

Immediate Social Care 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 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: Immediate Social Care is a small domiciliary care agency which currently provides the regulated activity of personal care to three people. Care is provided by four care workers and the registered manager who is also the nominated individual of the service.

People's experience of using this service:

Medicines were managed safely and appropriate procedures around the safe administration of medicine were followed.

People who used the service felt safe with the support they received from the staff. People who used the service told us, "I had the same carer for a long time, he knows me well and I feel safe with him."

Care workers had good understanding of how to raise any concerns if they felt people who used the service were not safe or had been abused.

People and care workers told us they were listened to and that the provider would address any concerns they might have.

Usually the same care workers supported people who used the service. This maintained consistency and ensured that care workers knew people well and could build a friendly professional relationship with them.

Where people received support with their nutrition and hydration this had been documented clearly in their care plans.

Care workers received a wide range of training, which they said was useful. Care workers were supported by their manager and received frequent supervisions and of their performance and development.

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.

People received care that respected their privacy and dignity as well as promoted their independence wherever possible.

Most people were supported by their relatives to access external healthcare support, However, when people required support in this area, this was documented in their care plan and medical appointments were arranged if they felt unwell.

Care records and assessments were detailed and reflected people's needs and wishes.

The registered manager demonstrated compassion and commitment to the needs of the people who used

the service as well as the care workers who worked for them.

The service worked with external agencies. The registered manager promoted transparency, honesty and was approachable.

Rating at last inspection: Not Rated (Report published February 2016).

Why we inspected: This was a planned comprehensive inspection. During our last inspection we were unable to rate the service due to only person receiving the regulated activity personal care. At this inspection we rated the service 'Requires Improvement'.

Follow up: We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received, 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?

The service was not always safe

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was effective

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was caring

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led

Details are in our Well-Led findings below.

Good ●

Immediate Social Care 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 (the Act) as part of our regulatory functions. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one adult social care 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. It provides a service to younger disabled adults

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 48 hours' notice of the inspection visit because it is small, and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

We visited the office location on 23 January 2019 to see the manager and to review care records and policies and procedures.

What we did:

We reviewed information we had received about the service since the last inspection. This included details about incidents the provider must notify us about, such as abuse; and we sought feedback from the local authority and other professionals who work with the service. We assessed the 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. We used all this information to plan our inspection.

During the inspection we spoke with two people who used the service to ask about their experience of the care provided. We spoke with four members of staff, including the registered manager.

We reviewed a range of records. This included three people's care records. We also looked at four staff files around staff recruitment. Various records in relation to training and supervision of staff, records relating to the management of the home and a variety of policies and procedures developed and implemented by the provider were also looked at by us. Some information in relation to risk assessments and safe recruitment practices were requested following the inspection. We received these in a timely manner.

Is the service safe?

Our findings

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

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

Using medicines safely

- People did receive their medicines as prescribed. Relevant national guidelines about storing, administering and disposing of medicines were followed.
- Care workers were responsible for administering medicines to one person who currently received support.
- During our visit to the agency's office we checked people's care records and found limited information about the name of the medicines administered, the dosage and who and when the medicines were to be administered. Following our inspection the registered manager forwarded us information in relation to the missing information, which was kept in people's homes. This showed us that the service was following safe medicine management procedures and systems. The lack of this information may put the person at risk of receiving their

Systems and processes to safeguard people from the risk of abuse

- The service had systems in place to safeguard people who used the service from abuse. Care workers we spoke with demonstrated a good understanding of the procedure to follow to make sure people who used the service were protected from harm and abuse. One care worker told us, "First thing I would do is to inform [the] manager and write it in the notes. The manager would then tell me what to do."
- People who used the service told us that they felt safe with their care worker and relatives told us if they had any concerns in respect of unsafe care or support, they would speak to the registered manager. One person told us, "Yes I am safe, they [staff] are pleasant and dedicated about their job and keen to do it well."
- The service had up to date policies and procedures in relation to safeguarding people and care workers had received safeguarding training during their induction.

