Ignite Health And Home Care Services Ltd

Ignite Health and Home Care Service

Inspection report

10 Lion Street
Kidderminster
Worcestershire
DY10 1PT

Tel: 01562515073

Date of inspection visit:
13 May 2019

Date of publication:
06 June 2019

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: Ignite Health and Home Care Service is registered as a domiciliary care agency providing the regulated activity 'personal care' to people who live in their own homes. At the time of the inspection visit there were 151 people using the service.

People's experience of using this service:

People who used the service and relatives told us they felt safe and staff treated them with respect. People were supported to remain safe in their own homes because staff were aware of the risks associated with people's needs and home environments and how to reduce these. Staff followed the provider's safeguarding procedures and understood their responsibilities to keep people safe from abuse. People were supported with their medicines safely where this was required in accordance with their care plan.

People were supported by staff who had the necessary skills and knowledge to understand and meet people's needs. The provider followed appropriate recruitment procedures to assure themselves prospective staff were suitable to work with people who used the service. The provider had redesigned their induction arrangements for new staff to make sure care provided continued to be effective in meeting people's needs. The management and senior staff team assessed staffing arrangements and made sure these met people's individual needs. Staff felt supported in their caring roles.

People's needs and choices were assessed before they received a care in their own homes to ensure these could be met effectively. Where required people were supported with eating and drinking in line with their care plans so they remained well. 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 practice.

People were supported by kind and caring staff. People and their relatives were encouraged to be involved in making decisions about their care. People received care from staff who respected their privacy and dignity and promoted their independence.

People's care plans had been improved to reflect people's likes and dislikes and personal preferences. People and/or their relatives had discussed their care needs with staff and were involved in the care planning process. Staff understood people's preferences and individual communication needs. People's end of life wishes were considered when needed and plans put in place to ensure people received personalised care at that time of their life.

People were aware of how they could raise a complaint or concern if they needed to and had access to the provider's complaint's procedure.

The management, senior staff team and provider used systems to monitor the quality of the service, which

included responding to feedback from people in relation to the standard of care provided in their own homes. The management team showed a responsive approach to making ongoing improvements following visits from local authority commissioners.

Rating at last inspection:
The rating at the last comprehensive inspection undertaken on 31 October 2017 was rated good. The report was published on 25 September 2018.

Why we inspected:
This was a planned inspection based on previous overall rating of good.

Follow up:
We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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

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 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 well-led Details are in our Well-Led findings below.	Good

Ignite Health and Home Care Service

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:
This inspection was carried out by an adult social care inspector.

Service and service type:
Ignite Health and Home Care Service is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of the inspection visit there were 151 people using the service.

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.

Inspection site visit activity started on 13 May 2019 and ended on 22 May 2019. We visited the office location on 13 May 2019 to see the provider and management team; and to review care records and policies and procedures.

What we did:
We used information the provider sent to us in the Provider Information return (PIR). This is information we

require providers to send to us at least once annually to give us some key information about the service, what the service does well and improvements they plan to make. We looked at information we held about the service, including notifications they had made to us about important events. We also looked at other information sent to us from other stakeholders, for example, the local authority and members of the public.

We spoke with 14 people who used the service and three relatives. In addition, we spoke with four members of the care staff team, one of the area managers, the provider and care manager. We sampled care documentation for six people using the service and medicine records. We also looked at three staff files, staff training and monitoring of staffs caring practices along with other documents related to the management of the service. These included records associated with quality checks audits and staff duty rotas.

Good

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.

