

Indiana Health Care Services Limited

Indiana Health Care Services

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Requires Improvement 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Indiana Health Care Services is a domiciliary care agency (DCA). The service provides personal care services to people in their own homes. At the time of our inspection 55 people were receiving personal care from the service.

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.

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

People did not always receive their care visits as planned and staff did not always stay for the allotted time. The providers systems that monitored the quality and safety of the service, were not always effective. People's rights to privacy were not always upheld.

The provider had safeguarding policies in place. However, staff were not always aware of the correct procedures to follow in relation to alerting outside agencies to concerns. Robust recruitment processes were in place to ensure only suitable staff were selected to work with people.

The ongoing risks associated with people's individual care needs were not always managed safely.

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 had received training to enable them to meet people's needs effectively. We saw that supervision meetings for staff were held regularly and staff felt supported by the management team to perform their role.

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

Enforcement and Recommendations

We have identified breaches in relation to safe care and treatment, privacy and governance. We have also made recommendations in relation to safeguarding at this inspection.

Rating at last inspection

This service was registered with us on 10 February 2022, and this is the first inspection.

Why we inspected

This was a routine inspection.

Follow up

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

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. 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?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was not always caring.

Details are in our effective findings below.

Requires Improvement ●

Is the service responsive?

The service was responsive.

Details are in our effective findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our effective findings below.

Requires Improvement ●

Indiana Health Care Services

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 team was made up of 1 inspector and 1 Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

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 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 28 April 2023 and ended on 6 June 2023. We visited the location's office on 28 April 2023.

What we did before the inspection

We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

During the inspection We spoke with the registered manager, the provider and the care coordinator. We reviewed a range of records. This included 10 people's care records and 7 medication records. We looked at 6 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including safeguarding records, quality assurance records and training records were looked at.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with five people who used the service, four relatives and six care staff.

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 requires improvement. This meant 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.

Staffing and recruitment

- Staffing rotas indicated there were sufficient staff to meet people's needs. However, the service did not always deploy staff effectively and this had a negative effect on some people's wellbeing. This meant that on occasions some people did not receive their medicines and personal care as planned and prescribed. A relative we spoke with described the impact that a recent missed visit had on a person. They told us, "(Person) was left having not received their personal care or tablets".
- We received mixed feedback from people and relatives regarding staff staying for the full length of their agreed care time. For example, comments included, "They don't stay for the agreed amount of time", "They arrive on time and stay the agreed amount of time, it is 30 minutes "and "The call is for 30 minutes but they rush through, and they go after 10 minutes".
- Some people and relatives we spoke with told us they had experienced late and, on some occasions, missed visits. One person told us, "The only problem is sometimes the care worker doesn't turn up and nobody lets me know".

The failure to ensure staff were deployed effectively was a breach of Regulation 18 (staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices.

Systems and processes to safeguard people from the risk of abuse

- The provider had safeguarding policies in place. However, staff were not always aware of the correct procedures to follow in relation to alerting outside agencies to concerns.
- Staff were able to explain their understanding of what safeguarding meant and knew how to report any issues internally. However, staff were not confident in raising safeguarding concerns externally due to "Data protection". This is not aligned to safeguarding best practice nor is it in line with the providers own policies and procedures.

We recommend the provider empowers staff and strengthens staff knowledge in relation to reporting safeguarding concerns externally.

- People and their relatives told us people were cared for in a safe way. One person told us, "They all are excellent". A relative said, "My husband feels safe in their presence".

Assessing risk, safety monitoring and management

- Risks to people's well-being were assessed and recorded. The risk assessments covered areas such as falls, medication and environment. For example, one person was at risk of falls, their risk assessment guided staff to ensure the person used the correct mobility aids and the action to take to reduce the risks associated with this person's care.
- Staff had a good knowledge of people's risks. Staff were trained to meet each person's needs and to understand the risks involved.
- The provider had a system to record accidents and incidents. We viewed the accidents log and saw appropriate action had been taken where necessary. A staff member said, "We complete the (accident and incident) form and inform (registered manager) immediately".

