

IHI Care Services Limited

Offices of IHI Care Services Limited

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

What life is like for people using this service:

The service had continued to provide a quality service. People using the service spoke positively about the management team and staff and confirmed their package of care was being delivered in a way and at a time that met their needs.

People were assisted to have maximum choice and control over their lives. It was evident through discussions with people that staff felt supported and morale was good. Everyone was committed to ensuring people received care and support based on their preferences and life choices. People who used the service, relatives and staff members spoke positively about the service and the management team.

Systems and processes within the service were continually reviewed to ensure people were safe. Relatives told us staff knew people well and had built positive relationships in a manner that promoted dignity.

People had an active say in how the service operated and managed, through face to face discussions with the registered manager or care coordinators. The care package was reviewed in consultation with people using the service and changes to the package accommodated.

Good governance systems and processes were in place to ensure the service operated safely and within current legislation. Staff files provided evidence, safe recruitment practices were in place and all staff were suitable to work with vulnerable people. Care plans and risk assessment for people who used the service were in great detail and provided staff with clear directions on how the person wished their care to be delivered.

Care was delivered in a person centred way and always with the consent of the person. People were protected against abuse, neglect and discrimination through good safeguarding processes. Staff understood what constituted abuse and the subtle signs to look for. They confirmed they had received safeguarding training and knew the reporting process well.

More information is in Detailed Findings below.

Rating at last inspection:
Good (report published 15 March 2016).

About the service:

IHI is a home care agency and provides care and support to 51 people in the community living in and around Smethwick and surrounding areas. The office is centrally located in Smethwick for people to access or a member of the management team will carry out a home visit to provide information about the service.

Why we inspected:

This was a planned inspection based on the rating at the last inspection. The service remained rated good overall.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme or if any issues or concerns are identified.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service remains Good

Details are in our Safe findings below.

Good ●

Is the service effective?

The service remains Good

Details are in our Effective findings below.

Good ●

Is the service caring?

The service remains Good

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service remains Good

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service remains Good

Details are in our Well Led findings below.

Good ●

Offices of IHI Care Services Limited

Detailed findings

Background to this inspection

The 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 checked whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

The inspection team:

Consisted of an adult social care inspector.

Service and service type:

This domiciliary service provides personal care to people living in their own homes 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:

This comprehensive inspection visit took place on 11 February 2019 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service to people who lived in the community. We needed to be sure that we could access the office premises and speak with people.

What we did preparing for and carrying out this inspection:

Before our inspection we completed our planning tool and reviewed the information we held on the service. This included notifications we had received from the provider, about incidents that affect the health, safety and welfare of people supported by the service and previous inspection reports. We also checked to see if any information concerning the care and welfare of people supported by the service had been received. This helped us to gain a balanced overview of what people experienced receiving a service from IHI care Services Ltd.

As part of the inspection we used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection, we spoke with three people using the service and three relatives to ask about their experience of the care provided. We also spoke with the provider, registered manager, two care coordinators and four care staff. We looked at four people's care records and a selection of medicines and medicines administration records (MARs). We looked at other records including quality monitoring records, recruitment and training records for four staff members.

Details are in the key questions below.

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm

People were safe and protected from avoidable harm. Legal requirements were met.

Assessing risk, safety monitoring and management

- The service had safe and effective safeguarding systems in place and all staff spoken with had a good understanding of what to do to make sure people were protected from harm.
- Staff knew how to recognise the signs of abuse and report any concerns internally and externally.
- People had individual risk assessments in place. Risk assessments identified risks in relation to people's environment as well as their health and social needs.

Staffing levels

- We found appropriate arrangements were in place and as a way of mitigating the risk of missed calls the provider employed two additional staff. These were on call should a member of staff ring to say they were unable to attend a call for any reason.
- People who used the service told us they are very happy with staff and have never been let down and said, "Even in the bad weather they arrived."
- The registered manager continued to have good systems in place for recruiting staff.

Using medicines safely

- One person we spoke with who used the service required support with their medicines. They told us, "I could not manage without them, they make sure I have my tablets and use my cream they have even come back in their own time to make sure I have cream on."
- Medicines were managed safely. All records relating to medicines and the support people received were all fully completed and reviewed in line with the National Institute for Health and Care Excellence (N.I.C.E.). This showed the service had systems to protect people from unsafe administration of medicines.
- An audit of medication records takes place on a monthly basis to ensure safe medicines had been administered safely.

Preventing and controlling infection

- Staff had received training in relation to infection control and understood their responsibilities.
- Staff we spoke with confirmed they had access to personal protective equipment [PPE] such as aprons and gloves.

Learning lessons when things go wrong

- Incidents and accidents were well documented, there was evidence to show what action had been taken, what follow up was required and what lessons had been learned to reduce any future risk.

Is the service effective?

Our findings

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

People's outcomes were consistently good, and people's feedback confirmed this.

Staff skills, knowledge and experience.

- People continued to receive an effective service from staff who understood their needs. Relatives and people who used the service told us, "The staff are very good. We've been amazed at how well they work, we are very lucky." Another person told us, "They are very good. I have nothing but praise for them I am getting the best care possible."
- All the staff we spoke with confirmed they had an induction when commencing employment, also they attended various training courses and were supervised by management team. One staff member told us, "Yes I completed an induction and was shadowed when I started. The support you get is really good you can ring the office at any time and they have the answer at their fingertips."
- Training was delivered in a number of ways. There was on line training and the registered manager and care coordinators arranged and delivered face to face training.
- Specialist trainers are arranged for specific subjects, for example epilepsy and nutrition.

