Ignite Health And Home Care Services Ltd

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Inspection report

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Ratings

Overall rating for this service	Good
Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Overall summary

This inspection took place on 17 September 2015. We gave the provider 48 hours' notice of our intention to undertake the inspection. This was because the service provides domiciliary care to people in their own homes and we needed to make sure someone would be available at the office.

Ignite Health and Home Care Service is a domiciliary care agency registered to provide personal care to people living in their own homes. At the time of our inspection 28 people received care and support services.

There was a registered manager in place who is also the registered provider. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are

Summary of findings

'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.

People who used the service were safe as care staff had a clear understanding of the risk associated with people's needs. There were sufficient numbers of staff, who had a good understanding of their responsibilities to report suspected abuse. Medicines were administered by care staff that had received training to do this. The provider had procedures in place to check that people received their medicines effectively and safely to meet their health needs.

Care staff had been recruited following appropriate checks on their suitability to support people in their homes and keep them safe.

People told us they received care from a care staff who knew them and understood their likes, dislikes and preferences for care and support.

People told us they were supported by staff to maintain their independence. We saw people were involved in their care planning and staff understood they could only care for and support people who consented to being cared.

The provider and office staff were accessible and approachable. The service encouraged an open office where staff could 'pop in' at any time to discuss any issues or just talk socially.

The provider ensured regular checks were completed to monitor the quality of care.

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?
The service was safe.

People received care from staff who knew how to keep them safe.

People felt safe when staff visited them in their own homes.

People were supported to take medicines safely.

Good

Is the service effective?
The service was effective.

People were supported by staff who were trained to provide the care and support they needed.

Staff had contacted health professionals required to meet people's health needs.

Good

Is the service caring?
The service was caring.

People received care that met their needs.

People were involved in their care planning.

People told us they were treated with dignity and respect.

Good

Is the service responsive?
The service was responsive.

Care staff had a good understanding of people's routine and support needs.

People were supported as and when their needs changed and this support came from staff who knew them well.

Good

Is the service well-led?
The service was well led.

People who used the service and staff spoke positively about the service.

Staff felt supported and told us there was open communication with the management.

Good

Ignite Health and Home Care Service

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 17 September 2015 and was announced. The inspection team consisted of one inspector. The provider was given 48 hours' notice because the location provides a domiciliary care service to people in their own homes. The provider can often be out of the office supporting staff and we needed to ensure that someone would be in the office.

As part of the inspection we asked the local authority if they had any information to share with us about the home. The local authority is responsible for monitoring the quality and for funding some of the people receiving care support.

We spoke with five people who used the service by telephone and the relatives of two people. We also spoke to four members of staff, the deputy care manager and the provider. We sent questionnaires to people and their families to ask for their views. In total 18 people responded and three family members and the findings have been included in the report.

We looked at the care records of two people to see how their care was planned. We also looked at four staff files, staff rotas, medication records, the communication records, two complaints, accident and incident recordings and minutes of staff and management meetings.

Good

Is the service safe?

Our findings

People told us that they felt safe when they were supported by care staff. One person told us, "They use the key safe or knock the door and call out….they look after me well", another told us, "I feel totally safe with the staff."

People confirmed that they felt staff knew how to keep them safe and how meet their needs. Care staff we spoke with had a good understanding of the types of abuse people could be at risk from. They told us they were confident to report any concerns with people's safety or welfare to the office staff. A member of care staff told us, "If I had any concerns, I would report them to the office. They are very good at responding and taking action."

Staff were able to tell us the risks to different people and how they supported them. They told us and we saw that risk assessments were in place to inform the care provided to people. For example, the measures put in place to regarding the use of equipment within peoples own homes to assist moving people.

The provider checked with care staff's previous employers and with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. The care staff records we looked at showed the results of the checks made. This information had supported the provider to make sure that only suitable people were employed, so that people were not placed at risk through their recruitment practices.

We checked the recruitment records of three staff and found the necessary pre-employment checks had been completed. We spoke with a new member of staff. They described to us their induction which included online training and shadowing care calls. They said this gave them a good understanding of the care provided and they "got to know people and what they like".

