Immaculate Healthcare Services Limited

Immaculate Health Care Services Limited - Croydon

Inspection report

Lombard House
2 Purley Way
Croydon
CR0 3JP
Tel: 020 8665 1777

Date of inspection visit: 29 and 30 June and 6 July 2015
Date of publication: 06/08/2015

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

Overall summary

Immaculate Healthcare Limited is a domiciliary care agency which provides care and support to enable people remain independent in their own homes in the London Borough of Croydon.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. 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.

We last inspected Immaculate Healthcare Services Limited in June 2014. At that inspection we found the service was meeting all the regulations that we assessed.

People spoke positively about the service provided, and found there were sustained improvements in how this

Summary of findings

was delivered in the past twelve months. They told us that they usually had regular care staff who were familiar to them, and that this was important to them. They told us they were able to build up a trusting relationship with staff.

People were kept safe and free from harm. There were appropriate numbers of staff employed to meet people's needs and to provide a flexible service. Staffing numbers were able to respond flexibly to accommodate last minute changes to appointments as requested by the person who used the service or their relatives.

People's needs were assessed, and care plans and risk assessments were completed with everyone who was receiving a service, and this ensured people had their needs were met and helped protect them from the risk of harm.

People said they were involved in their care planning and were happy to express their views or raise concerns. When people's needs changed, staff promptly identified this and addressed it appropriately through updated care plans and revised care arrangements. Staff took appropriate action to ensure people's well-being was protected.

People told us that staff sought their consent before they provided care. The registered manager and staff all had an understanding of the Mental Capacity Act (2005) and care records reflected this.

Care staff received training and support through induction, and a programme of training, supervision and appraisal. Staff assigned to care for people in their own homes understood the support that people needed and were given sufficient time to provide the service needed in a safe and dignified way.

People were asked for their views on the service provided, there were systems in place to monitor and assess the quality of care provided and drive improvements in the service.

Staff completed daily records in people's homes to record what care treatment and support had been provided. People found that care staff listened to them, acted on what they said, delivered support in a way they liked and a time to suit them.

The service had quality assurance processes in place which helped drive improvements in the service. Checks were carried out to people's homes to make sure care staff were working in accordance with people's plan of care and to make sure people received the care they required.

Summary of findings

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. Risk assessments and support plans had been completed for everyone who was receiving a service. This helped ensure people's needs were met and protected people from the risk of harm.

The agency employed enough suitably trained staff to deliver the service people required. The service planned care arrangements appropriately and for absenteeism and for leave which helped to prevent missed calls. People who were unable to manage their own medicines were supported to take them by staff that were competent in administering medicines safely.

Is the service effective?

Good

The service was effective. Staff had up to date information to enable them undertake their roles and responsibilities, and had the skills and knowledge to meet people's needs. Staff were supported through supervision and regular training.

Staff were aware of the requirements of the Mental Capacity Act 2005 and how to apply these in practice. People at risk of malnutrition or dehydration were identified through the assessment processes, and care staff supported them to eat and drink in accordance with their care plan.

Is the service caring?

Good

The service was caring. People felt staff treated them with kindness and respect and were courteous at all times.

People valued the relationships they had developed with regular staff, and experienced consistency in the service. People found that care staff listened to their views and provided the care in the way they wanted.

Is the service responsive?

Good

The service was responsive. Care plans were in place outlining people's care and support needs, these informed staff on what support individuals required. Staff were knowledgeable about people's support needs, their interests and preferences in order to provide a person centred service.

Staff were approachable and there were regular opportunities to feedback about the service received. The service responded promptly and flexibly to individual's changing needs and adapted the service accordingly.

Is the service well-led?

Good

The service was well-led. There was open communication within the staff team and staff felt comfortable in raising any concerns with their line manager.

The manager had systems in place for regularly checking the quality of the service provided, and in asking people if they were happy with the service they received or in making suggestions for improvements.

Immaculate Health Care Services Limited - Croydon

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 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.

This was an announced inspection and took place on 29 and 30 June, and 6 July 2015. Forty-eight hours' notice of the inspection was given because the service is a domiciliary care agency and the manager is often out of the office attending meetings and visiting people receiving services. We needed to be sure that they would be in.

In June 2014, our inspection found that the service met the regulations we inspected against.

The inspection was carried out by two inspectors. Before the inspection, we checked notifications made to us by the provider, safeguarding alerts raised regarding people using the service and information we held on our database about the service and provider. We contacted the local authority commissioning department for information about the service delivery.