Assessing risk, safety monitoring and management

- Appropriate risk assessments were in place to ensure risks in relation to providing care to people were managed and minimised.
- Risk assessments identified the risks to people's safety, for example, when people required support for transfers using specific equipment. Guidance in how to manage the risk were detailed and any actions to minimise the risk were clearly documented.
- The risk assessments process included assessments of the risk in relation to the environment people lived in.
- Equipment used for transferring people who used the service was checked during visits are during the

environment assessment. The registered manager told us that she would contact the local authority if people required additional equipment.

Staffing and recruitment

- The service mostly followed safe recruitment practices and ensured that appropriate recruitment checks had been carried out on prospective care workers. However, on occasions we noted that while references for prospective employees had been obtained these had not always been verbally verified with the referee. We discussed this with the registered manager, who provided us with written evidence of verbally verification of references shortly after this inspection.
- Care workers told us that they usually had enough time to travel between calls. People who used the service told us, that they were satisfied with their care worker and that they mostly have the same care workers visiting them, this ensured consistency. One person said, "Yes, there are enough staff and I have had the same carer for a long time."

Preventing and controlling infection

- The provider had a detailed infection control policy in place. Care worker received infection control training during their induction.
- Care workers told us they used protective clothing such as single-use gloves and aprons when attending to people. People who used the service confirmed that this was the case.

Learning lessons when things go wrong

- The registered manager told us that there had been no reportable incidents or accidents, which was also confirmed in the provider information return sent to us. The registered manager told us, that she would discuss with care workers if an accident or incident happened and would also report it to the Care Quality Commission (CQC) or local authority if required.

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

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

- Records showed that people's needs were assessed at the start of the care package and further assessments were carried out yearly or if people's needs had changed. This ensured that the service knew they were able to meet people's needs.
- People who used the service told us that they had been involved in the assessment process and records viewed confirmed this. One person told us, "[Managers name] came around and we talked about what I needed, yes I would call it an assessment. I think my needs are met."

Staff support: induction, training, skills and experience

- Training records viewed showed that staff had received various relevant up to date training. Care workers told us that they thought the training was easy to access and clarified their roles and responsibilities.
- New staff received an induction and we saw that the service had started to base the induction on the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Care workers had received regular supervisions and annual appraisals to discuss their performance and development.
- People who used the service spoke positively about the skills and knowledge of care workers. One person said, "[Name] knows what they are doing and are very experienced."

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

- Where required people who used the service received support to eat and drink. We saw in records that people's specific needs to ensure they were safe when eating their meal were documented. Care workers we spoke with explained to us clearly how they supported people safely when assisting them to eat.
- People who used the service told us that care workers helped them preparing meals. One person said, "[Name] puts the food in front of me and I choose what I want."

Supporting people to live healthier lives, access healthcare services and support

- People's health care needs were dealt with by the person's family. However, care workers told us that they would call out the person's doctor if they realised that the person was unwell or would contact the emergency services.

- The registered manager told us that in exceptional circumstances staff would support people to go to health appointments, but this was mostly done by the person's family.

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.
- All people currently receiving care by the agency had capacity to make their own decisions.
- We asked staff what they would do if this would change. They told us that they would speak to the manager, but also talk to the person's family, friends or any other significant person and a decision might be made in the person's best interest.

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

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

Ensuring people are well treated and supported; equality and diversity

- People who used the service and their relatives consistently told us that they were well treated and supported. One person told us, "[Name] is very caring. For example, when they help me to go to bed and I tell them I am uncomfortable they plump up the pillow and makes me comfortable."
- Care workers we spoke with, talked about people with kindness and compassion. One care worker told us, "It is important that I take my time, [name] is very slow and I have to adapt to [name] pace. We know each other well."
- Care workers had a good understanding of equality and diversity and told us that they would treat everybody as an individual. One care worker said, "Everyone is treated equally, does not matter what they believe in. That is how expect to be treated and that is how I treat anybody else."
- People who used the service told us that they were very well cared for by the care workers who visit them. One person told us, "They [carers] are very caring and always listen to me."

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

- Care workers knew people well and had built a good professional relationship with the people they looked after. One person told us, "I have had the same carer for quite a while, we understand each other well." Another person said, "Yes, we do understand each other well, he knows me well and lets me do the things I can do by myself."

