

Ignite Health And Home Care Services Ltd

Ignite Health and Home Care Service - Worcester

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 ●

Summary of findings

Overall summary

Ignite Health and Home Care Services provides personal care to 20 people in their own homes.

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 were positive about the care they received and about the staff supporting them.

People were supported by staff who understood how to keep them safe and understood the risks to their health. People were assured staff would arrive on time and who had been through recruitment processes including background checks. People's care was monitored so that any improvements to their future care could be incorporated.

People's needs were assessed to ensure their needs could be met by the service. People were supported by staff who had training and supervisions. Staff understood how to share any concerns for a person's health with the appropriate people and seek help where appropriate.

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.

People felt staff were caring and understood their needs. People felt able to communicate day to day needs and were treated with dignity and kindness.

People's care was planned around their wishes, preferences and needs. People's care was modified to meet any changes in need or preference. People understood how to complain but had not wished to because they were happy with their care. Staff understood people's end of life wishes.

People were confident if they contacted the administrative office staff would respond to them. People felt their care was well planned and reviewed regularly. Systems were in place to monitor the quality of care people received as well as their satisfaction with it. People and staff were encouraged to share feedback. The registered manager was supported by a management team who understood their role and how this contributed to people's positive experience of care.

Why we inspected

This was a planned inspection.

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.

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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 Care Act 2014.

Inspection team

There was one inspector in the inspection team.

Service and service type

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because we wanted to be sure there would be people at the office to speak with us.

Inspection activity started on 28 May 2021 and ended on 28 June 2021. We visited the office location on 28 May 2021.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We reviewed information we had received about the service, including any feedback from people using the service or notifications we received from the registered manager. We sought feedback from the local authority.

During the inspection

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with the registered manager and area manager.

We reviewed a range of records. This included three people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with three care staff by telephone.

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 for 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 told us they felt safe while they were being supported by care staff and having them in their home. Staff understood how to protect people from harm and had completed safeguarding training. The registered manager understood their obligations to report any concerns they might have in relation to people's safety.

Assessing risk, safety monitoring and management

- People's care needs were assessed and recorded in their care files for staff to refer to. People told us their care needs were reflected appropriately. Risk assessments were detailed in people's care plans and had been reviewed and updated as appropriate. Staff felt that the information given to them to support people was detailed and reflected people's care needs.
- Staff told us they if they had any concerns, they could ring the registered manager for advice. One staff member told us, "If we are ever unsure, we can call the office comma or the on call number and someone will help us out."

Staffing and recruitment

- People told us they were supported by the number of staff they expected to support them. Staff told us when people required the support of two care staff, the call was always undertaken by two staff.
- The provider's recruitment process was robust and included background checks and references to ensure they were safe to work at the service. Staff also told us they shadowed other staff until the registered manager confirmed they were able to support people safely.

Using medicines safely

- People were happy with the support they received with their medicines. Regular checks were undertaken to ensure people had received their medicines correctly and at the correct time. Checks were also undertaken to ensure staff were competent to safely support people with their medicines.

Preventing and controlling infection

- Staff told us they had access to PPE (Personal Protective Equipment). People told us staff always wore PPE when supporting them.

Learning lessons when things go wrong

- Accidents and incidents were recorded and shared with the registered manager. Staff told us they completed forms and called the office if they were unsure of anything. The registered manager reviewed accidents and incidents regularly to identify any trends and update people's care as appropriate.

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

- Assessments of people's needs were shaped following input from health and social care professionals prior to their care package commencing.
- People and their families were invited to participate in the assessment process and contribute their ideas to enable staff to further understand people's needs.

Staff support: induction, training, skills and experience

- People told they felt assured and confidence in the staff supporting them. Staff spoke positively about the training they had received so that they felt confident they were able to meet people's needs. One staff member told us, "I did all the training before I started supporting people which really helped my confidence". Staff also confirmed they shadowed experienced staff until they were ready to support people.
- The registered manager had systems in place to monitor staff training to ensure staff undertook training regularly.