There were 58 people receiving a service at the time we inspected. During the inspection, we spoke with fifteen people using the service and five relatives. We visited two people with their permission in their own homes.

During our visit we looked at copies of eight care plans. Information in the records we looked at included needs assessments, risk assessments, feedback from people using the service. We interviewed eight care workers, a field supervisor, the care coordinator and the registered manager. We examined staff recruitment procedures and looked at personnel files for six staff members; we looked at records of staff training and supervision.

Good

Is the service safe?

Our findings

People who used the service told us they felt safe when receiving care and support. People's comments received included the following, "I feel the staff know what they are doing; they know how to use the equipment I have", "The staff check the security of my place before they leave. I feel safe knowing the doors and windows are locked.", "When my regular carer is on leave the relief carer shows me their identity badge so I knew they are genuine."

We saw staff had a good understanding of the people who used the service, their needs and how to support them as individuals. We found the agency had suitable arrangements in place for staff to follow, such as a reporting procedure and whistle blowing, these helped to safeguard people receiving care in their own homes. Staff understood how to recognise abuse and how to

report concerns or allegations. There were processes in place to help make sure people were protected from the risk of abuse. The agency had procedures to help staff support safely individuals who needed support to manage their finances. The financial transaction records were checked by senior staff when home visits were undertaken. Staff were trained in areas relating to safeguarding and the importance of being vigilant in their home visits. We saw from records and staff told us of occasions when they had reported back concerns about individuals in their own home. We saw from records of communication that concerns had been shared with the social worker.

Risk assessments and support plans were completed for people receiving a service. These helped ensure people's needs were met and protected people from the risk of harm. Care records showed that before a service commenced people had assessments undertaken to identify any risks to them and to the staff needed to support them. This included environmental risks and any risks due to the health and support needs of the person. We saw that the risk assessments included information about action to be taken to minimise the chance of harm occurring. For example staff were alerted to the risk posed when transferring a person and the need to use the hoisting equipment. We saw that the risk the of obstruction in the home was identified when supporting a person with a sensory impairment. We saw that staff had worked together with the person and respected their decisions, advice was given on removing items to unoccupied rooms to reduce the risk presented.

The agency showed examples of learning from incidents and implementing protocols. As a result of one incident the service had strengthened the environmental risk assessment and considered in more detail fire risks and prevention, such as recommendations to use fire alarms. The agency had involved an occupational therapist when their input was required to assist a person with rehabilitation in regaining independent skills following a hospital discharge. We saw that risk assessments detailed that two staff members were required when they used the hoisting equipment provided.

A care worker we spoke with told us of working in pairs, those that were car drivers transported others. This helped reduce the likelihood of delays in travelling. We saw that when a person was unable to answer their front door there were suitable arrangements made by staff using a key safe, this helped promote the person's security in the home. Care staff we spoke with had a good understanding of how to keep people safe in their own home. This included the use of entry key codes and equipment such as, hoists and walking frames to transfer people safely. A person told us they felt safe when staff were using equipment to transfer them.

We saw the agency made provision to respond to the need for any additional support required. Staff who were confident and happy to work in homes where there were family pets were identified and assigned accordingly. We saw that staff were instructed on how to assist one person to care for their pets, and the care plan included the use of personal protection equipment (PPE) to minimise the risk of infection. Staff we spoke with told us they had infection control training, and were always supplied with gloves and aprons which they wore to help them carry out their duties safely.

Staff were aware of reporting process for any accidents or incidents that occurred, and these were recorded and reported to relevant people. For example, if there was no response at the person's home or someone had fallen we saw from records that appropriate action was taken. Recently one person's spouse had been taken into hospital so the agency had ensured the partner had support during this time, and also kept social services informed.

Good

Is the service safe?

We found there were sufficient numbers of staff available to keep people safe. Staffing arrangements were determined by the number of people using the service and their needs. Staffing arrangements could be adjusted according to the needs of people using the service and we saw that the number of staff supporting a person could be increased if the assessment determined this. There was on-going recruitment by the agency, with plans to expand and accept more referrals.

People told us they had regular care staff they liked, and that the agency considered their preferences, and also staff located conveniently. They found that unless the regular carers were absent they experienced few changes to staff. We saw the agency focused on careful planning, and efforts were made to assign regular staff to care for people located closely to each other. This made provision to reduce travel times and decreased the risk of staff being late for the agreed appointment time. The feedback from people was that in general timekeeping was good, and when care staff were absent they were contacted by office and told of the changes, but people told us they experienced more staff changes at weekends. We received reports from one person that they were kept informed if delays were expected due to public transport. Employee timesheets showed visit schedules had been well planned and enabled staff to get to each visit within the preferred time. We did not receive any reports of missed calls.

