

IHI Care Services Limited

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

IHI Care Services Limited is a domiciliary care agency providing personal care and support to people living in their own homes. At the time of the inspection the service was providing personal care to 56 people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided

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

The provider carried out recruitment checks to ensure staff were suitable for the role. Some improvements were required such as ensuring reference verification checks documentation contained the name details and date of the staff member completing the check. In addition, ensuring all recruitment records contain evidence of reference requests sent to ensure there is an adequate audit trail.

Systems were in place to protect people from the risk of abuse and harm.

People's support needs were risk assessed and care plans provided staff with the information they needed to manage the identified risk.

Staff had the necessary skills to carry out their role. Staff had regular training opportunities and training specific to people's individual needs was provided.

People received their medicines as prescribed. Where people required 'as and when' medicines (PRN) staff knew when to administer them and how to record them. Staff had received medication training and checks of their competency to administer medicines safely had been completed.

Infection control policies and procedures were in place to keep people safe.

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

The management and care team ensured they supported people in a person-centred way to reflect people's equality and diverse needs.

The quality of care provided was continually assessed, reviewed and improved. People using the service, relatives and staff were given the opportunity to provide feedback. Audits took place to ensure the quality of the service was maintained.

The service worked well with health and other professionals to ensure people's needs were met.

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

Rating at last inspection

The last rating for this service was good (published 26 April 2019).

Why we inspected

We received concerns relating to recruitment processes and references checks. A decision was made to inspect the service to look at these concerns. For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating. We found no evidence during this inspection that people were at risk of harm from this concern.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection 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 well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

IHI Care Services Limited

Detailed findings

Background to this 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

The inspection was carried out by one inspector and one Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we needed to be sure the registered provider and staff would be in the office to support the inspection.

Inspection activity started on 15 March 2022 and ended on 18 March 2022. We visited the location's office on 15 March 2022.

What we did before inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection process we spoke with four people and four relatives. We spoke with six members of staff including the registered manager, care manager and two care-coordinators.

We reviewed a range of records. This included four people's care records. We looked at nine staff files in relation to recruitment. We looked at medicine administration records and processes. We also looked at a variety of records relating to the management and quality assurance of the service.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at quality assurance records.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

- The provider had recruited several people who did not have any prior employment history. As a result, the provider obtained two-character references for those individuals and completed a character reference risk assessment. The risk assessment detailed actions the management team would take such as additional shadowing and spot checks to be undertaken for those individuals. We checked to see if these additional checks had taken place and records we reviewed evidenced all additional check had been completed.
- All staff references received were marked as verified, this was completed by a senior staff member making telephone contact with the named referee. Improvements were required as the recorded verification information did not always contain the name of the staff member who conducted the reference verification check and what details were discussed. A verification check is important for character references as it helps to ensure the information is accurate and has been submitted by the correct individual. We raised this with the registered manager and after the inspection we received an updated reference form with a new section added for staff members completing a verification check to record their name, date and an overview of what was discussed.
- We found the provider had completed background checks for people with the Disclosure Barring Service (DBS). Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- The registered manager told us the funding hours provided for each person and records confirmed these staffing levels were provided. This meant people received the right amount of care for their assessed needs.
- People and their relatives told us staff to were trained well and professional. One person told us, "New staff shadow, and are helped with personal care to ensure safety. The staff speak so nicely, and it is always please and thank you."

Assessing risk, safety monitoring and management

- Where risks were identified to people's safety, assessments were in place to guide staff on how to keep people safe. For example, some people were identified as having health conditions such as diabetes, risk assessments in place gave staff members clear instructions on how to manage the health condition and signs to look out for to ensure the condition was being managed safely.
- Staff we spoke with knew the risk's to people's safety and how they should address these. Staff had completed training and knew how to support people safely.

Systems and processes to safeguard people from the risk of abuse

- People and relatives, we spoke with told us they felt safe. One person told us, "I am very happy with the care, very much so." One relative told us, "I am happy with the company and the staff arrive on time. The

staff will inform me if they will be late."

- Staff knew how to recognise potential abuse and protect people from it. Staff had received training on how to keep people safe and described the actions they would take where people were at risk of harm. One staff member told us, "Our role is always to keep people safe. If I witnessed any type of abuse, I would intervene protect the person and I would tell the management." Another staff member told us, "If I was unhappy with how a safeguarding incident had been managed, I would contact the police, local authority and CQC."
- Where a safeguarding incident had been identified, the relevant agencies had been notified and action had been taken by the service provider to reduce the risk of a recurrence. There were systems in place to monitor staff performance and actions to be taken, to reduce the risk of recurring poor performance.

