

# Immaculate Healthcare Services Limited

# Immaculate Healthcare

# Services Limited Croydon

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

This inspection took place on 1 and 13 August 2018 and was unannounced. At the comprehensive inspection of this service on 19 September 2016 we rated the service as good overall in each of the five key questions.

Immaculate Healthcare Services Ltd Croydon is a service which is registered to provide personal care to adults in their own home. At the time of our inspection there were 190 people using this service.

The registered manager remained in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

The service was not always well-led because the provider's auditing process did not consistently or effectively identify issues where the service was not meeting their own quality standards. This meant that the service had not been improved or developed where it needed to be and we have made a recommendation the provider comprehensively reviews their auditing processes.

Some people told us they felt safe with the services they received and other people told us they experienced late or missed calls on occasions that meant their care was not provided as agreed with them. The provider had not regularly assessed staff competencies to administer medicines safely to people they supported.

There was a recruitment process in place for the selection of staff. This included checks with the Disclosure and Barring Service (DBS) to ensure potential employees were suitable to work with vulnerable people. Access to some of the staff file information was difficult and we were only fully enabled to see the correct information when the registered manager was present on the second day of the inspection.

Our inspection found that medicines were managed safely. Records relating to the administration of medicines were accurate and complete. The registered manager told us they were reviewing the process for 'spot checks' to ensure staff had the skills and knowledge to prompt medicines safely.

Staff were aware of the provider's policies and procedures to do with safeguarding people and they knew how to identify and report concerns about potential abuse.

There were appropriate numbers of staff on duty to support people. Most people were supported by a regular staff member or group of staff who they knew. People were provided with the care and support they required by staff who were trained and supported to do so.

Risk assessments for people, their home environment's and staff were carried out to ensure risks were identified. There were appropriate plans in place to minimise and manage these risks and to keep people and staff safe from injury and harm.

Staff we spoke with were motivated, passionate and enthused about helping people where they needed it.

Staff ensured people consented to the care they received. Staff were aware of how to respect people's choices and rights. People and their relatives were involved in decisions about their care and support. People and their relatives knew how to complain and felt confident their concerns would be addressed.

The provider dealt with complaints in a timely and thorough way. Staff felt confident in their roles and were aware of their responsibilities. Systems were in place to ask people their views about their care.

## 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. Some people told us they experienced late or missed calls on occasions. The provider had not regularly assessed staff competencies to prompt people to take their medicines safely.

Staff knew how to identify and report concerns about potential abuse. There were appropriate numbers of staff to support people.

The provider had taken steps to protect people from the risks of being cared for by unfit or unsuitable staff through effective staff recruitment.

Risk assessments to do with the person and for the environment were carried out to ensure risks were identified. There were appropriate plans in place to minimise and manage these risks and to keep the person safe from injury and harm.

**Requires Improvement** ●

### Is the service effective?

The service remained 'good'.

**Good** ●

### Is the service caring?

The service remained 'good'.

**Good** ●

### Is the service responsive?

The service remained 'good'.

**Good** ●

### Is the service well-led?

The service was not always well led. The provider did not have sufficiently comprehensive auditing systems in place to ensure the expected quality of service provision. Records were not always accessible. Spot checks did not cover checking staff's competencies in prompting people with their medicines safely.

People and staff were asked for their opinions via feedback surveys and the results from the last survey in 2017 were positive. Action plans were developed where required to address areas that needed improvements.

**Requires Improvement** ●

The registered manager and the staff were approachable and fully engaged with providing good quality care for people who used the service.

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# Immaculate Healthcare Services Limited Croydon

## **Detailed findings**

### Background to this inspection

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

This was a comprehensive inspection that took place on 1 & 13 August 2018 and was unannounced. This inspection was carried out by an expert by experience [ a person who has personal experience of using or caring for someone who uses this type of care service] and two inspectors.

Before the inspection we looked at reports from previous inspections and statutory notifications submitted by the provider. Statutory notifications contain information providers are required to send us about significant events that take place within services.

During the inspection we spoke with seven staff, the registered manager, a care co-ordinator and the field supervisor. We reviewed ten people's care records which included needs and risk assessments, care plans, health information and support plans. We also reviewed seven staff files which included pre-employment checks, training records and supervision notes. We read the provider's quality assurance records and complaints procedure. As a part of the inspection we contacted twenty-five people and their relatives to gather their views about the service people were receiving. After the inspection we spoke with commissioners from the local authority.

