Ideal Care Services Limited

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Inspection report

2 Woodbury Close
Tunbridge Wells
TN4 9LE

Tel: 07903817578

Date of inspection visit:
30 June 2022
06 July 2022
21 July 2022
26 July 2022

Date of publication:
31 August 2022

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
Ideal Care Services Limited is a homecare agency providing care to people in their own homes. The service is registered to provide care to older people, people living with sensory impairments, mental health needs, dementia, physical disabilities and learning disabilities and/or autism. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. There were four people receiving personal care at the time of the inspection.

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.

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

Right Support:
Staff supported people to live as independently as possible and be in control of their daily lives. People were provided with a choice in all their decision-making and families were involved where they wanted to be. People's risks in relation to their care were managed and staff understood how to maintain people's independence. There were sufficient staff to cover visits and people told us that they were generally on time with no missed visits. We were assured that the service were following good infection prevention and control (IPC) procedures to keep people safe.

Right Care:
People and their relatives told us they felt supported by staff in a kind, caring and dignified way. People's differences were respected by staff and they had undertaken relevant training to effectively support people. People told us that the care was consistent and that staff knew them well. The registered manager tried to match people with a carer of their choice where possible. People's right to privacy was respected and staff encouraged people to provide feedback about the care provided. Care plans were personalised and included information on people's healthcare needs, preferences and hobbies. People's preferences and abilities in relation to oral care were recorded clearly in care plans.

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.

Right Culture:
The culture of the service was open, inclusive and empowered people to live independent lives. People and their relatives were complimentary about the service, and felt their ideas and concerns would be listened to by the registered manager. People told us they felt that staff had helped them become more confident and independent, particularly following a hospital stay. Management had undertaken audits to look at ways of improving the service and identifying issues. Staff were complimentary about the management of the service and told us they were able to raise concerns with the manager.

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 1 October 2019 and this is the first inspection.

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

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.

Ideal Care Services Limited

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 carried out by 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.

Registered Manager
This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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 June 2022 and ended on 26 July 2022. We visited the location's office on 6 July 2022.

What we did before the inspection
We reviewed information we held about the service including notifications we had received from the provider. 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 three people who used the service and one relative to hear about their experience of the care provided. We spoke with five members of staff including the registered manager and carers. The registered manager is also the nominated individual for the service. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included four people's care plans and risk assessments. We looked at five staff files in relation to recruitment and supervision. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

Good

Is the service safe?

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

- People who used the service and their relatives told us, they felt safe with staff when they undertook care visits in their home. One person told us, "I do feel safe now I've got their trust." Another person told us, "I feel safe with them." A relative told us, "I'm sure [person] is safe. [Person] has never said otherwise, and I always check up."
- Staff told us they understood what would constitute abuse and the steps they would take if they needed to raise a concern. One member of staff told us, "A type of abuse is emotional abuse. I would report to the Kent Council Safeguarding. We have a number. If not, I can report to CQC." Another member of staff told us, "Sign of physical abuse could be bruises for somebody. If they are there one day and not the day before, I would have to call the safeguarding."
- Staff had undertaken training for safeguarding and whistleblowing, and there were processes in place for staff to follow. A member of staff told us, "They have a safeguarding and whistleblowing procedure."

Assessing risk, safety monitoring and management

- People using the service and their relatives told us staff had taken appropriate steps to identify potential risks and reduce the risk of harm. This included the risk of falls and one person commented, "I had falls, that's why they're coming in to help me. They do make sure that it's safe for me."
- Staff told us they knew how to reduce potential risks to people. One member of staff told us, "[Person] uses frame. We leave it at her side before we leave." Another member of staff told us, "You assess the person each day. We put the walker near the person and assist the person as well."
- Where people were at risk of falls, risk assessments provided staff with information on the person's ability to walk and the steps staff should take to best support the person, such as assisting the person with all transfers.
- Staff had also undertaken risk assessments for areas including skin integrity and environmental risks such as fire hazards.
- The provider had a contingency plan in place in order to prioritise people based on their needs in the event of an emergency.

Staffing and recruitment

- The provider operated safe recruitment practices when employing new staff. This included requesting references from previous employers, identity checks, right-to-work checks and checks with the Disclosure and Barring Service (DBS). DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

● People using the service and relatives told us they had not experienced missed visits and that visits were generally on time. One person told us, "They're usually on time." Another person told us, "They come on time each day." A relative told us, "Most times they are on time."
● The provider told us they had plans in place to cover for short-notice staff sickness which included the registered manager covering visits. Staff told us there was a sufficient number of them to cover visits. One member of staff told us, "I have enough time." Another member of staff told us, "We do have enough time in between [visits]."

