

Impressions Care Agency Limited

Impressions Care House

Inspection report

251 Holdenhurst Road
Bournemouth
BH8 8DA

Tel: 07944382566

Website: www.impressionscare.co.uk

Date of inspection visit:
30 December 2022

Date of publication:
06 March 2023

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

Impressions Care House (known as Impressions Care) is a domiciliary care service providing personal care to 2 people at the time of the inspection. Rather than making short visits to people, staff are rostered to spend several hours with them at a time.

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

Right Support:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Staff worked closely with healthcare professionals, especially GPs and district nurses, to provide care at the end of life for people who wished to die at home. Where people had chosen to discuss their preferences for end of life care, these were clearly documented.

Right Care:

People's care was tailored to their needs. The service had received positive feedback from relatives and professionals about the standard of care.

People had small, regular teams of staff who got to know them well. Staff received the training and support they needed to be able to perform well in their roles. There were enough staff to cover people's care. There were robust pre-employment checks that staff were suited to work in social care.

Staff treated people respectfully, upholding their privacy and dignity. Confidential information was kept secure.

Right Culture:

Staff respected and fostered people's independence. Risks were managed in way that was tailored to the individual and reflected their preferences. Managers and staff worked closely with healthcare professionals to help ensure the best outcomes for people.

People's communication needs were assessed and addressed in their care plans. We have made a recommendation about recording communication needs.

Relatives and staff found the management team to be approachable, compassionate and fair. The management team promoted an open, inclusive culture where people's needs and wishes were the central focus. The registered manager and domiciliary care manager maintained a close overview of the service to assure themselves people were receiving support of a high standard.

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 was registered with us on 9 June 2020 and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Recommendations

We have made a recommendation about recording people's communication needs.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Impressions Care House

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by an inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 30 December 2022 and ended on 19 January 2023. We visited the location's office on 30 December 2022.

What we did before the inspection

We reviewed information we had received about the service since its registration. We used information gathered as part of monitoring activity that took place on 27 September 2022 to help plan the inspection and inform our judgements. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with the registered manager and domiciliary care manager. Two staff provided feedback by email. We used a relative's feedback about the service following the monitoring activity in September 2022, also feedback the service had received from both people and their relatives through questionnaires and discussions. Following our site visit, the domiciliary care manager forwarded feedback they received by email from a healthcare professional. We used electronic file sharing to enable us to review care documentation, as well as reviewing records held at the service's office. We viewed two care records, two staff files and various records relating to the management of the service, including staff training and supervision records, incident and accident records, quality assurance records.



Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives were confident their loved ones were safe with the staff who worked with them.
- Staff and managers understood their responsibilities for keeping people safe from abuse and neglect. They had training about safeguarding people at induction and at intervals following this.
- The management team understood how and when to refer safeguarding concerns to the local authority.

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

- Risks to people and to the staff providing their care were identified, assessed and managed. This was tailored to the individual and included risks such as pressure ulcers, falls, moving and handling and risks associated with health conditions. They also covered safety aspects of people's home environments.
- Impressions Care had a plan for emergencies that might affect the safe running of the service, such as inclement weather.
- Staff reported accidents and incidents. The management team reviewed individual reports to ensure everything necessary had been done for people's safety and wellbeing. Each month they reviewed accidents and incidents for developing trends that might suggest further action to manage risks.
- Managers shared with staff as necessary lessons learned from accidents and incidents, whether individually or as a team.

Staffing and recruitment

- There were enough staff to cover people's care. In event of staff absences, the service was able to use staff from the employment agency side of the business.
- Staff worked with people for up to 12 hours at a time rather than making short visits. People were informed in advance which staff would be working with them.
- The electronic care recording system alerted the management team if staff were late to arrive.
- Staff had the training and skills they needed to work safely and effectively.
- There were robust pre-employment checks that staff were suited to work in social care. These included obtaining proof of identity, right to work in the UK, references and a Disclosure and Barring Service (DBS)

check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People received any assistance they required to take their medicines as prescribed. Care plans set out how people needed staff to support them with their medicines, such as removing tablets from packaging.
- Staff who supported people with medicines had completed training about medicines. Their competence in handling medicines safely was checked at least annually.
- Where medicines were subject to stricter legal controls, staff kept a record of the amount of those medicines in the person's house and checked that the amount in stock tallied with the record.

