care from the service.

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

The registered manager was still developing systems to support their oversight of the service and to improve the detail in care plans. Due to the size of the service, we found limited impact from this. There was a new electronic system which helped senior staff check visit times and provide up-to-date guidance to staff. Feedback from families and relatives was largely positive. The registered manager had been committed to resolving issues when people and their representatives raised concerns.

The registered manager had worked hard to encourage staff to spend time chatting to people and not rush. This was improving. Staff told us the registered manager led by example and was committed to providing good quality care.

People were supported by consistent staff who knew them well. Care was respectful and staff supported people to remain independent.

There were enough safely recruited staff to meet people's needs. Senior and care staff protected people from the risk of abuse. They supported people safely with their medicines and to minimise the risk of infection.

The registered manager enabled staff to develop their skills and provide good quality care. There was a positive culture of reflection and learning. Staff supported people to eat and drink in line with their preferences. Staff worked well with people, families and professionals to promote people's health and wellbeing.

Care was personalised around people's needs and preferences. Staff reviewed and altered support with people as their needs changed.

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.

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 5 April 2022 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 not always well-led.

Details are in our well-led findings below.

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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 Health and Social Care Act 2008.

Inspection team

The inspection was carried out by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service notice of the inspection. This was because we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 1 September 2023 and ended on 7 September 2023. We visited the location's office on 4 September 2023.

What we did before the inspection

We reviewed information we had received about the service, including information from a monitoring phone

call we carried out with the service in January 2022. We sought feedback from the local authority and professionals who worked with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and the care manager. We reviewed a range of records. This included 3 people's care records and 3 staff files. We looked at a sample of the service's quality assurance systems including medication and care plan audits.

Following the office visit, we continued to seek further clarification from the registered manager and signposted them for guidance to the local authority quality team. We spoke with 1 person using the service and 3 relatives. We had contact with 4 staff by phone or email.

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 of 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

- Senior and care staff understood their responsibilities to safeguard people and worked with external professionals to ensure people were safe.
- The registered manager was not fully clear of their duty to notify CQC as well as the local authority if they had raised a safeguarding. This had not had impact due to the size of the service and they assured us they would refresh their knowledge on their responsibilities in this area.
- Staff had received safeguarding training to ensure they had up to date information about how to promote people's safety. People and their representatives told us they trusted staff to support them safely.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Senior staff carried out risk assessments which provided practical advice to care staff and made people's lives safer. They highlighted basic details about risks and what staff could do to keep people safe, such as using creams for a person at risk of pressure sores.
- There was some room to improve the level of detail of risk assessments, in line with best practice. There was minimal impact from the lack of detail and people received safe care. However, this was an area to be improved as the staff team grew.
- Following a monitoring call with CQC the registered manager had improved how they reviewed and recorded incidents and accidents. Staff now recorded incidents, such as falls. The incident forms provided the registered manager with clear information and showed the prompt action they had taken when a person had fallen.
- The registered manager had provided staff with advice on how to use a body map, which is a form for staff to record any changes, such as redness or bruising. This supported the registered manager to monitor safety. A member of staff had used a body map to alert senior staff about the help a person needed.
- The registered manager was committed to improving care when things went wrong. Team meeting minutes and other records showed they used feedback to drive improvements in staff practice.

Staffing and recruitment

- A relative had told us they were sometimes uncertain staff stayed the agreed time. There was a new electronic system to record staff visit times. We viewed recent electronic visit logs which showed visits times were usually as planned. This new measure supported the registered manager to have improved oversight and provided reassurance to people and their representatives.
- People, relatives and staff told us there were enough staff to keep people safe. People received support from a consistent team of care staff. When required, the registered manager and other office staff provided care.
- Rotas were well organised. Staff were given time to travel which meant they were able to support people as

planned. A person told us, "They were only late once but they phoned to say there was traffic."

- Recruitment processes were followed to ensure staff employed were suitable for the role. This included obtaining a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Using medicines safely

- Medicine care plans gave some guidance on the support people needed with their medicines. Staff supported people to take their medicines safely and as prescribed. Medicine administration was recorded on the new electronic system which helped to improve safety and highlighted any concerns such as missed medicines.
- Staff who administered medicines had received relevant training, and senior staff had assessed their competency to ensure they had the skills to support people safely.
- Staff received practical advice about how to administer medicines safely. The registered manager had reminded them in a meeting to ring the office if they saw a person had been prescribed a new medicine to ensure they were providing safe support.

Preventing and controlling infection

- The provider was supporting people to minimise the risk of infection in their homes.
- Staff used personal protective equipment (PPE) effectively and safely, in line with existing guidance.
- Staff spot checks and surveys were used to monitor staff support around infection control.

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

- Senior staff carried out assessments of people's needs and produced care plans to advise staff of the support required. These care plans lacked detail. For example, a care plan referred to a person using a walking aid but did not give staff any other information.
- However, we did not find any impact from the task-based care plans as a consistent staff team supported a small group of people. The team had a phone call every Monday morning to discuss people's needs and any changes. Greater detail would be needed in care plans in the future as the service grew to ensure all staff had access to information about people's needs.

Staff support: induction, training, skills and experience

- Staff had the skills to meet people's needs. New care staff completed the Care Certificate. The certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Training was a mixture of online courses and practical sessions. There was an effective system to record staff training and support the registered manager to ensure there were no gaps.
- Staff told us the training prepared them well for their role. The provider supported staff to develop professionally, encouraging staff to go on health and social care courses. Supervision sessions picked up issues of concern and addressed them, such as setting up additional medicine training.
- The registered manager used their background as a health professional to promote reflective learning. A senior member of staff told us, "Staff may have issues and say, 'I don't know how to work with this.' If there is anything someone doesn't understand we pick it up from there. We always use scenarios to help them."