Using medicines safely
● Whilst the service was not supporting people with their medicine administration at the time of the inspection, there were systems in place to ensure medicines were recorded appropriately. For example, there were medication administration records (MARs) in place for people's medicines to be recorded in. MARs included information on the dosage, GP surgery details and allergies.
● There were medication policies in place including for the administration, recording and safe disposal of medicines.
● Staff had completed training and undergone competency checks for the administration of medicines. One member of staff told us, "I have done the medication training. [The people who used the service] know what they have to take." Another member of staff told us, "Yes, we don't do medication but we have done the training and we had the observation."
● People were encouraged to take their own medicines with regular reminders from staff and their relatives. This meant people were able to maintain their current levels of independence in relation to their medicines management. One person told us, "I can manage my tablets alright. It helps me keep my independence."

Preventing and controlling infection
● People and their relatives told us staff followed good infection prevention and control (IPC) practice. One person told us, "They do always wear masks and gloves and protective clothing." Another person told us, "They have their own procedure. They know which piece [of personal protective equipment (PPE)] they need for every task."
● We saw that the provider had adequate supplies of PPE to ensure staff always had sufficient PPE when visiting people who used the service.
● The registered manager undertook regular spot checks to ensure staff were following national IPC guidelines.
● Staff told us they had undertaken relevant training and understood national guidelines in relation to the appropriate use of PPE. One member of staff told us, "We have everything, gloves and masks, aprons. We have done PPE training."

Learning lessons when things go wrong
● There were systems in place to ensure accidents and incidents were recorded and any lessons learnt shared. Staff understood their responsibility to raise concerns and record incidents and accidents appropriately. One member of staff told us, "I would document it and report to the manager." Another member of staff told us, "We do talk about things like accidents and incidents so that we are aware what is happening."
● The provider completed an analysis of accidents and incidents to see where risks could be reduced further in order to reduce the likelihood of recurrence. The provider used an electronic system to track accidents and incidents which included the time of day, the carer involved, when the incident was discussed with staff, action plans and any other trends noted.
● The registered manager understood their responsibility in reporting incidents to appropriate agencies, such as the local authority or NHS Clinical Commissioning Groups (CCGs). We saw in records that the

provider had worked with these agencies to achieve positive outcomes for people when issues had arisen.

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.

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 provider had assessed information about the individual prior to agreeing to take on a package of care. Assessments were completed through a combination of in-person and telephone calls.
● Assessments included information about the prospective service user's allergies, communication methods, general preferences, goals, religious needs and medical conditions.
● The provider was aware of their responsibility to deliver care in line with national standards, guidance and the law. The provider had provided training for staff which included Right Support, Right Care, Right Culture. This involved identifying a group of staff to deliver care for people with a learning disability and/or autism. Part of the assessment process included ensuring that the person was matched with a carer who had undertaken the training.

Staff support: induction, training, skills and experience
● People and their relatives told us they felt staff had the skills and experience to provide effective care. One person told us, "I think they know what they're doing." Another person told us, "They are very good at what they do."
● Staff told us they had received induction training, refreshers and competency checks. Training was delivered partly in-person, such as medication and moving and handling training. Other training was delivered as online training. One member of staff told us, "You do shadowing [an experienced member of staff], you have to do that. And then you do the training."
● Training modules included autism awareness and training to effectively support people with a learning disability.
● The registered manager had undertaken regular supervisions and spot checks to monitor staff performance and provide support. One member of staff told us, "[Registered manager] does supervisions and spot checks." Another member of staff commented, "[Registered manager] will ask you what training you will want to do. [Registered manager] will also add which training [registered manager] thinks is good for you, if you are okay with it."

Supporting people to eat and drink enough to maintain a balanced diet
● People were encouraged to maintain a nutritionally balanced diet whilst their choices were respected. One person told us, "They make my evening meal. I tell them what I want." Another person said, "They help if I ask. I like the same thing every day."
● Staff had undertaken training in food safety to ensure they had the skills to prepare meals in line with national standards, and they told us they offered people choices, particularly where people were at risk of

losing weight. One member of staff told us, "You give them their own choice. Maybe they want something different today."