# Is the service safe?

## Our findings

Half the people we spoke with told us staff were often late for their calls and they did not always stay for the agreed length of time. These people also told us on occasions they felt their care and support was rushed. The other half of the people we spoke with told us they were happy with the service, their calls were on time and that they felt safe from harm or abuse. One person said, "I am happy with the service I get." Another said, "I do feel safe with the regular staff. They take the time I need to help me." People told us they knew how to raise concerns if they needed to do so. We raised with the registered manager the concerns some people had expressed about time keeping and late calls. The registered manager said they had identified the concerns and agreed that the scheduling of calls needed improvement. They said they had conducted a recent review of the process and as a result this had led to a re-arrangement of staff allocations to people to reduce staff travelling time. This was done to try to minimise late or missed calls. Staff said this had improved the time they had to spend with people.

People told us staff covered their calls when regular staff were on leave but they said they preferred to have regular staff as they were better aware of their needs. There were enough numbers of suitably skilled staff to meet people's needs safely. Staffing levels were determined by assessing people's individual needs and the support they required. Staff told us absences were planned and covered adequately. An on-call system was operated and staff told us they could contact someone for advice should they need to.

People were supported by staff who the provider checked were suitable to work with them. The provider obtained a completed application form and checked criminal records, identification, any health conditions, qualifications, training and employment history with references from former employers. On the first day of the inspection some of the references and other records were not found as they were not filed appropriately. At that time it meant it was not possible to see if the provider had robust processes in place for the recruitment of new staff. On the second day the registered manager was able to access these records for inspection. When we were provided with the information we saw that the recruitment process was satisfactory but we recommend the registered manager review the filing of associated recruitment papers.

People told us they received the support they required to safely manage their medicines. One person told us they managed their own medicines with prompting from staff. They told us this arrangement gave them more independence and control over their life. Another person told us, "Staff do tell me when it's time for me to take my tablets, as a reminder." The relatives confirmed that staff provided the prompts people required to manage their medicines. Medicines administration records were completed appropriately. Staff responsible for prompting medicines had completed training however their competency was not assessed regularly as part of the provider's 'spot check' system of staff supervision. The registered manager told us they were reviewing the process for 'spot checks' to ensure staff had the skills and knowledge to prompt medicines safely. We were shown the revised process and we were told this was being implemented immediately for all staff. We will assess the effectiveness of this new system for checking if staff are competent at our next inspection.

People were safe because staff knew how to identify and report concerns about potential abuse. Staff

received training and refresher courses in safeguarding adults and followed the provider's procedures to keep people safe. Staff were aware of the provider's whistleblowing procedures and when to alert external agencies such as the local authority or the Care Quality Commission about poor practice. Staff said they would report any possible concerns about abuse to the registered manager or to the local authority.

Risks associated with people's mental and physical health were assessed together with them and the choices they made were taken into account. The assessments were clear and included instructions for staff on how to minimise risks and keep people safe. New risk assessments were undertaken when people's needs changed or a new risk was identified. The risks included those for moving and handling people and for the use of hoists. How to manage these risks was planned for in people's support plans and this helped to keep people safe.

People were protected from the risk and spread of infection. There were effective systems in place to maintain appropriate standards of cleanliness and hygiene in people's homes. Staff had received training in infection control and when we spoke with them they were able to tell us the measures they took to minimise the risk of infection. For example by regularly changing their gloves for different elements of personal care. Staff told us they were supplied with appropriate equipment such as gloves and aprons that helped maintain good standards of hygiene. People's care plans contained guidance for infection control.

Lessons were learned and improvements made when things went wrong. The registered manager had systems in place to monitor accidents and incidents including incidents of missed calls with action plans in place to minimise the risk of re-occurrence. Staff understood the provider's policy in reporting incidents and accidents.



# Is the service effective?

## Our findings

People and their relatives told us that regular staff provided effective care and support for them. One person said, "My usual girls are good, they do everything that is expected of them and more." Their relative said, "I am happy. They do what is required of them and the regular ones do seem to know what they are doing." Another person told us they thought their care was exactly what was required for them and they were more than happy with the care and support they received.

People were supported by staff who were provided with relevant knowledge and skills through training and supervision. Records confirmed this. The staff told us they received the training they needed to carry out their duties competently and felt the quality of training was good. One staff member said, "I have had good training, I have covered all the required areas relevant to my job. It's been very helpful for me." All the staff told us they had access to a wide variety of appropriate training both face to face training and e-learning. Feedback gained from staff in the most recent staff survey [September 2017] reported that staff were happy with the range of training open to them and that it helped them to do their jobs more effectively.

All staff completed induction training before starting work with people. Staff told us they found the induction they received was appropriate in helping them familiarise themselves with their role. One member of staff said, "It was helpful in that I had not worked in this type of care before. I learnt a lot from the induction I had." Training records showed that staff received training relevant to their role, such as moving and handling people safely, administering medicines to people appropriately and safeguarding people at risk of abuse. There was a system in place to ensure that training was refreshed at regular intervals and staff remained up to date with their training.

Staff told us they were well supported by the registered manager. One member of staff said, "The manager really cares about this service. She makes herself available for any of us to discuss any issues we might have with our work."

