

Mrs Deborah Gaylor

Independent Healthcare Services

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?

Requires Improvement ●

Summary of findings

Overall summary

Independent Healthcare Services is registered to provide personal care and nursing care to people living in their own homes. At the time of this inspection three people were being provided with care in their own homes.

The service had a registered provider in place. A registered provider is a person who has registered with the Care Quality Commission to manage and provide the service. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

This announced comprehensive inspection was undertaken on 10 February 2016.

Staff were only employed after the provider carried out satisfactory pre-employment checks. Staff were trained and well supported by the provider. There were sufficient numbers of staff to meet people's assessed needs.

Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and took action to reduce the risk of people experiencing harm.

People's health and personal needs were effectively met. Systems were in place to safely support people with the management of their medicines. People received their prescribed medicines appropriately.

The provider was acting in accordance with the requirements of the Mental Capacity Act 2005 (MCA) and staff had received training and had an understanding of the MCA..

People received care and support from staff who were kind, caring and respectful. Staff respected people's privacy and dignity and provided care in accordance with people's preferences.

People were encouraged to provide feedback on the service in various ways both formally and informally to ensure they were receiving the care and support they required. People, and their relatives were involved in the assessments and reviews of care and support.

Care records were detailed and provided staff with guidance to enable them to provide consistent care that met each person's needs. Changes to people's care were kept under review to ensure that their needs were being met.

The provider had informal processes in place to monitor the quality and safety of people's care. However, the provider did not have an effective quality assurance system in place to monitor the quality of the services provided for people.

People felt listened to by the staff and said that the registered provider and care staff were reassuring and approachable.

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.

There were systems in place to ensure people's safety was effectively managed.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient numbers of staff to ensure people's needs were met safely.

People were supported with their medicines where required.□

Is the service effective?

Good ●

The service was effective.

Staff were trained and supported to provide people with safe and appropriate care.

People's rights to make decisions about their care were respected. The provider was acting in accordance with the Mental Capacity Act 2005 so that people's rights were being promoted.

Staff were knowledgeable about people's needs. Staff were supported by the provider in delivering care and support for people.

Is the service caring?

Good ●

The service was caring.

People received care and support from staff who were kind, caring and respectful.

Staff knew people well and their preferences and routines.

Staff met people's needs and respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their care assessments and reviews.

People's care records were detailed and provided staff with guidance to provide consistent care to each person.

People knew who they could speak with if they had a concern or complaint. A complaints procedure was in place to respond to people's concerns or complaints

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Is the service well-led?

The service was not always well-led.

The provider did not have effective arrangements in place to monitor and improve, where necessary, the quality of the service people received.

People and their relatives were able to raise any issues or concerns with provider and staff when they wished.

Members of staff felt well supported and were able to discuss issues and concerns with the registered provider

Requires Improvement 

Independent Healthcare Services

Detailed findings

Background to this 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 was planned to check 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.

This announced inspection took place on 10 February 2016. The registered provider was given 48 hours' notice because the location provides a domiciliary care service and they are sometimes out of the office supporting staff or providing care to people who use the service. We needed to be sure that they would be in. The inspection was undertaken by one inspector

We looked at other information that we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

During our inspection we spoke with two people who received care and support. We also spoke with a relative of one person receiving care from the service. We spoke with one person on the telephone and we visited one person in their own home. We spoke with the registered provider and one member of care staff. We also spoke with a member of staff from NHS continuing care services and a district nurse.

During the inspection we observed how staff interacted with one of the people who used the service. We looked at two people's care records and two staff recruitment records. We also looked at records relating to the management of the service which included audits, staffing rotas, recruitment and training and records relating to complaints and compliments.

Is the service safe?

Our findings

People we spoke with said that they felt safe receiving their care. One person said, "I feel safe with the carers who come to see me." Another person said, "If there was anything I was not happy with or felt unsafe I would talk to [the registered provider] and they would sort it out for me."

The staff we spoke with confirmed they had received training regarding safeguarding people from harm and they were knowledgeable about safeguarding reporting procedures. They described how to recognise and report any concerns in order to protect people from harm, or the risk of harm. The staff member said, "I would always report any incident of harm without hesitation. "The registered provider was also aware of the notifications they needed to send to CQC in the event of people being placed at the risk of harm.

People had individual risk assessments which had been reviewed and updated. Risks identified, included maintaining a safe environment to prevent hazards such as falls, assisting people to move and with the management of their medicines. Records gave clear information and guidance to staff about any risks identified as well as the support people needed in respect of these. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. All accident and incidents were recorded. The registered provider reviewed all accidents and incidents for any trends to ensure that any action required to reduce the risk of reoccurrence was taken. Do you have any examples

Effective recruitment procedures were in place to ensure that only staff who were suitable to work with people using the service were employed. The personnel records of two members of care staff showed that the required checks had been undertaken before they had commenced work. Records included evidence of completed application forms, satisfactory references, proof of identity, and criminal record checks. The registered provider told us that any gaps in employment were explored during the person's interview.