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

● Whilst the majority of people preferred to organise their own healthcare appointments, they told us that they felt supported by staff should they change their minds or should their health deteriorate. One person told us, "They do call the doctor. I've asked them to help me." Another person told us, "I do it myself. I want to keep doing it while I can. They would ring the doctor if I needed them to."

● Staff understood their responsibilities in relation to ensuring that people had access to healthcare services when they needed this. One member of staff told us, "First of all, I'll call an ambulance and then I will check if there is anybody around. [Then] I will call our manager." Another person told us, "We help them to call the GP to book an appointment."

● We saw in care records that staff had liaised with the local authority, the local pharmacist and relatives to ensure timely care. For example, staff had worked with the local pharmacist to ensure people had sufficient stock of medicines.

● There were systems in place to ensure changes in healthcare needs were communicated effectively with the relative responsible for people's care in line with the person's wishes. One relative told us, "They're not in charge of giving the medication to [person] but they'll call me if there are any other issues."

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.

● All people who used the service had capacity to make decisions in relation to their day-to-day care. People's relatives and staff supported them to make decisions in line with their wishes. One relative told us, "If I wanted them to do anything extra, they would do it."

● Staff had undertaken training in relation to the MCA and understood its principles. One member of staff told us, "You have to involve them when taking decisions for them. You involve them in any decisions you are taking. You involve the family." Another member of staff told us, "They make choices of their own. I talk politely. You have to relate to [the person]."

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.

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

- People and their relatives told us staff were respectful, kind and treated people as individuals. One person told us, "They are kind and caring." Another person told us, "They are very kind and I am looked after." A relative told us, "Yes, they are caring. We are happy."
- We saw people had individual goals and objectives and staff helped them work towards these. People and their relatives told us they were supported to maintain and re-gain their independence, for example following a hospital visit. One person told us, "I'd like to get my independence back and they help me with that." Another person told us, "It's a good arrangement. I can manage on my own but it's good to know they're there. They stay in the bathroom as well. They encourage me to do as much as I can on my own." A relative told us, "They got [person's] confidence back when [person] fractured [their] wrist."
- The provider understood their responsibilities in relation to ensuring people were supported to maintain their independence and the importance of goals and objectives. They had undertaken training and had plans in place to ensure all relevant staff had completed their training prior to them supporting people with a learning disability and/or autism.
- Staff had been provided with 'Equality, Diversity and Inclusion' and LGBT (Lesbian, Gay, Bisexual and Transgender) Awareness training and understood how to be inclusive and treat people with respect. One member of staff told us, "We have done equality and diversity training."
- People were supported by the same care staff where this was possible in order for people to feel as comfortable as possible and to respect their right to privacy. One person told us, "I like it best when the same carers come. They try to keep the same carers." A relative told us, "They matched [person] with somebody."

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

- People and their relatives told us they were involved in making decisions about their care. One person told us, "I am always involved. I decide." One relative told us, "I didn't want them to do everything for [person]. They assist [person] and it's very good."
- We saw in care records that people and their relatives had been involved in their care. For example, it was clearly recorded which relative was to be contacted in relation to decision-making which was in-line with people's preferences.

Good

Is the service responsive?

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; 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

- Care plans were personalised with steps for staff to take to support the individual appropriately. Care plans included information on people's medical history, hobbies, interests and preferences. One person told us, "They are always writing down what they've done. I read it."
- Where a person was living with medical conditions, this was recorded in the care plan and how to support the person. For example, a person living with Parkinson's disease had information about their condition and how the individual might present. This meant staff had the information to ensure the person had the items that were important to them nearby and how to support them safely.
- Staff told us they had the time to read care plans and informed the provider if there had been changes to people's needs so that care plans could be updated. One member of staff told us, "You can check the care plans and then you know what care is right for the person." Another member of staff told us, "I have enough time to read the care plans."
- Whilst the service was not providing people with support for activities outside of their home at the time of the inspection, they told us they felt staff were flexible should they request this, for example to attend an appointment or to go to the local park. One person told us, "I haven't asked them for activities, but I would if I want to. I'm sure they would be able to help me." A relative told us, "[Person] had an appointment this week."
- Care plans included information on people's oral health care arrangements. For example, care plans detailed how staff should support people whilst allowing them to maintain their independence in relation to brushing their teeth or cleaning their dentures.