Both people receiving care and support and care staff told us that they thought there were sufficient numbers of staff available to meet the people's needs. Staff told us that in the event of someone calling in sick, the team supported one another and covered calls, one staff member said, "People generally cover one another, it's good team work."

People spoken with confirmed they received help to take their medicines as prescribed. One relative told us they checked the medication for their relative and said, "They (staff) are very good with [relative's name] medicine, I'm glad they do it." Care staff confirmed that they provided people with assistance to take their medicines. In people's care records we saw medication administration records (MAR) and medication risk assessments. An audit of the records was also competed at the end of each month.

Staff recognised people's right to refuse medication and told us they would record this in the medication administration records and the records we saw showed this. Staff told us how they would check again with people before they left the call and would alert staff at the office or the person's GP if applicable.

Good

Is the service effective?

Our findings

People told us that they were supported by staff who had the skills and knowledge to provide the care and support they needed. One person said "[Staff member's name] knows the routine…she is very good, she knows all the ins and out." Another person described how staff helped them with a medical condition telling us, "They are very good, I don't have to tell them, they know."

Staff spoken with told us that training helped them to do their job and that they were happy with the amount of training they had received. Staff gave examples of where training had improved the care they provided to people. One staff member told us how dementia training had, "showed me how people perceive me and how they talk to me and how to best respond."

Staff told us they received regular supervision and an annual appraisal both of which gave them opportunity to raise concerns and they could also request additional training. One member of staff told us, "We are encouraged to ask any questions or raise any issues at staff meetings and discuss them as a team". Another member of staff thought that they had learnt 'lots' about the service and the people they supported as a result of the discussions in staff meetings.

The provider told us and staff confirmed, that they checked staff learning during supervisions and spot checks that were carried out to observe staff practice. One member of staff told us, "Spot checks are carried out quite frequently" and that this helped them by checking their practices and raising any areas needing addressing.

We saw that each member of staff had their own individual training record. The provider told us how staff were given access to an online training programme. The provider was able to access the records and establish how long staff had taken on each course and their score at the end of each course. Staff also completed evaluation forms at the end of each training session.

Staff told us that training was "good" and that additional training had been put in place to support their practice when caring for particular individuals, for example, dementia training. All staff we spoke to said they would be confident to request further training or refresher training in supervision if they required it.

People's consent to care and treatment was sought and recorded. Where people needed support with their decision making the provider told us of the actions taken, for example speaking to the people who knew them well.

Care staff told how they sought consent before providing care and people we spoke to confirmed this. One person told us 'Staff always ask if me if I'm alright before they start.' Staff also explained to us how they would take note of a person's facial expressions and gestures to ensure they were happy with the care provided. Staff also gave us examples of how they respected people's right to refuse support.

Not everyone we spoke to was supported with the preparation of meals, however where people were they told us they had no concerns. One relative said, "They (staff) support [relative's name] well, I've no issues with the food, it's good."

One relative told us about a carer being 'very professional' and that had called the GP when they made a visit and found their relative was unwell. Staff also told us how they had supported people by making referrals to GP's or people's social workers when needed, one member of staff explained to us how she prompted a family to seek respite care when a person became ill. Another member of staff told us they had contacted a person's social worker to request a review. Staff meeting minutes also showed contact had been made with other health professionals, for example occupational therapists and community nurses.

Good

Is the service caring?

Our findings

People were positive about the care staff who provided their care. One person told us, “I’ve never met such nice girls….I am perfectly happy with the care I receive.” Another person told us, “All the staff are very good, it’s a first class service.”

People described the staff as ‘very good’ and one person commented, “[staff member’s name] is as good as gold”. The relative of one person receiving care told us how they were reassured by one member of staff. They told us “when [relative’s name] was ill recently, the carer was excellent and wouldn’t leave until one of the family arrived.”

Staff spoke warmly about the people they supported and provided care for. One member of staff said, “We are like one big family”. Staff we spoke to told us they enjoyed their job and were able to detail people’s needs and how they gave assurance when providing care.