Staff told us there were always sufficient numbers of staff to meet people's needs. Staff told us that there was sufficient time given so that they were able to safely assist people with their care and support needs in their home. Staff told us that they had time to socialise with people whilst providing care to them. The registered provider monitored staffing levels to ensure that sufficient numbers of staff were available to meet people's changing needs and to also cover periods of staff sickness and holidays. Staff we spoke with said that they were supported by an on call process [provided by the registered provider] outside of working hours if any concerns or incidents occurred. Staff also added that the registered provider was available to cover shifts if the need arose.

The level of assistance that people needed with their medicine was recorded in their care plan. A relative of person told us that, "The members of care staff always make sure that [family member] receive their tablets when they need them." We observed the registered provider administering a person's medicines and this was completed in a methodical, unhurried and reassuring way so that the person had safely taken their tablets.

The registered provider regularly audited the medicine administration records This was to ensure that records were being safely and accurately maintained. Appropriate arrangements were in place for the recording of medicines received and administered. Checks of medicines, administration and the associated records were made to help identify and resolve any discrepancies promptly.

We found that the prescribed medicines for one person we visited was in-date. We also saw that their medicine administration records were accurately maintained. This meant that the person was were supported to take their medicine as prescribed.

Medicine administration training sessions were provided during new staff's induction and refresher training was given annually. Staff also received competency checks by the registered provider to ensure safe administration of medicines.

Is the service effective?

Our findings

People spoke positively about the care workers and were satisfied with the care and support they received. One person told us, "The carers are wonderful and good to me and they help me with whatever I need." Another person told us that, "The carers are cheerful and they make sure everything has been done before they leave." They also said, "I always know which carers are coming to help me which is most reassuring."

Staff told us that they received essential training prior to providing care to people using the service. They told us this included training in topics such as safeguarding, first aid, administering medicines, and assisting people to move safely. One member of staff said, "I received a variety of training before I cared for people and then went out with other staff." The registered provider told us that members of staff shadowed an experienced member of staff until they felt confident in providing care. A member of care staff told us they received a basic induction prior to commencing work. However, we did not see a formal induction procedure in place coordinated by the registered provider. The registered provider did however show us a file that they were compiling with necessary information to provide a more formal induction process for staff.

Care staff told us they were provided with refresher training and additional training in topics such as tracheostomy care. The registered provider told us that staff were working towards The Care Certificate, in health and social care. This showed that staff were supported with further learning and to achieve nationally recognised qualifications.

Care staff confirmed and records seen showed that they had received supervision and an annual appraisal. This was to ensure that their work performance and development needs were monitored. Staff also told us that staff meetings were held and that they were encouraged to raise and discuss ideas and issues. Minutes of staff meetings showed that a variety of care and development issues had been discussed. Staff said the registered provider was "very approachable and supportive" and they felt able to raise any issues or concerns with them at any time.

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered provider confirmed that no one receiving the service was subject to any restrictions on their liberty. They were aware of the circumstances they needed to be aware of if people's mental capacity to make certain decisions about their care changed.

The service was not providing any meals for people so assessments of people's nutrition and dietary needs and food preferences had not been completed. People told us that the staff had always asked them about their individual drink preferences and choices. One person said, "They always [care staff] ask me what I would like."

People's rights to make decisions about their care and support were respected. Care records showed that people were in agreement with their care plans and risk assessments. During our inspection we observed staff seeking consent from people before providing care and support during the care visit.

People told us that staff supported them with their health care needs. Records further confirmed that people were supported to access the services of a range of healthcare professionals, such as district nurses, their GP and healthcare specialists. This meant that people were supported to maintain good health and well-being. One person was in contact with a tracheotomy care specialist nurse and the service regularly liaised with them to ensure coordinated care was in place. We saw that all staff assisting this person had received up to date tracheostomy care training to ensure they could safely assist the person with their needs. .

We spoke with staff from NHS continuing care and a district nurse from who had contact with the service. They both said that they found the service was proactive and responsive to requests and they had received positive feedback from people and their relatives about the care that was being provided.

Is the service caring?

Our findings

People made positive comments about the staff. One person told us, "The staff are really lovely and caring and we chat and have a laugh together. They are always very respectful." A relative said, "Yes they do respect my [family member's] dignity and privacy. They are very kind and cheerful and I have no concerns at all." People also told us that staff were polite and respectful when they visited them to provide care.

The staff and healthcare professionals who we spoke with were positive about the care and support being provided by the service. A district nurse told us that they were in regular contact with the registered provider regarding any changes that may be needed to people's care to ensure a consistent approach.

During our inspection we visited one person in their home and we observed warm and kind interactions between the registered provider and the person receiving the service. We saw that the registered provider explained what they were going to do whilst giving tracheostomy care for the person in a calm, unhurried and reassuring manner. The person told us that, "The staff are all lovely."

The registered provider and staff had a good understanding of people's needs and preferences regarding their care and support. One person told us that staff had taken time in talking with them about things which were important to them in a respectful way.

One person told us they felt involved in decisions about their care and preferences. Another person said, "[The staff] don't rush me and they help me to get on my bed after my lunch." People told us they were aware of their care plans and were involved in reviewing these. One person said about their care plan, "Yes we did talk about it, and I agree with what is written and it sums up what I need help with from the care staff." A relative told us that they had regular contact with the provider regarding any required changes to their [family member's] care and support needs.