The agency had procedures in place for staff to assist people with their medicine. In 2014 staff prompted people to take their medicines and did not administer it. However the agency reviewed their medicine procedures and introduced changes to procedures recognising that people needed staff to administer their medicine in some circumstances. Care plans described the support people required with taking medicines. We saw from records and were told by the manager that staff were trained and those deemed competent administered to people their prescribed medicines. Records of medicines administered were completed fully; but the medicine records were developed by the agency which had the potential to lead to errors in recording. The manager was negotiating with the supplying pharmacist to request they supply printed medicine administration records (MAR) when they supplied people's medicines. Regular spot checks were completed by field workers (senior staff) who looked at medicine records to monitor issues such as gaps in recording. These were then followed up as necessary.

There were effective recruitment and selection processes in place. Staff told us they underwent a robust recruitment process before they were employed. Records confirmed this and they included a completed application form and interview notes. We saw from staff files we read that references had been checked; however there was an instance where a telephone reference was received but the written reference had not been followed up. Appropriate checks were undertaken before staff began work. Checks on people's criminal record, references, eligibility to work, health and qualifications were undertaken to ensure they were fit to work for the agency.

Good

Is the service effective?

Our findings

The majority of people we spoke with told us staff were suitably trained and competent in their roles. One person we spoke with said, "My regular carers are great and know what they are doing, but temporary staff covering their leave are not always so familiar with how I like things done."

The registered manager told us that any newly appointed staff were subject to a probation period, and new staff completed an induction and worked shifts shadowing more experienced members of staff before they worked on their own. Two of the most recently recruited staff told us they had shadowed senior staff for a week before they worked on their own. Records we saw showed that staff completed an induction and received mandatory training before they were assigned to work on their own. Staff received regular supervision meetings with their line manager to discuss their work and training needs. We spoke with two care staff who confirmed the support arrangements were good, they felt able to ring one of their line managers if there was an issue. A senior member of staff provided on call management support during out of hours. A matrix of one to one supervision sessions illustrated care staff had supervision time with their line manager. Practical support was also provided to staff when senior staff completed spot checks in people's homes to support and monitor their practice.

The agency had a training and development programme in place to respond to the training needs of staff and to address the needs of people using the service. We saw that mandatory training was provided to provide basic skills and knowledge to new staff, and refreshed as required; there was a training matrix in place to identify and prompt those requiring refresher training. We saw that other training such as palliative care and dementia care was provided to staff. Staff were able to undertake nationally recognised qualifications such as the Qualification and Credit Framework (QCF) in health and social care to further increase their skills and knowledge in how to support people with their care needs. One care worker told us they were grateful to have so many chances for training and were focused on their own professional development.

People using the service told of their confidence in their care workers who knew what they were doing. Comments received included, "My carer is a super person, genuinely good at the job, able and mature in their outlook." "Confident and able to think about things I no longer remember, I put this down to good training and experience," "The carers have the skills and knowledge they need for this." We saw two complimentary letters from the relatives of people who received palliative care, they both commented on the sensitive and compassionate skills displayed by named staff members. One staff member told us they felt they benefited from face to face training received and "felt well equipped for the role". Staff said they were supported to develop their skills so that they were able to meet people's needs, this included additional training and qualifications. Staff also undertook regular training to keep up to date with professional guidance. Two of the care staff we interviewed had acquired a degree in Health and Social Care.

Staff were aware of and had received training in the Mental Capacity Act (MCA) 2005. Staff were aware of what processes to follow if they felt a person's freedom and rights were being significantly restricted. Care plans we saw identified that a number of people required support at mealtimes to access or prepare food and drink of their choice. Much of the food preparation was completed by family members, friends or meals on wheels. Staff were required to reheat and ensure meals were accessible to people who used the service. Staff had received training in food hygiene and were aware of safe food handling practices. Staff confirmed that before they left the person's home they ensured people were comfortable and had access to food and drink. For example, one care worker had alerted the office to the fact that one person had no food in the fridge after a hospital discharge. The agency had acted promptly and resolved this. Care plans described what drinks and food people liked/needed and how to present them. We saw that one person presented a risk of choking if not provided with food of a soft consistency. We noted that some of the daily logs lacked detail, the record on numerous days was not clear about the lunchtime call and if the person had eaten their main meal. A relative of another person receiving the service commented on the thought given by the carer to presenting the food in an appealing way, it had made a difference to their elderly parent.