Respecting and promoting people's privacy, dignity and independence

- People who used the service told us that the care workers who visited them ensured that their privacy and dignity were respected. One person told us, they always ensure my dignity, they will stay outside the bathroom to leave me and do what I need to do in my own time and [in] private." Another person said, Yes, they will always ask me if it is ok to close doors and windows."
- Care workers told us that they would cover people up and closed the curtains when they supported them with their personal care. One care worker said, "I would close the doors, if they had visitors, I would ask them [visitors] to go somewhere else and cover the person with a towel."
- The service ensured that people's independence was maintained. One person told us, "Yes, we do understand each other well, he knows me well and lets me do the things I can do by myself."

Is the service responsive?

Our findings

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

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

The provision of accessible information

- All providers of NHS care or other publicly-funded adult social care must meet the Accessible Information Standard (AIS). This applies to people who use a service and have information or communication needs because of a disability, impairment or sensory loss. The service had taken steps to meet the AIS requirements.
- We discussed the AIS with the registered manager who advised us that some policies and procedures were made available to people in alternative formats to ensure that they were accessible. We were also told that care records can be provided in larger print if required for people who have visual impairments.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Care plans viewed were detailed and person centred. Care plans were of a good standard and comprehensive and had been reviewed if people's needs had changed. People who used the service told us that they had been involved in the review process. One person told us, "The care is according to what I want. I have a care plan, which I have discussed with [managers name]."
- The registered manager told us, "I visit clients regularly and we talk about what they want from us as an agency."

Improving care quality in response to complaints or concerns

- The service told us that in the past twelve months they had received one complaint.
- We saw that this complaint had been responded and dealt with appropriately and the service followed up if the complainant was satisfied with the outcome of their investigation and the action they had taken.
- Care workers told us that they encouraged complaints. One care worker said, "I think it is good if people complain, that is a good way for us to know to do things better."
- People who used the service were confident that they could complain to the agency and that their concerns would be dealt with appropriately. One person told us, "I had a problem a long time ago and the manager helped me to resolve it."

End of life care and support

- The registered manager told us, "We provided end of life care in the past, but currently none of our clients receive such care."
- We checked people's care records, which confirmed that none of the three people currently receive end of life care or support.

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

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

Managers and staff were clear about their roles. However, quality assurance systems were not always effective.

- We saw that the service had systems in place to monitor and assess the quality of care.
- Records showed that the service undertook regular spot-checks to assess the quality of care provided to people who used the service. One person told us, "[Managers name] comes frequently and we talk about the carers, but if there is anything I just call her, and she deals with it immediately." Another person told us, "[Manager name] comes to see me and calls me to find out how things are."
- Care workers told us, that the registered manager does unannounced spot-checks to assess their punctuality, their care practices and to obtain feedback from them and people who used the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- We saw evidence of effective person-centred care. Care records viewed were based on the individuals needs and people confirmed that they had been involved and had contributed to the development of their care plans.
- People who used the service continuously told us that the agency and their staff were providing high quality care and support and that people's needs were fully met. People who used the service told us that they were listened to, and any suggestions to improve the care they received was responded to appropriately. One person said, I am happy with the care I receive and if I was unhappy, I [would] choose another agency, it's easy for me."
- The registered manager demonstrated a clear understanding of their requirement of notifying the Care Quality Commission of specific incidents.

Leadership and management

- People who used the service spoke highly of the registered manager. Comments made by people included, "She is very easy to get hold of, I can contact her even at the weekend" and "[Managers name] is very friendly and she always listens to what I have to say."
- Currently the service is small, and the registered manager was dealing with all issues in relation to the management and running of the service. The registered manager told us, that she will need to recruit office staff and find more appropriate office space once the agency becomes bigger.

Continuous learning and improving the service.

- The registered manager told us that due to the small size of the agency she didn't feel the need of undertaking surveys. She told us that she speaks regularly with people who used the service and care workers to discuss the quality of care and make any improvements. People who used the service and care workers confirmed that the registered manager was in regular contact and that they were listened to. One person told us, "[Manager's name] contacts me by phone regularly and visits about two to three times a year." One care worker told us, "I can talk to [manager's name] any time and she makes changes." The care worker gave us an example of changes made by the registered manager following a discussion she had with her.