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

- People were supported to eat and drink in line with their needs. Daily records showed people chose the food they wanted and staff supported them to have a varied diet. Daily records showed a person had cupcakes for tea one day and a cheese and salad sandwich the following.
- The service supported people with specific dietary needs, for example in preparing soft foods for a person at risk of choking. The registered manager described how in the past they had supported a person with more complex needs in this area and they had worked with the district nurse to ensure they received safe care.

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

- Staff were alert to people's health care needs. They had contacted a district nurse for them to visit a person when they were concerned about their health and had contacted health professionals after another person had fallen.
- Senior staff provided guidance in meetings to staff about key areas of concern to support them to promote people's wellbeing, such as how to avoid pressure sores.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- We found the service was working within the principles of the MCA. Care plans considered whether a person had capacity to make decisions about their care.
- Most people at the service had the capacity to make decisions about their day to day care. Staff understood people's right to make their own decisions and supported them to make choices.

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;

- We had feedback from a relative that some staff rushed care. We found the registered manager was aware of this issue and was working to improve this. Minutes of a team meeting stated, "What are you rushing for after personal care? Let's all form the habit of chatting with the client because it makes them happy." Staff were also reminded to read care records to get to know people better.
- The people and families we spoke to told us staff were caring. They told us, "They are so kind. They can't do anything better," and, "They are very kind, not overly fussy."
- The registered manager and senior staff promoted a respectful approach to care. The care manager told us, "I think because we are small it's like a family atmosphere." They had written personally to a person to let them know there were roadworks locally which might affect visit times.
- Care staff knew the people they supported and were compassionate when speaking about them.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- We found an example where concerns were raised that staff had not ensured a person's privacy when providing care. The registered manager had taken this seriously and spent time addressing this with staff. Daily records showed staff recorded how they promoted people's privacy. For example, closing curtains when carrying out personal care.
- The registered manager promoted a culture of respect throughout the organisation and encouraged staff to support people to remain independent.
- There was a focus on developing a service which was led by the people receiving care. A senior member of staff told us, "We come in and explain care should be how they (people) want it rather than us coming in and boss them around." Care plans confirmed this approach. A person's care plan asked staff to check whether a person wanted a shower or wash and to be directed by their choice.

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.

Improving care quality in response to complaints or concerns

- People and their representatives were given information about how to complain. We had a concern raised with us about quality of care and found the registered manager was already working to resolve the concerns raised. They had involved health professionals to support the care of the person. The registered manager had met with the person and provided a response to their concern.
- The registered manager had a complaints policy and systems in place to record and track complaints but were not using them effectively. This did not have an impact as the few complaints which had been received had been investigated and addressed promptly. After the inspection the registered manager sent a completed complaints log in response to our feedback.

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

- Care was personalised around individual needs. The service responded flexibly where possible to adapt to people's preferences. During the office visit we heard a phone call where a person's visit times were adjusted due to a family event.
- Care was adapted when people's needs changed. Senior staff reviewed people's care with them and their representatives to ensure the support continues to meet their needs. For example, a review had considered a person's needs when they had started to be cared for in bed.
- Daily records showed the care was adapted and directed by people. Staff were encouraged to promote people's choice and control.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The registered manager had worked hard with some staff to improve communication skills which would help them give people clear information about their care.
- Care plans gave some guidance about communication though currently there was no one with complex needs in this area.

End of life care and support

- At the time of the inspection the service was not supporting anyone with end of life care. The registered manager told us they had completed training on palliative care and provided training and guidance for staff.

- A review of the care provided showed us the service adapted flexibly to ensure staff had the necessary skills as people's needs changed.

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; Continuous learning and improving care

- The registered manager had a number of systems in place which were not always used fully, for example, some quality checks were a series of tick-boxes and lacked detail. We found minimal impact from this as the service was only supporting 6 people.
- Other systems were used effectively and made things better. Regular audits and quality checks took place, for example, observations of care and checks of equipment used by staff to support people's mobility. A detailed spot check with a member of staff had picked up areas for improvement which were then addressed in individual meetings with the member of staff.
- Many of the best quality checks were not recorded, for example a senior member of staff told us, "We (senior staff) pop in to provide a personal touch and check they are happy." We discussed with the registered manager about ensuring they used their governance systems more effectively as their service grew.
- A month before the inspection the registered manager had purchased a new electronic system to improve how they monitored the service. Although it was still being implemented, we could see that it would be used to improve the service people receive. Senior staff had discussed in a management meeting how they could use it to highlight any possible missed visits.
- The registered manager improved the service by promoting reflection and learning across the whole staff team, through role-play and discussions. They told us they had made changes after a monitoring call with CQC. For example, they had increased the frequency of their medicine audits.
- Roles were well defined at the service. The care manager told us, "My job is to offer a bit more of a personal face to people and relatives." Relatives confirmed they had met with the care manager who had asked them about the quality of care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people;

- The registered manager was committed to supporting people to achieve positive outcomes. They had met with a member of staff to discuss how they could improve their communication and told us, "I got them (the staff member) to shadow our best team to improve."
- Staff told us how the registered manager led by example. A member of staff told us, "They are very passionate about caring and want things to be the best they can be."

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

characteristics; Working in partnership with 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

- Families and people completed surveys to feedback about the service.
- Staff gave us positive feedback about their registered manager. A member of staff said, "The registered manager is very hands on. I couldn't ask for a better manager; they always try to find a solution."
- Staff told us the registered manager encouraged an open culture and they felt able to speak out.
- Senior and care staff worked with health and social care professionals, such as district nurses to ensure people received consistent care.