Care staff we interviewed told us they were mindful in warm weather to prompt people to drink more fluids and leave drinks close to them so that they could help themselves. We saw examples of staff alerting relevant

Good

Is the service effective?

health professionals, their line manager and relatives when they found a person to be unwell. The relatives of one person told us care staff had informed them promptly when their family member was unwell. However they had some concerns later when information they shared was incorrect and could have contributed to the person having a missed visit.

Good

Is the service caring?

Our findings

People told us they felt well cared for by the service, all the people we talked with reported that care staff were kind and respectful. One person told us: "The carers are all very good and helpful; they never refuse to do anything." Family members spoke positively about the staff and how they had peace of mind now that their relatives were receiving care from them. A family member commented, "Staff show great respect and kindness which my relative finds helps them deal with the stress of their illness."

People felt involved in their care decisions and told us staff respected these decisions. One person said, "The carers allow me make the decisions but sometimes they make sensible suggestions about making things easier for myself like placing items I use often close to my chair, reminding me to drink enough liquids." We were told by another person, "The carers always come on time, sometimes I like them to chat a lot which I value, and it's my choice." We observed staff arriving at a person's home. We saw they interacted positively with the person and asked about their wellbeing.

People told of the effective relationships established with care staff, they felt this was as a result of having regular staff who knew their needs and became familiar with their individual ways and routines. This helped provide a personalised service. We found that each person we spoke to was able to tell us about their relationship with the staff and how well they worked together. Staff encouraged people to be as independent as possible, they were available to provide direct support if and when required.

One relative spoke of the relationship between the carer and a family member. They said the care worker supported the individual whilst encouraging them to be independent and do small tasks for themselves. They had helped them regain their confidence following a recent fall; this had helped with improving their mobility.

Staff demonstrated in discussions their knowledge of promoting dignity and respect, protecting confidentiality and how they put this into practice. Staff told us how the training they received reinforced the importance people's privacy and dignity was. They explained how they always knocked on people's front doors to let them know they were entering their homes even when a key safe was in use, as this was individual's private space. One person we spoke with about staff practice said, "They are a pleasant group, always enquire how you are when they arrive and have smile on their face." One person said, "It is good this agency show new staffs what to do, I am asked if it is okay and I don't mind."

Staff had received training on advanced care planning and were able to provide suitable care for people who choose to remain in their own home as they approached the end of life. In discussions staff shared with us the knowledge they had gained from training. We saw a file of compliments received from relatives. The following extracts from relative's letters were seen, "I believe you have an outstanding carer who made a real effort, they allowed my relative to be cared for at home where they wanted to remain," "The kindness and humanity shown by the carer allowed our relative to have dignity and comfort as they approached the end of their life."

Good

Is the service responsive?

Our findings

People told us the agency responded to their needs in a positive way. They told us the care staff listened to them, and delivered support in a way they liked and at times to suit them. Staff understood the support that people needed and were given sufficient time to provide the service needed in a safe and dignified way.

Care records we looked at contained assessments of people's individual needs and preferences. Information was summarised in a person centred record for staff to read. There were detailed care plans in place responding to people's needs, showing all the tasks that were involved and outlining the time frame allowed for each task. Additional tools were used such as body maps, these recorded any injuries or changes to skin integrity observed. In the homes we visited people had copies of their care plans, other people we spoke with confirmed they received copies of their care plans.

Regular checks were made by field supervisors and care coordinators to check the care people received was in line with their care needs. People we visited had a log book at their houses that everyone wrote in daily. These were used to aid communication so that staff and their family members could record all relevant information. Care records included details of the person's state of wellbeing, also signs of progress or any setbacks. We observed that in a person's home care staff had not recorded fully all the support given on the visit. The manager told us they had raised this subject of maintaining daily logs in detail at team meetings and at one to one supervision.

We saw examples of occasions when people's needs changed; this was quickly identified by care staff. They took prompt and appropriate action to ensure the person's wellbeing was protected and reported back to the office requesting additional support. We saw that responses were appropriate such as staying with the person in their home until an ambulance arrived, or a family member arrived. We saw that in the event of the absence of a live in carer/ relative the agency provided additional care staff to take on these roles temporarily. A relative told us, "We are consulted and staff let us know about any changes, they always involve us when they need to, the family are involved if there are any changes." People told us they received calls from office based staff to let them know of delays to the carer's routine and of late attendance due to these changes. People had copies of their care plans in their homes. However we noted that one person needed changes, and these were not noted in the care plan. The person told us staff delivered the care required since the change took place.