The registered provider and staff we spoke with were enthusiastic about their work and the care they provided for people. One member of staff said, "I really love my job and we do my best to provide the best possible care." One person told us that, "They [the staff] are lovely caring people and I can't fault them."

We saw that people's privacy and dignity were respected. For example, staff knocked on people's front doors and waited for an answer before entering. We saw that staff addressed people using their preferred name. They spoke calmly to people and explained what they would be doing during the care and support visit.

The registered provider told us that no one currently had a formal advocate in place but that local services were available as and when required.

Is the service responsive?

Our findings

People told us that staff had a good understanding of, and met, their care needs. One person told us, "My care and support needs are met and the staff help me very well." A relative said, "They provide my [family member] with the care that they need and I am very happy with it."

People told us that care staff were on time, had never missed a call and always stayed for the allotted time for their care visit. People said that staff always made sure that everything had been done and that they were comfortable before they left.

People's care needs were assessed prior to them receiving care. This helped to ensure that staff could effectively meet people's needs. These assessments were then used to develop care plans and guidance for staff to follow. Assessments and care plans included information about people's health, physical, social and emotional needs. They also included information about what was important to the person and how the person preferred their care needs to be met.

Care plans provided detailed information for staff to follow so they were able to provide care safely and in a way that people preferred. Examples included guidance on assisting people to move and with their personal care, for example bathing and dressing and assistance with their medicines. Detailed guidance was also in place regarding a person's tracheostomy care needs.

Staff involved people and, where appropriate their relatives, in writing care plans. People we spoke to and a relative confirmed that their care and support plans accurately summed their needs. We found that staff were knowledgeable about people's needs and preferences.

People and staff told us, and records showed that people's care plans were accurate and updated regularly and promptly when people's needs changed. There had been reviews completed regarding the care and support that was being provided. Additional information was added in care plans where the person's needs had changed. This included when a person had recently been discharged from hospital or where there was a health care change.

Daily notes completed by care staff, detailed the care and support that they had provided during each care visit. Staff told us they read people's care plans and the records of the last few visits to see if there were any changes or significant events. This ensured that staff were up to date with any changes in people's care.

People told us they had never felt the need to complain about the service, but they said they knew who to speak to if they had any concerns or complaints. One person told us, "I would tell them, [the care staff], or the manager in the office but I have never made a complaint." Another person said, "I have no complaints at all but if I did I would talk to the manager [registered provider]." A healthcare professional told us that they felt the staff and registered provider were approachable and they felt staff would address any issues they raised.

A copy of the agency's complaints procedure was included in people's care folder. The registered provider told us that all complaints were acknowledged and resolved to the person's satisfaction as much as possible. All complaints were recorded and we saw a sample of recent correspondence which had been resolved to the satisfaction of the complainant. One person said, "I feel confident that if I had to raise any concerns or a problem it would be dealt with properly." A relative said, "I phone the office and they are very helpful and sort out any worries I may have."

Is the service well-led?

Our findings

The registered provider was responsible for the day to day management of the service and the care and support being provided for people. The registered provider was also a registered nurse and had attended various courses relevant to their role. At this service the registered provider was supported by three care staff. Staff had a good understanding of their lines of accountability and the reporting structure within the service. This included use of the whistle blowing procedure to raise concerns within the organisation.

Staff confirmed that there was an open culture within the service. Staff we spoke with were aware of the whistle-blowing policy and said that they would not hesitate in reporting any incidents of poor care practice when this arose. One member of staff said, "I feel that I would be confident in reporting any concerns and that I would be protected if I did."

People made positive comments about the service they received and the way it was run. Several people complimented the service they received and said that staff met their needs satisfactorily. One person told us, "I would recommend [the service] to others." Another person said, "She [the registered provider] has often come to see me and asked if everything was going okay." People told us that they received care and support from the same group of care staff to ensure a consistent approach

Staff said they felt well supported both informally and through formal meetings and supervision sessions. They told us that they were always able to contact the registered provider who was approachable and they would be confident that they would address any issues they raised.

The registered provider told us that they regularly spoke with people regarding their satisfaction with the service they received. However, this was an informal process and there were no records or surveys in place to capture the views of people to help improve and develop the service. This was an area for improvement that had been identified by the registered provider and they told us that surveys to capture people's ongoing views and experiences about the service would be implemented.

The registered provider used various tools to audit the service. For example, they carried out spot checks to ensure that care staff were providing care to the provider's standard and in line with people's preferences. However, the records of these spot checks were somewhat brief and did not contain detail of what had been observed such as when staff were providing personal care or administering medicines to people. We discussed this with the registered provider who told us that a more comprehensive form/checklist would be implemented in the next few months.

Audits of care and medicines records had been undertaken. These identified any errors or improvements that were needed and included the action that to be taken, by when and who was responsible for the action.

The registered provider was committed to driving improvement in the service. For example, ensuring that staff had received updated training and all people's care had been reviewed to ensure their needs were

being effectively met.

Records we held about the service, and looked at during our inspection confirmed that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about.