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

- Care files contained detailed information that confirmed assessments of people's needs were completed prior to them receiving the service.
- The care plan provided staff with everything they needed to know they were well written, in a format that provided a full and comprehensive picture of the person and the care they required.
- Assessments obtained from other health and social care professionals were used to plan effective care for people.
- Records we looked at showed that regular reviews of people's care and support was undertaken and care plans were updated when people's needs had changed.

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. 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. We checked whether the service was working within the principles of the MCA and if any applications had been made to the court of protection.
- MCA and DoLS training was included as part of the induction so that staff had an understanding of the legislation. The registered manager and care coordinators understood their responsibilities in relation to this legislation

Supporting people to eat and drink enough with choice in a balanced diet.

- One person who used the service told us, "The staff that comes have to help me with food preparation as I cannot do it for myself. They cook good food and help me make health choices."
- Care records clearly documented the nutritional needs of the person together with any likes, dislikes and cultural requirements.
- Staff informed us they had completed food and hygiene training to ensure they were confident with meal preparation.

Staff providing consistent, effective, timely care.

- Staff, if required supported people to attend hospital appointments or arranged for home visits from specialist health professionals, such as District Nurses or Occupational Therapists. People who use the service had access to their own GP and all community resources.

Adapting service, design, decoration to meet people's needs.

- The service adapted its delivery to meet the needs of the individual.

Is the service caring?

Our findings

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

People were supported and treated with dignity and respect and involved as partners in their care.

Ensuring people are well treated and supported

- Without exception all staff were extremely respectful and they never felt their dignity and privacy was compromised.
- Care plans and risk assessments provided evidence care was planned and delivered in a person centred way which promoted independence.

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

- Information contained in people's care records included details of their cultural and religious needs. Care plans demonstrated information had been obtained by the individual or in cases when this was not possible their partner or nearest relative.
- People who used the service told us staff carried out their duties in a way that made them feel comfortable and unhurried. One person told us, "I like to be independent the staff always give me time to do things for myself."
- People were consulted about their care and support needs. Care records included people's views about how they wished to be supported. People felt in control of the care they received and told us that they made the decisions about their care and support.
- The service gave people details an advocacy service they could access.
- The provider, management team and staff demonstrated a sensitive and compassionate approach to protect people's human rights.

Respecting and promoting people's privacy, dignity and independence

- A person who used the service told us, "Staff are respectful, treat me as an individual and made an effort to get to know me." A relative told us, "Would be lost without them we are lucky to have such kind people helping us, nothing is too much trouble."
- Communication between the management team was excellent.
- All staff were aware of the need for confidentiality and all had completed the data protection training.
- A relative who was new to the service said, "The delivery of personal care is excellent they always treat [relative] with the upmost dignity I have been very pleased."

Is the service responsive?

Our findings

Responsive – this means that services met people's needs.

People's needs were met through good organisation and delivery.

Personalised care

- People were satisfied with the quality of care they received. One person told us, "I'm very happy. I like all the carers." A relative told us, "I could not ask for more. [The person] is getting everything they need. I am satisfied with personal care, [The person] is clean and tidy, eating properly and safe." Another relative commented, "They do an absolutely fantastic job."
- A great deal of time had been taken into developing information held in care files. All information was written in great detail and provided staff with everything they needed to provide care in a person centred way.
- The provider and registered manager were aware of the need to make information accessible to people. If required information would be provided in an appropriate format, for example pictorial or translated into a different language.

End of life care and support

- The service was currently not supporting anyone requiring end of life care. All staff had received training in order people can stay at home if they wish to do so. The registered provider told us they provided care in a person's own home, he told us, "It is important that we feel equipped to support people at this time."

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure which was made available to people and their relatives. The procedure was clearly explained and set out the action the provider would take in handling a complaint. People and their relatives knew how to make a complaint and told us they would do so if the need arose. At the time of our inspection visit, the provider had not received any complaints.

Is the service well-led?

Our findings

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

The service was consistently managed well led. Leaders and the culture they created promoted high-quality, person centred care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- We found there was a clear management structure in place. This was headed by the registered manager and the management team. During the inspection we spoke with each member of the management team all were clear of the lines of responsibility and accountability. This was a cohesive team and one that demonstrated a team approach. All were knowledgeable and familiar with the needs of people they supported.
- Systems involved meetings with staff and people who used the service to ensure the delivery of care continued to improve.
- Staff spoke highly of the management team, all stated the support they received was excellent. They told us all they had to do was ring the office and there was always someone able to offer the support needed.

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- The service continued to provide a good service. The management team were open and transparent. Records and discussions provided evidence the management team want to continually improve the service they provided.
- The provider had plans to develop the service further. All plans were being developed to ensure people that used services get the best quality and consistent care. For example the development of a luncheon club to prevent isolation and the purchase of vehicles that can still be used in bad weather in order that calls are not missed.

Engaging and involving people using the service, the public and staff

- People that used the service were asked for their views about the service they received by way of face to face discussions with a member of the management team. Regular reviews take place. One of the care coordinators visits each person in their own home. This helped the management team gain the views of people in order that any short falls can be addressed.
- There were regular staff meetings and these were recorded. At each staff meeting the registered manager and staff would discuss how the service could be improved. Staff confirmed suggestion and ideas were welcomed and they are never undermined when they voiced their opinion.

Continuous learning and improving care

- The provider had effective systems in place to assess and monitor the quality of care provided. This included audits of people's care plans, risk assessments, daily notes, staff training, supervision and

accident's and incidents. This meant improvement could be made to continue to evolve and provide a good service for people.

- There was evidence that demonstrated that joint working with other professionals takes place. A range of health and social care professionals liaise with service. A care co coordinator explained that they are currently working and carrying out joint visits with the occupational therapist. This was to find the safest solution to a moving and handling situation currently being experience by a person using the service.