Inna Care LTD

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Inspection report

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Tel: 01708751325

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30 April 2019

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Ratings

Overall rating for this service	Good

Is the service safe?	Requires Improvement
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
Innacare is a domiciliary care agency that currently provides personal care to four people.

People's experience of using this service
Staff at the service knew what to do if they suspected abuse, however not all staff had been trained in safeguarding by the service. Risk assessments and risk management plans were completed to mitigate risks towards people. There were robust recruitment practices in place. Medicines were managed safely. Staff understood the need to prevent and control infection. The service learned lessons when things went wrong.

People were assessed to ensure the service could meet their needs. Staff received induction, training and supervision. Staff completed daily notes sharing relevant information about people. People were supported with their healthcare needs. People were supported to have maximum choice and control of their lives and staff did support them in the least restrictive way possible; the policies and systems in the service did support this practice.

People told us they were well treated. The service sought to protect people's human rights. People were able to express their views and make decisions about their care. People's privacy and dignity was respected and their independence encouraged.

People's care plans were personalised and provided instructions to carers as to how people wanted their care. People and their relatives knew how to make complaints. There were advanced care plans in place to capture people's end of life decisions.

People thought highly of the registered manager. There was guidance in place to support people and staff. The service had links with other agencies to benefit people who used the service. There were systems and processes in place to monitor and assure quality in care. Staff attended meetings where people's care and other topics were discussed. We have made a recommendation about recording meetings.

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

Rating at last inspection
This service had not previously been inspected as it was a new service having been registered in February 2018.

Why we inspected
This was a planned inspection that was part of our inspection schedule. We inspected the service because it was under a new registration.
Follow up
We will continue to monitor intelligence we receive about the service until we return to visit as per our re-

inspection programme. If any concerning information is received, we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service was not always safe. Details are in our Safe findings below.	**Requires Improvement**
Is the service effective? The service was not always 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**

Inna Care

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:
There was one inspector.

Service and service type:
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and disabled adults. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:
We gave the service 24 hours' notice of the inspection visit because the service is small and the manager is often out of the office supporting staff. We needed to be sure that they would be in. Inspection site visit activity started on 30 April 2019 and ended on the same day. We visited the office location to see the manager and other staff there, and to review care records and policies and procedures.

What we did

Before inspection we looked at:
The Provider Information Return. Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We also looked at notifications we received from the service.

During and after inspection:
We spoke with one person who used the service. We also spoke with three relatives. We looked at four

people's care records, records of safeguarding, accidents, incidents, complaints, audits and quality assurance reports. We spoke with three members of staff; two carers and the registered manager.

Requires Improvement

Is the service safe?

Our findings

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

Requires Improvement: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, " Oh yes [I feel safe with the care staff]."
- Staff we spoke to understood their role in relation to safeguarding. One staff member told us, "I will report to manager straight away." However, not all staff had completed up to date training that covered the principles of safeguarding and whistleblowing. One staff member had not completed any safeguarding training. We asked the registered manager about this and they told us that all staff had either completed national vocational qualifications in care, of which safeguarding was an element of, or had completed the Care Certificate, (a nationally recognised qualification for staff who are new to working in the care sector), that also covered safeguarding. We highlighted to the registered manager that reliance on qualifications and training that were gained historically, in one instance ten years previous, would not mean staff had an up to date understanding of safeguarding practice. The registered manager told us they would ensure that staff were trained in safeguarding following our inspection and promptly provided evidence of the training having been completed.
- There was a safeguarding policy and procedure in place. The policy contained up to date relevant information regarding legislation and local authority procedures.
- We saw that a safeguarding alert had been raised with the local authority and that the service had followed their policy and acted appropriately to ensure people were kept safe.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- The service completed assessments with people to monitor risk of harm to them and management plans to mitigate against those risks. Risk assessments we saw were personalised and focused on risks specific to people and their needs. Risk assessments we saw included weight loss, medication, mobility, falls and people's home environments. They questioned the likelihood of something occurring and the severity if it happened.
- We reviewed the incidents and accidents that had occurred and saw that the service had followed their own policy and procedure and sought to keep people as safe as possible. One example we saw recorded where there was a potential risk to a person regarding the possible overuse of medicines. Staff worked with people and their relatives to put systems in place to keep people safe. Learning from incidents and accidents had been recorded, shared with staff and had shaped how the service worked with people so as to keep them safe.

