

Immaculate Healthcare Services Limited

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Inspection report

Unit 1
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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

Immaculate Healthcare Limited is a domiciliary care agency. It provides personal care to people living in their own homes. 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. The service was supporting 60 people at the time of inspection.

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

Staff understood what abuse was and the actions to take if a person using the service was being abused. Risks associated with people's care and support had been assessed and there was guidance in place to keep them safe. The provider had effective recruitment procedures to make safe recruitment decisions when employing new staff. There were enough staff to meet people's needs. Systems were in place for the monitoring and prevention of infection. Staff assisted people to have their medicines as prescribed.

The provider had an on-going quality monitoring process to identify areas of improvement required within the service. The provider operated an open and inclusive culture where people, relatives, staff and other professionals were encouraged to help improve the service provided to people. Staff had access to a range of policies and procedures and this helped them to carry out their role. The management team and staff promoted the equality and diversity of people who used the service. The registered manager worked in partnership with other organisations to support and care for people. There was a range of monitoring and audit tools to assess and monitor the delivery of care and support to people.

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

Rating at last inspection

At the last inspection the service was rated Good (report published 15 September 2018).

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.

<p>Is the service safe?</p> <p>The service was safe.</p> <p>Details are in our safe findings below.</p>	<p>Good ●</p>
<p>Is the service well-led?</p> <p>The service was well-led.</p> <p>Details are in our well-Led findings below.</p>	<p>Good ●</p>

Immaculate Healthcare 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 (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 homes.

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 that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 6 March 2023 and ended on 9 March 2023. We visited the office location on 6 March 2023.

What we did before inspection

We reviewed information we had received about the service since the last inspection. We used information gathered as part of monitoring activity that took place on the 9 January 2023 to help plan the inspection and inform our judgements.

We also 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 also reviewed notifications that the registered provider had sent to us since the last inspection. A notification is information about important events which the service is required to send us by law. We contacted 13 people or their relatives to seek their views of the service as part of monitoring activity in January 2023. We used all this information to plan our inspection.

During our inspection

We spoke with the registered manager and the registered provider. We reviewed a range of records. This included 10 people's care records, 3 staff files, training records, staff supervision records and medicine administration records. We also looked at a variety of records relating to the management of the service, including policies and procedures.

Following the inspection, we spoke with a further 5 people or their relatives to obtain their views of the service. We also contacted 5 members of staff to ask them questions about their roles and to confirm information we had received about the service during our inspection.

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.

Systems and processes to safeguard people from the risk of abuse

- There were systems and processes to help safeguard people from the risk of abuse. People who used the service told us that they felt safe when staff were in their home and would feel comfortable in saying if they did not feel safe. A person said, "I am definitely safe with the carers when they are here." A relative told us, "I do not have any concerns with the staff who come to see [family member]."
- The provider had policies and procedures in place to help protect people from the risks of harm or abuse.
- Records showed and staff confirmed they had undertaken training to support their knowledge and understanding of how to keep people safe.
- Staff understood what their role and responsibilities were regarding the reporting of safeguarding issues. For example, they knew which external agencies to contact if they witnessed, be informed, or suspected that people who used the service were being harmed or placed at risk of harm. One member of staff told us, "If I know someone is being abused, I will inform the manager immediately."

Assessing risk, safety monitoring and management

- The provider had assessed, monitored and managed risks. People were supported to take positive risks. There were risk assessments which explained possible risks to people and the actions staff needed to take to reduce them. For example, we saw risk assessments were in place for people who were at risk of falls.
- Staff knew the risks to people and how to manage them to ensure people remained safe. The management team regularly reviewed the risks to people to ensure assessments remained up to date and accurate.

Staffing and recruitment

- People and their relatives felt there were enough staff working for the service to care for and support them with their needs. A person said, "I have the same regular carers that come to see me." Another person told us, "The carers are always on time, I have never had any missed calls, they [staff] will call me if they were running late."
- Records showed people were supported by the same staff members unless the staff were on leave or not well. The provider did not use agency staff. This helped with consistency and continuity of care as staff were aware of the needs of people they were caring for.
- The provider used a system to monitor if people had been visited when they were scheduled to. Staff had to log in and out on an application on their smart phones when they arrived and left a person's home. The system was monitored by a dedicated member of staff in the office and this helped to avoid any missed visits to people.
- The provider had an effective recruitment procedure to ensure staff had the appropriate skills and

experience for the role.