People and their relatives told us the service responded positively to people's views about their own care package, and that the agency was able to provide a flexible service if required. One person told us the agency was able to rearrange the time they provided support to 'fit in' with a hospital visit, to ensure the care was still provided that day. A relative told us their elderly parent had developed a good rapport with one particular carer, this they fed back to the agency. As a result the carer was assigned to care for the person daily. Another relative told us that when their family member reported to the agency the carer did not engage well with the person their views were listened to and responded to. They told us they were now "really pleased with the carer who comes daily." One staff member described how following a care review with one person, changes were made immediately to the person's care arrangements to meet their changing needs. People who used the service told us they were able to contact the office staff at any time, there was an out of hours on call service which office based staff managed. This meant staff on call were familiar with the needs of people using the service.

The registered manager and office staff we interviewed showed they had a good awareness of people's individual needs and circumstances. We found the service had made improvements to planning the service and provided a more consistent approach. Records and feedback indicated that efforts were made to ensure people received care from the same staff member. A care coordinator told us, "We try to minimise the number of carers going into a person's home, and to provide continuity we assign regular staff daily, and relief staff familiar with the person provides cover during periods of absence."

The service had a complaints policy and we saw copies of this information were contained within the service folder supplied to people with their care plans. The information provided to people explained how to make a complaint and to whom and included contact details of the social services department. People knew how to make a complaint if they were unhappy. In the past twelve months there has been a marked improvement in how the agency responds to minor issues received. They had addressed

Good

Is the service responsive?

these issues raised by telephone promptly and as a result there were no formal complaints received. People spoken with told us they felt able to raise minor issues with office staff, these they said included occasional timekeeping lapses. One person told us, “I do feel I can raise a concern and that they do try and respond.” We spoke with a person who had previously not been satisfied with some aspects of the service. They confirmed that the service had addressed the issues and these had now been resolved to their satisfaction.

Good

Is the service well-led?

Our findings

The provider had a system to regularly assess and monitor the quality of service that people received. People told us that they were asked for their views on the service provided by the care agency. We saw documented evidence of visits or 'spot checks' undertaken by senior staff to people in their own homes to assess and monitor the quality of care provided, and to monitor staff practice. Care records had details recorded on the appearance, care and tasks undertaken by carers, and people were asked if they were happy with the service.

We found that feedback was encouraged and some people we spoke with confirmed that they were asked what they thought about their service. A care coordinator told us they received feedback from people on the home visits made and via the telephone checks. The service conducted annual surveys with people who used the service, and there was a report made of the outcome of the last survey done in December 2014. We saw that specific areas showed signs of improvement from 2013. For example, 100 % of the people who responded to the surveys found staff polite and approachable and they respected their dignity, and all of the responders knew their care worker's names. The results showed signs that the quality assurance process was driving improvements. We saw there was no evidence of the involvement of relatives or family members. One of the relatives we spoke with told us they were disappointed they had not been surveyed for their views. The manager told of plans to further develop the quality assurance process and these were to include family members and community health professionals.

The feedback we received from people about the service was positive, and they reflected the values of the service such as compassion, respect and caring, were put into practice on a day-to-day basis by staff. The manager told of the importance of motivating and supporting staff to promote these values, through guidance, training, and supervision. They told us about a number of initiatives they used to motivate and retain the staff. These included a pay scale according to roles, and the availability of training and support for promotion to more senior roles. There was also a staff reward scheme where care staff would receive awards for things like, best carer based on feedback to the service. In our discussions with people we were told of specific carers who were "exceptional" in their roles.

All staff were positive about the overall management of the agency and the supportive and efficient leadership of the manager. Staff in discussions confirmed that they were supported in their roles with supervision and practice observations, and there were also on-going development opportunities such as gaining additional qualifications. The service had an agreement with a training provider who provided face to face training; staff told us they found this worked well in developing their skills. Staff told of supporting each other with senior more experienced staff helping newly appointed staff with their induction. Staff told us they found the registered manager was good at putting measures in place to improve the quality of service provided. One care worker said, "One of the benefits of working here is that should any concerns arise these are addressed quickly. For example, when it was identified a person's care needed to be increased and of needing more assistance with administering their medicines, this was acted upon promptly."

We saw that timesheets were produced weekly for staff. Care staff were instructed that the signature of the person they supported was required to confirm they received the service for the time required. The manager told us of improvements in this area to avoid delays in invoicing and payment from the local authorities, such as staff signing the timesheet on a daily basis. The service acknowledged difficulties experienced by some people, and maintained a schedule of people who were unable to sign. This list was consulted when timesheets were processed.