Using medicines safely

- Where people received support with their medicines, this was managed safely.
- Staff told us they had received medication training and had their competencies assessed during spot checks completed by managers.
- Staff completed medication administration records (MARS) to show what medicines they had administered. Where people required as and when medicines (PRN) staff knew when to administer them and recorded this.

Preventing and controlling infection

- Staff received training in infection control and were able to tell us the correct and safe use of equipment. Staff told us personal protective equipment (PPE) was available and we saw staff had access to a good supply of PPE. People and relatives, we spoke with, told us staff always wore PPE.
- Risk assessments were in place for those who were at greater risk from COVID-19. The provider had up to date policies and procedures.
- All staff participated in weekly COVID-19 testing which the registered manager monitored.
- The office layout meant that staff could socially distance whilst at work.

Learning lessons when things go wrong

- The provider had a system in place to analyse any accidents and incidents, so trends were identified and learning from incidents took place.

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.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 requirement

- Prior to the inspection we received concerns relating to the provider's recruitment processes and reference checks. We found no evidence during this inspection that people were at risk of harm from this concern. We found two staff members did not have a reference from their last social care role. It is best practice to try and obtain a reference from an individual's last social care role even if you also have their most recent two job role references. The provider stated they tried to obtain last care role references for those two individuals however the former employers did not complete the requested form and as a result they obtained an additional character reference. When asked to show us evidence the request had taken place the provider was unable to provide this. The provider's audits should have identified these gaps in recording information. The registered manager confirmed they would record all reference requests and save all emails sent to former employers so that in future they would have an audit trail.
- The provider had systems in place to monitor and review the quality of the service. Audits of the service were completed to ensure the provider was meeting peoples' needs and any identified issues were resolved.
- The management team and provider were clear about their roles and were committed to providing a high-quality service for people.
- Staff told us they felt well supported by the registered manager and the provider. One staff member told us, "The registered manager and the management team are approachable, they listen to what you have to say and offer support". Another staff member told us, "The registered manager is always approachable, I often go into their office and discuss improvements we can make to the service". Staff told us they were clear about their responsibilities and received positive feedback when things went well.
- The management team had contingency arrangements in place to ensure the service delivery was not interrupted by unforeseen events. For example, the COVID-19 pandemic, we saw there were plans in place to ensure care tasks would be completed.
- The provider had notified CQC, as required to do so by law, and other agencies of any matters of concern and incidents that affected people who used the service.

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

- The management team and staff demonstrated a commitment to people and they displayed strong person-centred values.
- Staff knew people and their needs well and they told us they felt supported in their role. Staff could tell us

about the improvements people had made since receiving support from the service and they were looking to explore with people how they could support them to enhance their lives further.

- Staff meetings were held and detailed records of the meeting were available.
- One person told us, "I have no complaints. If I did, I would tell the office. I have the office number to call. If I was worried about anything, I would tell the staff, I feel safe with the staff."
- The provider told us they only took on care packages if they could meet people's needs and provide them with good quality care.

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

- People and relatives had been given opportunity to feedback on the quality of the service via structured monthly feedback calls. We reviewed the most recent recorded responses and found they were mostly positive. Any issues identified from the feedback calls were investigated and resolved.
- People and their relatives felt able to speak with staff and management when needed and felt their feedback would be listened to. One person told us, "We are contacted by the office about once a month and they ask if all is well. "

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 management team were open and honest and knew how to comply with the duty of candour. Duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- The provider had whistleblowing and safeguarding procedures in place and staff knew how to raise concerns with the local authority and the Care Quality Commission (CQC) if they needed to.
- The management team monitored the culture of the service and staff team by various means including providing direct care at times and working alongside staff, unannounced spot checks and formal meetings.

Continuous learning and improving care

- Audits and monitoring systems had been used effectively to drive improvements.
- The management team told us they accessed support from a range of external health care professionals to support people with their needs and records demonstrated this
- The management team encouraged and supported staff to develop their skills and knowledge to support their professional progression.

Working in partnership with others;

- Staff worked in partnership with health and social care professionals to ensure people had the care and support they needed to maintain their health and wellbeing.