- Before newly recruited staff started employment, the provider undertook all necessary employment checks. We saw staff had been interviewed, application forms completed, and appropriate forms of identity checked such as passports and that two written references had been received. We also noted the provider carried out criminal record checks on staff. This helped to ensure only suitable staff were recruited.

Using medicines safely

- People received their medicines safely and as prescribed.
- People were supported to take their medicines by staff who were trained to do so safely. Most people we spoke with administered their own medicines or their relatives helped them.
- Records showed people had received their medicines as prescribed and staff had signed them to indicate people had taken their medicines.

Preventing and controlling infection

- The provider had systems in place to help ensure people and staff were safe from the spread of infection.
- Staff were provided with PPE (personal protective equipment) such as gloves and aprons as part of infection control and prevention measures. They were aware of their roles and responsibilities for the management of infection.
- People commented that staff had a good understanding in this area and that they regularly washed their hands after every task they had carried out.

Learning lessons when things go wrong

- There was a system for the reporting and recording of any accident or incident so any patterns or trends could be identified, and action taken to reduce the risk of reoccurrence. This helped to ensure people were supported safely.
- Staff were encouraged to report any new risks or concerns about people who used the service to their line managers so appropriate action could be taken to help ensure people remained safe.
- There was an on-call system in place for staff if they needed any advice. There were procedures in place for staff to follow in an emergency, for example, if a person was not well when staff visited them.

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 requirements; 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 provider had a range of monitoring and audit tools to assess and monitor the delivery of care and support to people.
- There were audits carried out of care records, people's support plans, staff training, infection control and health and safety. If shortfalls were identified, appropriate action were taken, for example, asking staff to complete refresher training if they were not up to date.
- The registered manager understood what their roles and responsibilities were. They kept us informed about certain events, so that we could see what actions they had taken or if we needed to follow up on any information they had sent us.

Continuous learning and improving care

- The provider had systems and processes for monitoring and improving quality. At our last inspection, we recommended that robust medicine audit systems were put in place to ensure the safe management of medicines as we noted the findings of the medicines audits had not always been recorded. During this inspection, we noted improvements had been made regarding audits in medicines management.
- The management team undertook regular audits to monitor the quality of the service they provided. This included regular care plan reviews, medicines administration records, staff training and health and safety checks audits.
- The management team also carried out spot checks on staff to assess their competencies. Where any issues were identified, these were addressed. This meant people could be confident the quality of the service was being assessed and monitored.
- The provider sought the views of people using the service and their relatives through different ways, which included completing satisfaction surveys and visiting them personally. We saw the information received was analysed so that the registered manager could use it to improve the quality of the service provided. One person told us, "Someone from the office came to visit and to see if I was ok and if I need anything."

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

- People and staff were treated well and respected regardless of their abilities, background, lifestyle, values, beliefs and their cultures were respected. There were procedures designed to challenge discrimination.
- The registered manager encouraged people, relatives and staff to be involved in the day to day running of

the service as much as possible.

- There were regular staff meetings. The minutes of these meetings showed that issues were discussed to improve the quality of care that people received and any issues staff wanted to discuss. Staff were kept informed about matters that affected the service. Staff felt these meetings were helpful and that their views and ideas were listened to.
- Staff had a good understanding of the ethos of the service and were clear about their responsibilities. They told us the registered manager was very supportive and listened to their views or concerns. One member of staff said, "The manager is very good, very approachable, I can phone and talk to them if I have anything to discuss."
- Staff had access to a range of policies and procedures to guide them in their roles.

Working in partnership with others

- The management team worked closely with other professionals to ensure people were supported with their healthcare needs. Where people required it, the registered manager sought healthcare advice and support for them from external professionals such as GP's. This helped to ensure people's changing needs were fully met.
- People had access to a number of health care services within the community.