Assessing risk, safety monitoring and management:

- People told us they felt safe and were satisfied with the care and support they received. For instance, one person said, "They [the staff] always remind me to be careful and not sit on the end of the bed so I don't have an accident. They help me to bed do I'm safe."
- Relatives had no concerns about the safety of their family members. For instance, one relative told us, "[Family member] likes them [staff] all and we trust them."
- People could take part in activities of their choosing, maintain their independence and receive care and support safely because risk assessments were carried out.
- Control measures were put in place to minimise identified risks to people. For example, one person required some assistance from staff when using equipment, so they remained as safe as possible. Improvements had been made to care and risk plans. There was clear guidance to show how the identified risks to the person would be minimised such as describing how to use the equipment.
- Risks to people's health and safety were reviewed by the management team who carried out visits and spot checks to ensure these were kept up to date.
- Staff were able to explain how they minimised risks to people's health and well-being. For example, helping a person with their personal care in a safe way while promoting the person's level of independence.

Systems and processes to safeguard people from the risk of abuse:

- People were protected from the risk of abuse and discrimination.
- Staff had received training in, and understood, how to recognise and report abuse involving the people they provided care to. They told us they would report any witnessed or suspected abuse to the provider without delay.
- The provider had systems and procedures in place designed to ensure the relevant external agencies were notified of any abuse concerns involving people who used the service.

Staffing and recruitment:

- People who used the service and their relatives said staff were usually on time and when there were any delays they had a call to confirm this. For instance, one person told us, "The carers [staff] are here on time, give a few minutes." A relative also commented, "They're [staff] fairly reliable and when there are any delays they will call to let us know."
- People told us they were not always informed when times of their care visits had changed. The care manager said they did normally contact people when this had happened. However, the care manager gave

assurances they would take action to ensure people were consistently informed when the times of their care visits changed.
● The management team ensured there were enough staff employed to carry out people's care visits such as, recruiting new staff when this was needed.
● People's care visits and staffs' working rotas were organised in such a way which reduced the risk of staff not being able to support people when needed.
● The provider had a call monitoring system to monitor whether staff were arriving punctually for people's care calls and staying with them for the agreed amount of time. This approach was successful as staff confirmed if they had not arrived at a person's home on time they were contacted to establish the reason for this.
● Staff recruitment records showed checks were completed on staff before they worked with people in their own homes and staff confirmed this. A staff member told us they did not start to provide care to people in their own homes until a Disclosure and Barring Service [DBS] check had been completed. The DBS is a national service that keeps records of criminal convictions.

Using medicines safely:

● People who required help to take medicines told us they received support from staff who knew how they liked to take their medicines.
● Staff received training in the provider's medicines procedures, and their competence in handling and administering medicines was checked during regular unannounced spot checks.
● Staff kept records of when people were supported with their medicines. This helped to ensure people received their medicines as prescribed to meet their individual health needs. Medicine records were checked by the management team to ensure any areas for improvement were actioned.

Preventing and controlling infection:

● The provider had taken steps to protect people who used the service, their relatives and staff from the risk of infections.
● Staff were provided with personal protective equipment, including gloves, aprons and hand gels. People who used the service and their relatives told us they made consistent use of these. On this subject one person told us, "They always tidy up, their hands are clean, and they have gloves as infections are easily spread." Staff said glove and aprons were available for collection at the provider's office.

Learning lessons when things go wrong:

● The provider had systems and procedures in place to enable staff to record and report any accidents or incidents involving the people who used the service. The staff we spoke with were aware of these reporting procedures.
● The management team monitored accidents and incidents and acted to prevent things from happening again.

Good

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:

- The provider had arrangements in place to assess people's needs and choices.
- Prior to using the service, people's needs were assessed by a member of the management team so effective care could be planned and delivered.
- The care manager told us all aspects of people's needs and preferences were considered before it was agreed the right care could be provided.