Records confirmed that staff received supervision both in the form of individual meetings, group meetings and 'spot checks'. Staff told us they could discuss their work and any support they needed in these meetings. As we already mentioned earlier in this report we were told that part of the supervision process included "spot checks" of staff working in people's homes. These checks were carried out to assess staff competency against some of the agency's quality standards. These standards addressed issues such as: did staff arrive on time? were they seen to carry out the tasks set out in the person's care plan; did they wear their uniform and identity badge and was the person satisfied with the way their care and support was provided for them? The registered manager told us the "spot checks" provided constructive feedback where it was needed to make improvements. In some cases there was no evidence available to show how this was done and this could mean that concerns were not followed up. The registered manager told us that performance issues were addressed with staff in their supervision meetings. The revised "spot check" form did show that there was a process in place to ensure performance issues were followed up and signed off by the registered manager. Staff told us they received an annual performance appraisal and we were shown evidence of this by the registered manager.

The Mental Capacity Act 2005 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.

Most people had the capacity to make their own choices and decisions, according to their wishes and preferences. A relative said staff were polite and professional and respected their family member's wishes. The person and their relatives told us staff always asked for their consent before care and support was provided for them. The registered manager and staff told us they would work with the person and where necessary their relatives and any health professionals such as the GP to ensure appropriate best interests assessments were undertaken. One member of staff said, "I always ask people what additional support they need and how they would like things to be done."

The provider had arrangements to support people with eating and drinking where this was part of their care package. People we spoke with received support with their meal preparations and shopping for food. Their care plan gave detailed information about their likes and dislikes with food and drinks. Staff monitored if the person was eating and drinking well or whether they needed to be concerned about their intake or take action.

Staff had a good knowledge of people's support needs regarding eating and drinking. This support was provided in a way which met people's individual needs. The registered manager told us the focus was on enabling people to be as independent as possible.

People told us that staff helped them to make healthcare appointments and, if required, would also attend appointments with them. One person said, "I have been accompanied by my carer when I needed to see the doctor or once when I went to hospital they waited with me until the ambulance arrived."

# Is the service caring?

## Our findings

When we asked people about the care and support they received we got mixed responses. Some people told us they had experienced problems where staff turned up late for their calls. These people were not happy they had had to wait and they said this did not help them to feel cared for about the support they received. One person said, "It's when we get carers who are not our regular ones that they are sometimes late, this means our care is sometimes rushed."

Other people and their relatives said the care they received from the regular staff who supported them was caring. A relative said, "We have been lucky with the carers we have had because they have been our main support. This has helped them to understand my [family member's] needs and how they want their care and support to be given to them." Staff spoke about the people they cared for in a warm and friendly way. It was evident from talking with staff they understood and cared for the people they supported. The relatives we spoke with commented that staff seemed to be genuinely caring and had developed positive relationships with their family members.

The staff told us they enjoyed working at the service and valued the relationships they had developed with the people they cared for. One member of staff told us, "I enjoy my work, it's something I have always wanted to do." Another staff member said, "I am pleased to be able to help people who need the support we can give them. I like spending time with people."

The positive comments we received were also backed up by the information we saw in care plans. These contained information about people's likes and dislikes and how this impacted on the way they preferred to be cared for. Each person was described in a caring and individualised manner and the care plan gave staff clear information about what was important to people.

People and, where appropriate, their relatives were involved in the reviews of their care. A relative said, "They did review the support plan when our [family member's] needs changed. We were involved in the process." The person concerned confirmed this and they told us, "My health has deteriorated over time and so the support I have needed has changed and increased. The support from staff has also changed and I have three calls a day now. Staff have been good and they do help me to make decisions about how my care is given me."

People were cared for by staff who understood the importance of protecting their dignity and respecting their privacy. Staff spoke with people in a respectful manner. Staff told us they treated people as they would wish to be treated themselves and we observed that people were involved in all conversations. Staff explained how they ensured people's privacy was protected, such as by closing curtains and doors and encouraging people to carry out their own personal care where possible.

## Is the service responsive?

### Our findings

We asked people and their relatives how the service made sure they received care and support that met their needs. They said they received an assessment visit from office based staff or sometimes the registered manager before their care package started. They said they spent time talking about their needs, likes and dislikes and preferences for meeting their care needs. We also asked commissioners from the local authority the London Borough of Croydon for their views as they referred many of the people receiving a service from Immaculate Healthcare. The feedback we received was positive. They told us the service was responsive to meeting people's needs appropriately.

The staff had a good knowledge of people's care and support needs and how these had changed over time. Staff told us they were provided with sufficient information about people's needs and were updated when anything had changed. The care plans contained detailed and up to date information about people's needs. These were reviewed on a regular basis and changes were made when required. For example, it was noted that one person's health had deteriorated and their needs had therefore increased. Changes were made based on this information and communicated to staff.