People told us they were supported by staff who knew how to provide their care and the way they wanted it. During our conversations with staff, they were able to tell us about the people they supported and their likes and dislikes. Staff told us it was the advantage of being a small service that they got to know everyone well. One member of staff also told us about how they had built up knowledge of one person and how they managed to communicate with each other through the use of key words.

People confirmed that the care they received helped them stay as independent as they could be and the care plans we viewed gave directions to staff on how to ensure choice and maintain people’s independence.

Staff were able to describe how they treated people with dignity and respect and all the people we contacted confirmed this. One relative told us, “They (staff) are polite and respect (relative’s name) problems and share their concern.”

Good

Is the service responsive?

Our findings

Overall people were satisfied that the service was responsive. They gave us examples of how they were able to cancel calls and where changes in care had been made. One person told us when they had requested a change, 'the office got in touch and discussed it and agreed to change.' The relative of another person told us 'they (the carers) do what we request'

People confirmed that they were involved in decision making about their care and support needs and told us that they were happy with the service that they currently received. Records showed that when a care plan was reviewed the person in receipt of care signed to show their agreement.

One relative told us that following a recent change in their relative's health they were waiting for a review, however they were assured this would be completed and were satisfied with the care that was being provided.

Care staff we spoke to had a good understanding of people's routines and support needs. Care staff told us they felt this was possible because they had a regular group of people to support.

People spoken with said if they had a concern they would raise it with staff. One person said 'If I have any issues I can always tell the carer, who passes any messages on.' Another person said they had no complaints but if they did they would 'happily tell staff'.

Where the provider had received written complaints, we saw that a complaints folder was in place and complaints were logged, investigated and responded to. We saw evidence of two complaints over the past 12 months, both had been investigated and there was a log of actions taken and the outcome.

Records showed that people were involved in their care plans and agreement of the care they received. Staff we spoke to were able to give us a good level of knowledge about the people they cared for and how they supported them in the way they wanted to be supported.

Staff told us that they were not introduced to people prior to providing care but they read a "good level of information in the office" before supporting any new people. Staff advised that the assessment provided them with the information they needed. All staff we spoke to said they felt the best way of getting to know people was talking to the person and "finding out what they like".

Good

Is the service well-led?

Our findings

People spoke positively about care staff and the management and told us how they felt they could approach them. One person told us, "I am happy with the service". Staff spoke positively of the management and thought that they led the service well.

On the day of our inspection we were advised that the registered manager had been working at another branch of the service. In response to this the provider had been visiting the office more frequently and all staff that we spoke to confirmed this and said that the provider was supportive and "always available by phone". Staff also spoke positively about the support they received from the office staff.

Overall people were satisfied with the communication with the service, however two people we spoke to did say this could be improved, for example when people requested that calls be cancelled or when care staff were changed.

The provider told us he was proud of the 'open door' policy the service had. Staff could pop into the office at any time to discuss any issues or just talk socially. We saw that there was a culture of openness when on the day of our inspection we saw two members of staff come into the office and they both spoke happily to the office staff and the provider.

Staff told us they felt listened to and supported by management. The provider was described as "Approachable". One staff member told us, "[Provider's name] does regular 'pop ins' to the office but you can always phone him, all staff have his direct telephone number." Another member of staff told us, "They (management team) are pretty good in letting us know what's going on".

Staff told us that they attended monthly staff meetings. These were led by the office staff but the provider also attended when they needed to talk to staff and share information. A member of staff said 'we can raise concerns or changes in people's care' and that the managers say 'if you need any help just let us know'.

We saw that management meetings were also held monthly. The meetings were with the provider, registered manager and office staff and planned work going forward. One of the office staff said, "we discuss issues and the provider gives us the tools to deal with them." We viewed minutes that showed how a spot check by the provider had led to an audit of files by the office staff.

People's confidential information was held securely. We saw that accidents and incidents were logged and a record made of any actions taken. There were good systems in place and staff knew where information was kept and how to access it.

Spots checks were completed by management; these recorded the support provided by the carer and also collected feedback by the person receiving care. We saw that these included positive feedback about carers and the support received by people.

A survey had also been sent out to people receiving care and support asking for feedback. The provider said he was disappointed that there was a limited response and the service was looking at ways to develop the care review documentation completed with people, to include more feedback questions.