Preventing and controlling infection

- The service provided staff with personal protective equipment, such as disposable masks, aprons and gloves.
- The management team kept abreast of current government guidance in relation to infection prevention and control, including COVID-19. They ensured staff followed this.
- Staff had annual training in infection prevention and control, also basic food hygiene and food safety.



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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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 service had received regular feedback from people and relatives, that they were satisfied with the standard of care. Recent feedback from a health professional closely involved in a person's care complimented highly the quality of care provided.
- Each person's care needs were assessed before their care commenced, to ensure Impressions Care was able to meet these.
- Care plans were based on these pre-assessments. Needs and care plans were reviewed and updated at least monthly to ensure they remained current.
- Managers and staff involved in assessing and care planning kept up to date with good practice in social care.

Staff support: induction, training, skills and experience

- Staff confirmed they received the training and support they needed to be able to perform well in their roles. Comments included, "I have received the training I need to do my job and support the needs of the people who use this service" and "I have always been given the opportunity to train more; there is a lot of opportunities to train. I was given extra courses to do as my client's care plan changed over time and I always felt I had enough training for the client's needs."
- Before working alone, new staff had initial training and shadow shifts alongside existing staff. They and their manager completed an induction checklist, as a check that all areas had been covered.
- Staff new to health and social care were expected to complete the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Existing staff had periodic refresher training in key topics such as health and safety, fire safety, moving and handling, food hygiene and equality and diversity.

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

- Care plans contained clear instructions about the support people needed with preparing food and drink and with eating and drinking.
- People's dietary needs and preferences were included in their care plans. This included any swallowing difficulties, speech and language therapists' suggestions for managing these safely and whether the person chose to follow these.
- Staff followed eating and drinking care plans. Care records reflected the support they had provided.

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

- Care records listed the contact details for people's health and social care professionals.
- Managers and staff worked closely with healthcare professionals to help ensure the best outcomes for people.
- Staff were attentive to signs of possible health changes and reported these to the management team. Managers made prompt referrals to the relevant professionals and ensured staff followed any instructions received.

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 MCA 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 when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People were able to give informed consent to their care. Their consent was documented in their care records.
- Managers and staff had training about the MCA. They understood the importance of obtaining informed consent to care and that this could be withdrawn at any time. They recognised this included obtaining consent from people with cognitive impairment, unless they lacked the mental capacity to understand the implications of consenting, or withholding consent, to care.



Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant 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; Supporting people to express their views and be involved in making decisions about their care

- People had small, regular teams of staff who got to know them well. A relative remarked on the high level of consistency in care "because it's always the same carer who comes in".
- The service had received positive feedback from people and relatives about how people were treated and supported, including being acknowledged as partners in their care. This was mirrored in the way staff spoke about people and the support they needed.
- Care plans were personalised, reflecting people's preferences and what was important to them. They included details of protected equality characteristics such as religion.

Respecting and promoting people's privacy, dignity and independence

- Staff treated people respectfully, upholding their privacy and dignity. A relative described how the care worker had gone "above and beyond" in the way they supported both parents, although only one received care.
- Staff respected and fostered people's independence. Care plans emphasised what people chose to do for themselves. For example, one person remained in charge of ordering their medicines although they latterly needed assistance physically handling them.
- Assessments considered people's preferences for staff of a particular gender to provide care.
- Confidential information was kept secure. Staff involved in a person's care had password-controlled access to the computerised care records.



Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received care tailored to what they needed at any one time. A relative commented on how responsive the management team were when they contacted them, ensuring the person and their spouse had the support they needed.
- Care plans were clear and up to date. They contained the detail staff needed to be able to provide individualised care. A member of staff commented, "Care plans are clear and easy to follow. The computer system/app provides all the necessary information to support the people I care for."
- Senior staff reviewed care plans monthly to check they reflected people's current needs, updating them as necessary. If someone's needs changed between times, care plans were updated at the time.
- Staff had a good understanding of people's care plans, which they followed accordingly.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were assessed and considered in their care plans.
- Whilst this information was shared with health and other social care providers when necessary, it was not always clear at first glance.

We recommend the provider reviews how they flag communication needs to staff and external stakeholders within people's care plans and summaries.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Although the service mostly supported people at home, staff assisted people who wished to keep in touch with their families and friends.

End of life care and support

- Staff worked closely with healthcare professionals, especially GPs and district nurses, to provide care at the end of life for people who wished to die at home.
- Where people had chosen to discuss their preferences for end of life care, these were clearly documented. People's care records contained details of advance decisions, multi-disciplinary advance care plans and allow a natural death (do not attempt resuscitation) notices, where these were in place.

Improving care quality in response to complaints or concerns

- Impressions Care had a complaints policy, which gave information about how to raise a complaint and detailed how the service would acknowledge and investigate it. It explained how complainants could escalate their complaint to the Local Government and Social Care Ombudsman if Impressions Care did not resolve it to their satisfaction.
- People received written information from Impressions Care about how to raise concerns and complaints.
- The one complaint received in 2022 had been dealt with promptly, transparently and fairly.
- The service's feedback from people and relatives indicated they would feel able to raise concerns with the management team if they needed to.



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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- A relative gave positive feedback about the management team. They said they could contact the service at any time and that "the team, [registered manager] and [named manager] in particular, have always been very helpful, friendly and compassionate." The service had received similarly positive feedback.
- The registered manager and domiciliary care manager promoted an open, inclusive culture where people's needs and wishes were the central focus. This was reflected in care planning and delivery. A member of staff explained, "I am happy working for Impressions Care... because they always put clients' care and needs first."
- Staff confirmed the management team were readily available, approachable and fair. Comments included, "The management team are very easily approachable and have been fair to all staff."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager and domiciliary care manager had not needed to exercise the duty of candour. However, they recognised the need for honesty and transparency if something went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Managers and staff understood their roles and responsibilities. Staff had regular communication with managers, including supervision to discuss their workload and expectations of their work. A member of staff told us, "I receive regular supervision and support, which is very useful in helping me perform my job effectively."
- The registered manager and domiciliary care manager maintained an overview of the service through regular conversations with people using the service and their relatives, professionals and staff. They also

audited care and staff records to check these reflected care and support of a high standard. Prompt action was taken in event of any concerns.

- There were unannounced observations of staff providing care to ensure staff were working safely and effectively, in line with the provider's procedures. Staff received feedback from these spot checks. Staff said, "A senior or manager observes me while I am working on a regular basis and provides feedback" and "I have always felt part of a good team. Communication has always been good, and feedback is always given."
- The registered manager and domiciliary care manager were aware they must notify CQC of significant incidents and events. No notifications had so far been required.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The management team encouraged people and their relatives to give feedback about the service through conversations, care reviews and satisfaction surveys. The information gained was used to develop and improve the service.
- Staff were kept informed of what was happening at the service, including any changes in people's care. This happened through quarterly staff meetings, a secure messaging app, supervision and individual conversations with managers.
- Staff felt managers listened to them and took them seriously. Staff commented, "[Management team] have always made it easy to make suggestions or raise any issues and have listened" and "We are able to make suggestions or raise issues, and they are listened to."
- The management team maintained good working relationships with health and social care professionals.
- The service worked in cooperation with other care agencies involved with people's care, maintaining communication with them and providing staff in the event those agencies were unable to cover a care call.