The staff told us following the recent review of their schedules they now felt they had enough time to support people with the care they needed and also to have time to talk with them about their social interests. Staff said this helped people avoid social isolation and that people really appreciated it when there was time to talk as well. Staff spoke about the recent review of their allocations to people and they told us this had improved travelling time for them between calls and eased the problem of some late calls.

The people and their relatives told us they felt comfortable raising concerns and making a complaint and knew how to do this if needed. One person said, "I haven't had to complain but if I did I would certainly speak to the manager or someone in the office." The relatives said their concerns would be listened to and responded to appropriately.

The service had a formal complaints policy and procedure. The complaints procedure clearly outlined what a person should expect if they made a complaint. There were guidelines as to how long it should take the service to respond to and resolve a complaint. The policy mentioned the use of advocates to help support people who might find the process of making a complaint difficult. The procedure also outlined the process for the complainant to follow if they were not satisfied with the outcome of the provider's investigation into their complaint.

The registered manager explained that wherever possible they tried to resolve complaints informally. The service had a record of all previous complaints. The service complied with its own policy in terms of resolving complaints in a timely manner.

The registered manager told us some people's health condition deteriorated quite rapidly and the staff provided end of life care. The staff had received training in providing palliative care to people.

## Is the service well-led?

### Our findings

The service was not always well-led because the provider's auditing process did not consistently or effectively identify issues where the service was not meeting their own quality standards. This meant that the service had not been improved or developed where it needed to be. We recommend the provider comprehensively review their auditing processes to ensure they identify issues and problems that might affect the quality of the service.

Not all the records in the provider's office were well maintained and we found that in some the information such as staffing records were hard to access and were not always clear or stored logically or chronologically. An example of this was information to do with staff references that were unavailable for inspection on the first day. Supervision records for staff were not consistently held on their files and so it was difficult to assess the quality or frequency of those meetings with staff. Some of the information was only available when the registered manager was present on the second day of inspection.

As already mentioned earlier in this report the 'spot check' system did not include assessing staff competencies for safely prompting people with their medicines. The provider's auditing process had not identified this. Where other concerns were raised with staff performance in the 'spot check' process there was no evidence to show that remedial actions were taken. The registered manager told us these issues were addressed with staff at the time but there was no evidence to support this. The registered manager understood the need to improve the auditing process in order to ensure service provision met the provider's own expectation of a good quality service. As a result of this the registered manager told us they would review their quality assurance processes and this would include a complete review of the 'spot check' system and how identified issues would be actioned and resolved. They told us competency assessments will be included as part of the auditing process for all staff, to provide regular monitoring information about their performance. The provider also agreed to review the current medicines audits to ensure that they are robust enough to identify areas of concern and help to drive improvement.

Staff said the registered manager was approachable and supportive and they felt able to raise any concerns they had with them. Staff said they felt there was a good team spirit in the service and they felt well supported by their colleagues. They told us they felt valued and that the registered manager was very supportive and helped to create an open culture where staff felt able to speak and contribute to the development of the service. Comments we received included, "I enjoy my work, it is more important to me than anything else", "The manager is good. Very supportive", "The manager is very supportive and always there and ready to discuss anything", "If I have a problem or a concern I can speak with the manager anytime."

The provider's policies and procedures manual included guidance for staff for staff whistleblowing, how to make complaints and for reporting incidents and accidents. Staff told us they were required to read these policies and work within them. From the discussions we had with staff we saw they were familiar with these policies and procedures and knew what to do to ensure they were carried out as required.

The registered manager told us there were staff team meetings held every two or three months. We looked at the minutes from the last three meetings held before this inspection and there were a range of discussion topics some of which were to do with practical matters such as the scheduling issues already mentioned in this report. The registered manager also used staff meetings to discuss any issues or concerns about current working practices and any updates and changes within the service that staff needed to be aware of.

The registered manager said that they gained feedback from people and stakeholders by two surveys in September 2017, they asked 68 people who used the service and 44 staff for their opinions about different aspects of the service. We were provided with the report that summarised the results of these two surveys. The return from people using the service was 44%. 78% of those people were either extremely satisfied or very satisfied with the services they received. The return of staff surveys was 68%. Overall staff said they were happy with the training they received, their safety at work and the communications they received from the office. The registered manager told us they were planning to carry out another satisfaction survey this year in the autumn of 2018.

As part of our follow up after the inspection we contacted commissioners in the local authority and they told us they did not have any current concerns about the service. They said they had been working with Immaculate Care for more than one year. They reported the service had been engaging, taking on board suggestions and advice and that they wanted to provide a good service and get things right.

Staff received a staff handbook which they signed for and which included information about the agency and other information they needed to access whilst working such as their roles and responsibilities and relevant policies and guidance.

The registered manager was aware of their responsibility and what to report to the Care Quality Commission.