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

- People told us staff always checked what they preferred before preparing a meal or drink for them. One person told us staff always asked them what they wanted to eat that day.
- Staff told us they always ensured people had access to drinks and a snack before they left.

Staff working with other agencies to provide consistent, effective, timely care

- People told us they were confident staff would call the doctor or emergency services if they needed them to.
- Staff told us they were given the contact details for services such as the GP and district nurses, to raise any concerns as and when required.
- Systems were in place for staff to alert the administrative office if they became concerned for a person's health. One staff member told us the registered manager came out to a person's house when they became concerned a person was becoming unwell and waited with them whilst the ambulance arrived full stop

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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.

There were currently no people under the Court of Protection. Staff understood the importance of obtaining a person's consent and care plans reflected people's decision making ability.

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

- People spoke highly of the care staff supporting them. One person told us, "They're brilliant". A relative told us their family member was in hospital and they missed seeing care staff who they regarded more like family.

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

- People told us care staff always checked they were happy with their care. One person told us, "They [care staff] always ask me if there is anything I need. They would do anything for me."
- Care staff told us they asked people what they would like support with at each visit as some people preferred to have support with a variety of things. For example, one care staff member told us, "You can't assume people want the same things all the time. It is best to check with people and check they are happy."

Respecting and promoting people's privacy, dignity and independence

- People told us care staff treated them very well and their dignity was always maintained. One relative told us they could not have wished for better staff, because they appreciated the way personal care was offered to their relative. They told us the person's dignity was always prioritised.
- Care staff gave examples of how they maintained a person's dignity. They told us they received training and knew the people they supported well. This helped them understand each person's individual preferences and how people preferred to be cared for.

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 were confident the care they received reflected their needs and wishes. People told us they always discussed their care with the staff supporting them and with the administration staff, to ensure their needs and preferences were met. Any changes in people's care needs were updated in care plans.
- One person told us they told the registered manager about a care staff member they did not want support from and the staff member did not support them again. Other people also told us required changes in days and times were accommodated.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- Staff understood how people preferred to be communicated with. For example, one staff member told us some people preferred them to speak loudly and close to them so they could understand them. The registered manager understood the importance of using communication methods such as large print, where this was appropriate.

Improving care quality in response to complaints or concerns

- People we spoke with did not have any complaints, but they knew how to complain and felt confident their issues would be resolved if they did. One person told us, "I've got no complaints. The care is 100%".
- The registered manager had a complaints process in place, and this had been followed on the occasion a complaint was raised.

End of life care and support

- Where appropriate, people's end of life wishes and contacts were known and recorded for staff to refer to.

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 were assured they could contact the administrative office and have any query they raised resolved in a timely manner. Staff were happy working for the service and described the registered manager as "Amazing" and "Really supportive".

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

- Staff understood the providers whistleblowing policy and felt confident to use it if they had concerns.
- The registered provider understood the need to investigate and respond to complaints and when it appropriate they made referrals to other organisations such as the Local Authority or CQC. Complaint logs included information about what actions had been taken to resolve the complaint. Complaints were responded to in line with the providers policy.

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

- Regular checks were made by the registered manager and regional manager of care note to ensure care notes were completed accurately by staff. Staff attendance at calls was also monitored to ensure staff arrived at the agreed time and stayed the duration of the call.
- Spot checks were also undertaken which included the use of PPE (Personal Protective Equipment)

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

- People told staff from the office either called or visited them to ensure they were happy with their care. They told they felt comfortable speaking with staff and sharing feedback about the service they received.
- The management team and care staff were diverse team and felt they understood and promoted an inclusive culture. Care staff had received training on Equalities and understood the significance of the protected characteristics.
- The registered manager was working with local stakeholders such as the local authority and clinical commissioning groups to keep their knowledge of best practice up to date.