Staffing and recruitment

- People and relatives told us they were happy with the staffing arrangements. One relative told us, "Usually the one lady comes in all the week and then weekends they have someone else. If not [registered manager] will go in. " A person said, "Yes, they do [arrive on time], no they haven't been late."

●We saw the service rota and that there were sufficient staff to manage the care needs of people.
● The service had robust recruitment practices; perspective candidates were interviewed, employment references checked, details of previous employment history sought, proof of the right to work in the UK and criminal record checks gathered. This meant the service sought to keep people safe by employing suitable staff.

Using medicines safely
● People's relatives told us people's medicines were managed safely. One relative said, "[registered manager] arranged to get the safe to keep his medicines safe because [person] would forget when they'd taken their medication."
● Staff completed Medicine Administration Record (MAR) charts to record medicines administered and these charts were audited by management. The charts also contained useful information about the drugs being prescribed and what side effects staff might need to look out for.
● There was a medicines policy and procedure in place that guided staff, who were also trained, how to administer medicines.
● The service had not completed any medicines competency assessments with staff at the time of our inspection, but the registered manager told us they were going to begin doing so following our visit.

Preventing and controlling infection
● Staff told us how they sought to prevent infection. One staff member said, "I wash my hands in the beginning and after I change a patient and I also wear gloves."
●There was an infection control policy in place that staff followed. Staff were trained on basic infection control through completion of the Care Certificate. Staff were also provided with the personal protective equipment they needed to do their job.

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

Good: 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
● People's needs were assessed before they began using the service. One relative told us, "When they first came [registered manager] came with a nurse and we all sat down and discussed everything with [person]."
● Assessments recorded people's physical and welfare needs and what they hoped to gain from receiving care. They covered various aspects of people's lives, including their physical health, social lives, risks to them and what was important for them. This meant that people were assured the service could meet their needs before it worked with them.

Staff support: induction, training, skills and experience
● People told us staff knew how to do their jobs. One person said, "Oh yes they are very efficient and very helpful."
● Staff had inductions when they started work so that they knew what they were supposed to be doing when they began working with people. Inductions also included learning about the history and philosophy of the service and reading policies and procedures.
● All staff had completed either the Care Certificate, a recognised qualification that provides a foundation level of training for beginning work in health and social care, or National Vocational Qualifications (NVQ) in health and social care.
● The provider also offered further training to staff, such as mental capacity training, equality and diversity and moving and handling. However, not all staff had completed the training offered. We asked the registered manager about how they ensured staff had sufficient skill and knowledge to complete their roles and they told us they thought the Care Certificate and NVQ were sufficient for the people they currently work with. They also said following our inspection they would make some training mandatory. They provided us with an action plan to demonstrate their desire to do so.
● All staff received supervision and had ongoing spot checks completed with them to see how they did their jobs. The provider also had plans to begin competency checking their staff to ensure they were sufficiently skilled at the different tasks they completed in their roles.

Staff working with other agencies to provide consistent, effective, timely care
● We saw daily notes that demonstrated that staff shared relevant information with each other and recorded interactions with people. This information could be shared with other agencies where appropriate. This meant that people were supported through the good joint working of the service.

Supporting people to live healthier lives, access healthcare services and support
● People were supported with their health care needs. One relative told us, "It's little things mean a lot – [person] had some funny spots on their neck and they sorted out some cream, they spoke with the chemist

and the GP and sorted it out."
● Care plans recorded people's health care needs and daily notes demonstrated that if needs be they would be supported to contact health care professionals like the GP or pharmacist.

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.
We checked whether the service was working within the principles of the MCA and found that they were.

● One person told us staff sought their consent, "Yes they do [seek consent before providing care]."
●Staff were trained in mental capacity and sought people's consent to care. One staff member told us, "If [person] refused their meds – I would explain why they needs them and why they are taking them, and I would try to convince them, but I can't force them." This meant that people with capacity issues were supported to live their lives as independently as possible.
● There was documentation in people's care plans that indicated their capacity to consent to treatment and whether other people needed to be involved in decisions about people's care. This documentation followed the guidance in the service's dementia and mental capacity policies and procedures.

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.

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

Ensuring people are well treated and supported; equality and diversity

● People and their relatives told us they were happy with their care. One person said, " Yes, I am [happy with my care]." A relative said, "Yes, well [person] likes them!"