Staff support: induction, training, skills and experience:

- People who used the service and their relatives felt staff were competent and well trained. For instance, one person said they had high praise for a staff member for the effective support they provided. Another person told us, "They [staff] cream my legs and give me my tablets, they know how to do this to keep me well." A relative commented, "They [staff] seem to know what they're doing, they work efficiently, and care is good."
- The provider's induction arrangements for new staff had been revised to ensure it was sufficiently comprehensive to help new staff to understand their new roles and be confident in providing support. As part of this, the provider had introduced the care certificate modules for staff to work through. In addition, new staff worked alongside ('shadowed') more experienced staff to learn from them. The management team were confident the provider's induction was benefitting staff and promoting effective care.
- Staff spoke positively about their induction experience. One staff member said the experience of shadowing an experienced staff member had been helpful in getting to know people and being confident in their caring role.
- Staff we spoke with told us they felt supported in their role and were confident they had received all the training they needed to support people effectively. One staff member told us, they had, "Enough training and support. [Staff] can progress in their role as this is available."
- Staff received one to one meetings with their line managers during which they were able to discuss their work performance, training needs and any other issues.

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

- People were supported at mealtimes in line with their plan of care. One person told us, "They [staff] do my meals beautifully."
- People who required support with meals told us they were assisted by staff who asked them what they preferred to eat and prepared and cooked their food to a good standard.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support:

● People told us they were confident staff would support them in liaising with other healthcare professionals to ensure their health needs were met if this was required.
● People's care records included information about their medical history and any needs or risks related to their health.
● Records showed staff worked closely with other social care and healthcare professionals as well as other organisations to ensure people received a coordinated service.
● Care documentation also contained the contact details for people's GP and next of kin to be used by staff if they had concerns about people's health or well-being.

Ensuring consent to care and treatment in line with law and guidance:

● The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

People living in their homes can only be deprived of their liberty through a Court of Protection order. We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

● At the time of our inspection no one receiving support was subject to any restrictions under Court of Protection.
● People told us they were always offered choice and control over the care they received. One person told us, "They [staff] will explain what they are doing and ask me if everything is okay for me."
● People's consent had been sought by the management team before care and support was provided.

Good

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; respecting equality and diversity:

● People told us staff always treated them with respect and kindness and they were complimentary of the support they received. One person described how staff were friendly and could have a, and a good old natter. They [staff] are only too happy to help me." Another person said staff treated them well and would do little things to support them such as post a letter which they appreciated.
● Relatives spoken with also praised the approach taken by staff, for example one relative said the staff were, "Always been very good and helpful. As far as I'm concerned we are very very lucky."
● People spoke about how they valued the same staff providing their care and the trusting relationships this helped them to build. The management team were trying to achieve the aim of people receiving care from staff they knew well.
● Staff spoke about people with respect and had a good insight into people's personalities and individual needs and what was important to them.

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

● People who used the service and their relatives felt involved in all decisions about their care and support. One relative told us when the person began to use the service they went through everything together, with the management which gave them real confidence in the care being provided.
● People's individual communication needs had been assessed and recorded to enable staff to promote effective communication with each person. For example, where people had experienced a health condition which impacted on their communication guidance about this was provided to staff.
● The provider had systems and procedures in place to encourage people and their relatives to share their views and suggestions regarding the service. These included the management team distributing regular feedback surveys to people who used the service and carried out care reviews with people.

Respecting and promoting people's privacy, dignity and independence:

● People who used the service and relatives told us staff respected their dignity and privacy. One person said staff were respectful of their homes and their belongings.
● Staff understood their role in providing people with person centred care and support and were aware of the importance of maintaining and building people's independence. For example, offering people choices and respecting their wishes, enabling people to undertake some aspects of their personal care.
● The provider had systems and procedures in place to protect people's personal information and staff understood the need to respect people's confidentiality.

Good

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.