Using medicines safely

- With the exception of those people who experienced missed visits, people told us they received their medicines as prescribed. There were systems in place to ensure this was done safely.
- Staff were trained to administer medicines and received regular competency checks by the registered manager to ensure they followed correct procedures.
- People's medicine care records were detailed, accurate and up to date. They reminded staff of people's required doses and when the medicines needed to be administered.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The registered manager and provider ensured they reflected on occurrences where a lesson could be learnt and used this as an opportunity to improve the experience for people using the service.
- Staff knew how to report accidents and incidents and told us they received feedback at team meetings and on an individual basis.

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 ensured people's needs were assessed before they started with the service to ensure their individual needs could be met.
- People and relatives told us they were involved in the assessment process. A relative said, "We discussed [family member's] needs with the service".
- People's expected outcomes were identified, and assessments took account of current guidance. For example, nationally recognised tools were in place to assess people's needs in relation to falls.

Staff support: induction, training, skills and experience

- People felt supported by well trained staff. One person told us, "They are very good, and I cannot do anything without them". Another person said, "They are good, they record everything online and my daughter can read it."
- All staff completed an induction programme when they first started work. Staff told us, and records confirmed that they had the necessary training to support people effectively.
- Staff told us, and records confirmed, that they received regular supervision and appraisals. Staff told us they felt supported in their roles. One member of staff told us, "(Registered manager) gives us support and is always there to listen".

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

- The service had systems and processes for referring people to external services. The service involved people in decisions about their health.
- People were supported to live healthier lives through support to access health care professionals such as their GP's.
- Where appropriate, reviews of people's care involved relevant healthcare professionals. Guidance and advice from healthcare professionals was incorporated into people's care plans. For example, the service had worked closely with an occupational therapist to ensure the persons care was reviewed appropriately and safely.

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

- Initial assessments of care and support needs included a 'consent form'. People had signed and consented to their care and support.
- People were supported by staff that knew how to apply the principles of The MCA in their roles. One staff member described how they would act in a person's best interest if they had concerns about their capacity to make safe decisions.
- Records confirmed decisions were made in people's best interests and where necessary people were referred to appropriate bodies for decisions to be made.

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 requires improvement. This meant people did not always feel well-supported, cared for or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- During our inspection we saw evidence of an incident where staff had made allegations to a family member which breached a person's confidentiality, impacted on their human rights and removed the person's right to privacy.

The failure to ensure the privacy of a person was upheld was a breach of Regulation 10 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Staff described how they encouraged people they cared for to do what they could for themselves in order to promote independence.
- People's personal files were kept secure with only designated staff having access which ensured confidentiality. Staff used individual logins to access electronic records.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt staff were caring. They told us, "The care workers are good, they tidy up my stuff even though I haven't asked them to do it", "They are very kind and polite" and "They are marvellous". A relative told us, "They are professional. They care for my mum very well".
- Staff were provided with information about people's personal histories, what was important to them and what might concern them. They had a good understanding of people's preferences.
- The diverse needs of people using the service were met. This included individual needs relating to disability and gender.

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 the care being provided. One person told us, "They check in with me, to see how things are going".
- Care visits were planned to ensure they reflected people's wishes. Two people we spoke with described how they had requested changes to their care needs. Both people told us they felt fully involved in their care and were happy with how the service had catered for their needs.
- Staff told us they would provide choices during the visit so that the person was involved with their care, for example, how they would like their care delivered.

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

- People we spoke with gave a mixed response when asked if the service met people's communication needs. Whilst some people were satisfied, other people and their relatives told us how language could sometimes be a barrier when people were being supported by staff whose first language was not English. Comments included, "Mum has trouble understanding and she has a problem with hearing" and "They are lovely. It's just a question of understanding each other". This meant people did not always have access to free-flowing conversation, which at times included instructions relating to their care.
- We raised this with the registered manager who was able to demonstrate how this was being addressed by supporting staff with further education.
- People or where appropriate those acting on their behalf contributed to planning their care and support. People's assessments documented who had contributed and their input.
- Care plans contained detailed information about people's likes and dislikes to help staff get to know people and provide person-centred care and support.