● The service had received compliments regarding the care they provided. One we read stated, 'A huge thank you for the amazing care received.'

●The service sought to treat people equally. One staff member told us, "I do not make difference between people [of different cultural or ethnic backgrounds]." People's care plans recorded how people wished to be identified and whether they had cultural needs and how best to meet them. Policies highlighted the importance of protecting people's human rights around faith, sexuality, diversity and choice.

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

● People told us staff listened to them. One person said, " They stop to chat and listen to what I have to say."

● People views were recorded in their care plans. People's care plans contained signed consent forms. These were signed by people, or those who made decisions for them in their best interests, to agreeing to the provider's care. People's care was reviewed regularly providing them with the opportunity to have input into their care. This meant people were involved with decisions about their care.

Respecting and promoting people's privacy, dignity and independence

● People told us their privacy was respected. One person said that, "When one of them has a bath, we shut the door, and no one can come in or when I change [person] I get him on the back of the toilet and we close the door and we lock the door, so we assure his privacy is safe."

●People told us staff promoted their independence. One person told us, "[Staff] encourages me to walk down the garden and use my legs – I wouldn't be bothered otherwise." Staff confirmed the promotion of people's independence. One staff member said, "I encourage them with independence – with feeding etc they need their independent life." This meant staff knew what people wanted to do and when to encourage them.

● We saw that people's information was kept on password protected computers or in lockable filing cabinets in locked offices.

Good

Is the service responsive?

Our findings

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

Good: 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's care plans recorded their needs and preferences. They were personalised, detailed and contained information about people's lives. Information was recorded in assessments, care and support plans and risk assessments. Focus was placed on people's health needs and preferences, but there was also useful information that provided explicit instruction about how to provide care.
- Care plans also contained historic information about people's lives and what was important to them. This provided staff with the opportunity to get to know people.
- Care plans were reviewed every six months or when changes occurred in people's lives. Copies of care plans were kept in people's home so were available for staff and people to look at when they needed.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make complaints and who to. One relative said, "Oh definitely the boss [is who I would complain to]." They also told us they were confident concerns would be taken seriously, "100% they would take them seriously - they want to know everything and wants to look after their people and carers."
- The service had a complaints policy and procedure. The service had not received any complaints at the time of our inspection but were able to show us their system for following their policy.

End of life care and support

- At the time of our inspection there were no people using the service who were at the end of their life. The service had a policy to follow should they begin working with someone who was. The policy provided guidance that advanced care planning provided an opportunity to understand the needs and preferences around the end of life care for people.
- We saw end of life advanced care planning in place for people. The plan recorded information about plans people had in place for the time of their death or whether they wanted support to make plans. The plans also contained useful information about people's spiritual beliefs and whether they wanted other people involved at the end of their life.

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

Good: 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 & working in partnership with others

- People, relatives and staff thought highly of the registered manager. One relative said, "[Registered manager] is fantastic and they are above and beyond. They are so caring … it's all the little things. " A staff member said, "[registered manager] is kind and helpful. If I need help they will give it to me."
- The service had a service user guide that provided guidance about the role of the service and what people could expect from staff and the service.
- The service had links with a variety of other services that benefitted people. They had links with local authorities, health and social care professionals and providers and were members of organisations that supported care providers. The registered manager had also attended conferences to keep themselves up to date with innovation within the care sector.

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

- The provider had systems in place to monitor their provision high quality care and support and sought to continuously improve. These included audits, spot checks and supervision. They told us they had plans to implement further systems such as competency checks for staff.
- The registered manager maintained a quality assurance folder that highlighted their checks and audits on staff files, medicine administration records, spot checks, complaints and care plans as well as other forms of documentation. This meant the service sought to continuously improve by monitoring the care it provided.
- People, relatives and staff completed satisfaction surveys. One relative said, "I think a while ago I filled one in." We saw numerous surveys all of which stated being content with care the service provided. For example, one we read stated, 'I am treated with respect and dignity and the staff are all very friendly and make me feel happy.'

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

- Staff attended monthly team meetings. One staff member told us, "Every month we do staff meeting - we discuss the problems and we have training and talk about new stuff." However, minutes of meetings we saw only showed the topics discussed rather than accounting for actual discussions. Topics discussed that we saw were people's care plans, rotas, training and inspections. We would recommend the provider follow best practice with recording meetings.