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

● People told us they felt involved in how they liked and wanted to receive care and support. One person told us, "I'm fully satisfied with my care, they [staff] know what I like and don't." A relative said staff knew their family member well and they created a, "Family atmosphere."
● People's care plans were centred on each person; they took account of people's likes, dislikes, wishes and preferences about their daily routines. The management team told us they had worked hard on improving people's care plans so these held guidance for each person to promote a person-centred approach. Care plans were reviewed and updated on a regular basis to ensure the guidance alongside staff practices remained effective.
● People's care records were electronic and stored on a computer system however, the care records held in people's homes were in paper format. Staff told us when changes needed to be made they were documented on the electronic records which were printed off and taken to people's homes, so staff continued to have accurate guidance about people's needs.
● Staff told us they read and followed people's care plans. One staff member said, "The way things are set out in the care plans is literally step by step; It's everything you need to know."
● Staff completed a daily record at each care visit to ensure any concerns or identified changes were detailed making sure other staff had access to up-to-date information.
● People were provided with staff rota's, so they had the knowledge of the staff who would be providing their care and on what specific day. People valued this approach. However, some people told us they did not always receive the staff rota's in a timely way. The care manager assured us they would take action to make sure everyone consistently received staff rota's in good time.
● People were supported to be involved in planning their care such as the management team being able to provide information when required in different reading formats in line with the Accessible Information Standards. The Accessible Information Standards aim to provide people with information which they can easily understand.
● Staff treated people equally and valued their diversity. The staff knew people using the service well and recognised what was important to them. For example, where people liked to wear certain outfits.

Improving care quality in response to complaints or concerns:

● People who used the service and their relatives were given information about how to make a complaint and were confident that any complaints they made would be listened to and acted on in an open and transparent way. For example, a person told us they had raised a complaint about a staff member's conduct and the care manager told us action had been taken to resolve this.
● People who used the service and relatives said they would contact the office staff if they had any

complaints. On this subject one person told us "I have no complaints, but I would tell the carers or ring the office if I had."
● There were systems in place for complaints to be investigated and responded to.

End of life care and support:

● Staff had received training in end of life care and would jointly work with healthcare professionals, so people had the care and supported required.
● Staff showed they cared about people being comfortable and pain free. One staff member described how a person was able to sit out of bed and see the wildlife one last time with the care provided.

Good

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 being clear about their roles, and understanding quality performance, risks and regulatory requirements:

● On the day of our inspection the provider came to meet the inspector and the management team supported this inspection as the registered manager was not at the office. Some staff told us the registered manager was absent from work however the provider informed us this was not the case. The provider understood their responsibilities about when they should notify the Care Quality Commission [CQC] of the registered manager's absence from work.
● The management and senior staff team completed a range of quality checks to ensure they provided an efficient service. These for example included, medication and care records, and distributing feedback surveys. When concerns were identified, staff were consulted with and action taken. This meant improvements could be made to continue to evolve and provide a good service for people.
● Staff we spoke with told us the management team supported them, so they could develop and improve their care practices by methods such as, undertaking checks at people's homes of staff practices.
● The provider and management team understood their responsibilities to notify us of any changes to the services provided or incidents which affected people who were provided with care in their own homes.

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

● The provider's philosophy was to provide individualised and person-centred care. They described how they supported staff in their caring roles which included offices which staff could access for amongst other things, support.
● People who used the service and relatives spoke positively about the staff who provided care and support. On this subject a person said, "They're as good as gold, the care meets what I expect." A relative said, "The carers are very friendly and do their job with a caring attitude."
● People we spoke with, staff and the management team confirmed spot checks on staff's practices were also carried out to ensure staff were providing high quality care.
● Staff felt supported by the management and senior staff team in providing good care. Staff we spoke with told us the management team were approachable and staff were always able to contact someone if they required advice or support.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics: Continuous learning and improving care:

● People who used the service and relatives told us they felt involved in the services provided. One person told us, "The carers [staff] ask me for my views about my care and carers [practices] get checked by seniors."
● Staff were provided with the opportunity to share their views through going into the office and during telephone calls and, staff meetings.
●The management and senior staff team had been responsive to the learning and improvements needed following a visit from local authority commissioners. This included improvements to care and risk plans.

Working in partnership with others:

● The management and senior staff team worked with local doctors, specialist healthcare services and local authority commissioners. This enabled people to access the right support when they needed it and we saw working collaboratively had provided staff with up to date professional guidance.