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 recorded in their care plans and there was information on how to effectively communicate with the individual. For example, care plans informed staff whether people were able to express themselves and the level to which they were able to. Where people used hearing aids, this was recorded in care plans.

● Policies and procedures were available in different formats such as large print and pictorial. There was nobody using different formats at the time of the inspection, but the documentation was available in case it was needed.

Improving care quality in response to complaints or concerns

● People and their relatives told us they knew how to complain, and they felt confident action would be taken in response. One person told us, "I criticise them. I'm being a bit harsh quite often." Another person told us, "I think they would address it." A relative told us, "I felt I could complain and it wasn't going to impact [person's] care."

● The provider had a complaints procedure in place and proactively sought out feedback from people to ensure they felt able to come forward with complaints. For example, where a person had complained about the time of care visits, the provider took immediate action to remedy this and communicated with the person throughout. The complaints procedure was available in various formats.

End of life care and support

● At the time of the inspection, there was nobody being supported with end of life care. Where people wished to discuss arrangements for their end of life care, the registered manager supported people with this. One person told us, "I haven't taken this offer up yet. [Registered manager] did ask me."

● We saw in care records that end of life care had been considered by the registered manager in line with people's wishes. For example, one person had details recorded in the care plan which informed staff where the person would prefer to remain should their health deteriorate.

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.

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

- People and their relatives told us the culture of the service was inclusive, person-centred and empowered them. People were complimentary about the management of the service. One person told us, "They know what I like and what I am like. [Registered manager] is very nice and friendly and I feel at ease with [them]." Another person told us, "[Registered manager] is a really good manager. I feel confident." A relative told us, "[Person] seems absolutely happy and we are happy."
- Staff told us the registered manager was approachable and spoke positively of them. One member of staff told us, "Everybody is approachable especially the [registered] manager. [Registered manager] listens to us when you have complaints." Another member of staff told us, "Ideal Care is managed well. There is teamwork."
- The registered manager told us it was important to them to ensure that people, their relatives and staff were able to approach them with any issues they may have. We saw during the inspection that the registered manager communicated effectively with people to ensure they felt supported.

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

- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) about important events that happen in the service. The provider had informed the CQC of events including significant incidents and safeguarding concerns.
- Relatives and the local authority had been informed of incidents and concerns. One relative told us, "If they're concerned then I get a call from [registered manager]."

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

- There was a clear structure of governance in place and staff told us they knew what their role was and where to go if they were unsure. One member of staff told us, "When we go to the [person's] house and you're not sure, you have to call the manager." Another member of staff told us, "My first point of contact would be [registered manager] if I was concerned." A third member of staff commented, "I know what to do, I would go to [registered manager]."
- The provider had undertaken regular audits of the quality of care provided and understood their

responsibilities in relation to regulatory requirements. This included audits for daily care records, COVID-19 testing, care planning, visit times and dignity and respect. Where actions were identified, the provider took steps to address these.

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

● People and their relatives had the opportunity to provide feedback on the service and told us they felt the registered manager was approachable. The provider had made regular telephone calls and undertaken visits to gather feedback about the care. One person told us, "[Registered manager] does ask me how [the carers] are. I usually say that they're alright. I know I can speak to [registered manager] about it if I need to check something." A relative told us, "[Registered manager] has asked three times. I've had calls to ask 'Is [person] happy with us?'"

● Staff told us they felt valued and supported by the registered manager. One member of staff told us, "I do feel valued." Another member of staff commented, "I feel very supported actually."

● The provider held regular meetings with staff through videocalls and there were systems in place for effective communication. This included discussions on visiting times and outcomes of investigations were shared. One member of staff told us, "I speak to [registered manager] regularly on the telephone, [registered manager] answers any questions I have."

Continuous learning and improving care; Working in partnership with others

● People and their relatives told us they felt the registered manager would listen if they had an idea of how to improve the service. One person told us, "As soon as I phone [registered manager], there's no problem. They're pretty prompt." Another person told us, "I'm sure they'd listen to ideas. [Registered manager] is a good listener."

● Staff told us they had discussed incidents and accidents and how to reduce the risk of them happening again, including how to improve the care provided. A member of staff told us, "We have zoom meetings twice a month. [Registered manager] asks us what we think."

● We saw in care records that staff had worked with healthcare professionals to achieve good outcomes for people. For example, where a physiotherapist was involved in a person's care, this was recorded in care plans and staff provided appropriate support in line with healthcare professionals' recommendations.