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 initial assessments captured people's communication and sensory needs.
- Care plans were regularly reviewed to ensure these remained current. Reasonable adjustments were made where appropriate that ensured the service identified and recorded, the communication needs of people with a disability or sensory loss.

Improving care quality in response to complaints or concerns

- The provider had effective systems to manage complaints and the records reflected any issues received, these were recorded, fully investigated, and responded to as per provider's policy.
- People told us they knew how to make a complaint. People and their relatives told us they were confident that any concerns would be dealt with immediately.

End of life care and support

- At the time of our inspection no one was receiving end of life care (EOLC).
- The registered manager told us when needed, they would involve professionals to ensure people have a

dignified and a pain free death.

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 requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Whilst we saw some positive examples of quality assurance, the systems in place to monitor the effectiveness and safety of the service were not always effective. For example, the concerns we identified in relation to care visits had not been identified and addressed through the providers quality assurance process.
- Following the feedback, we received from people and their relatives we asked the registered manager to provide an up-to-date analysis of missed visits, late visits and where staff have not stayed for the allotted time. These analyses did not identify the missed visits that people had told us about.
- We raised this with the registered manager who told us that unless a visit is delayed for more than 4 hours it would not be recorded as a missed visit. This meant the system in place to identify missed visits was ineffective and impacted on people receiving their care and medicines as prescribed.
- These analyses for the months of March and April recorded multiple occasions where people had experienced late calls. However the service had failed to drive improvement in this area following these findings.

The absence of fully effective systems and processes to assess and improve the quality and safety of the service, was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

- Services that provide health and social care to people are required to inform the Care Quality Commission, (the CQC), of important events that happen in the service, without delay. The registered manager understood their responsibilities and understood what types of incidents were reportable to CQC.
- There was a clear staffing structure. Staff were aware of their roles and responsibilities. The provider and staff were enthusiastic and committed to further improving the service for the benefit of people using the service.
- The registered manager held regular staff meetings, to identify areas which required action, such as risk assessments and care plans that needed updating and to monitor service delivery. Any actions arising from these meetings were delegated to ensure a member of staff was responsible for their completion.

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

- The registered manager had supported the staff team to ensure the culture of the service was positive and

person centred. People and relatives spoke positively about the management and leadership of the service. Comments included, "I have the office number on my phone, they listen to me", "They go the extra mile each time. and "The office people are good. I know (registered manager), she is very nice".

- Staff spoke positively about the registered manager and the culture within the service. Comments included, "This job gives me joy and makes me love my job. (Registered manager) is friendly and supports me a lot" and "All good, they are amazing".
- It was evident throughout the inspection that the registered manager worked closely with staff and external professionals to offer an inclusive service and to review practices to drive improvements. They engaged with the inspection in a positive way and reflected on how they were managing the service.

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 CQC sets out specific requirements that must be followed when things go wrong with care and treatment. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The registered manager understood their responsibilities.

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

- The provider and registered manager involved people in various ways. People had opportunities to complete telephone reviews or raise any comments via an open-door policy at any time. One person we spoke with told us, "Yes, they ask about (feedback) on the phone. I know (registered manager)".
- The registered manager, staff and the provider demonstrated a commitment to providing consideration to peoples protected characteristics.
- Staff told us they were involved in providing feedback through team meetings and supervisions. Staff told us they felt listened to, valued and able to contribute to the improvement of care. Staff told us they were regularly praised for their hard work and commitment.

Working in partnership with others

- The service worked in partnership with health and social care professionals to ensure people received support to meet their needs.
- Records showed the provider worked closely and in partnership with the local authority and multidisciplinary teams to support safe care provision. Advice was sought, and referrals were made in a timely manner which ensured there was continuity of care.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 10 HSCA RA Regulations 2014 Dignity and respect Peoples rights to privacy were not always upheld
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The systems in place to monitor the quality and the safety of the service were not always effective
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider failed to ensure staff were deployed effectively