Immaculate Healthcare Services Limited

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Inspection report

Unit 1
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Date of inspection visit:
14 August 2018

Date of publication:
18 September 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

We carried out an announced inspection of Immaculate Healthcare Limited on 14 August 2018. Immaculate Healthcare Limited is registered to provide personal care to people in their own homes. The CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided. At the time of our inspection, the service provided personal care to 40 people in their homes.

At the last inspection on 11 February 2016 the service was rated 'Good'. At this inspection we found the service remained 'Good'.

The service had a registered manager. 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 legal requirements in the Health and Social Care Act 2008 and the associated regulations on how the service is run. The registered manager was away at the time of the inspection. The care manager supported us with the inspection.

Risks had been identified and assessed, which provided information to staff on how to reduce these risks to keep people safe. Medicines were being managed safely. There were sufficient staffing levels to support people. Staff had been trained in safeguarding vulnerable adults and knew how to keep people safe. There was a safe recruitment process in place to ensure staff were suitable to support people.

Staff had the knowledge, training and skills to care for people effectively. Staff received regular supervision and support to carry out their roles. People had choices during meal times and were supported with meals when required. Staff knew what to do if people were not feeling well. People's needs and choices were being assessed regularly through review meetings to achieve effective outcomes.

People and relatives told us that staff were friendly and caring. People were treated in a respectful and dignified manner by staff who understood the need to protect people's human rights. People had been involved with making decisions about their care.

Care plans were person centred and included clear information on how to support people. People and relatives were aware of how to make complaints if they wanted to and staff knew how to manage complaints.

Staff felt well supported by the management team. Some quality assurance and monitoring systems were in place to make continuous improvements. However, there was not an effective audit system in place to ensure medicines were managed safely. We made a recommendation in this area.

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 remains Good.	**Good**
Is the service effective? The service remains Good.	**Good**
Is the service caring? The service remains Good.	**Good**
Is the service responsive? The service remains Good.	**Good**
Is the service well-led? The service remains Good.	**Good**

Immaculate Healthcare Services Limited

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.

The inspection was carried out on 14 August 2018 and was announced. We announced the inspection because we wanted to ensure someone would be available to support us during the inspection. The inspection was carried out by one inspector and an 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.

Before the inspection, we reviewed relevant information that we had about the provider including any notifications of safeguarding or incidents affecting the safety and wellbeing of people. A notification is information about important events which the provider is required to tell us about by law. We also received a Provider Information Return (PIR) from the service. A PIR is a form that asks the provider to give some key information about the service, what it does well and any improvements they plan to make. We sought feedback from professionals that the service was involved with.

During the inspection we spoke with the care manager, field supervisor, care coordinator and administrator.

We reviewed documents and records that related to people's care and the management of the service. We reviewed five people's care plans, which included risk assessments, and five staff files, which included supervision records. We looked at other documents such as medicine, training and quality assurance records.

After the inspection, we spoke to six people, five relatives and five staff.

Good

Is the service safe?

Our findings

People and relatives told us that people were safe. One person told us, "I am totally safe." A relative told us, "Yes, (person) totally safe." Staff had been trained in safeguarding people. Staff were able to explain how to recognise abuse and said they would report abuse to the management team or the Care Quality Commission (CQC) and local authority.

Risk assessments were carried out and were specific to people's individual needs. For example, there were risk assessments in place for moving and handling, skin integrity and the environment. These risk assessments provided information to staff about how to lessen risks and keep people safe.

The care manager told us that there had been no incidents since the last inspection. The care manager and staff were aware of what to do if accidents or incidents occurred. There was an incidents form in place that could be used to record them. In addition, the care manager told us that if incidents were to occur, then this would be analysed and used to learn from lessons. This would ensure the risk of re-occurrence was minimised.

Systems were in place to reduce the risk and spread of infection. Staff had been trained on infection control and confirmed they had access to Personal Protective Equipment (PPE).

Staffing levels were appropriate. Staff told us that they were not rushed in their duties and had time to provide person centred care and support to people when needed. A staff member told us, "As long as I have been there, I have had no issues with rushing." Another staff member commented, "We do visits to clients on time. They are not far from each other." Most people and relatives told us that staff came on time. A person told us, "Yes, they are pretty good. Unless there is an emergency and they might be late." Systems were in place to monitor staff time-keeping and attendance to ensure staff were not late and missed calls were minimised. Rotas were sent in advance to staff to ensure they had adequate time to plan travel.

Pre-employment checks had been carried out, which ensured that staff were suitable to support people safely. We checked records of five staff. Three staff had been recruited since the last inspection and these showed that relevant pre-employment checks, such as DBS (Disclosure and Barring Service) criminal record checks, references and proof of the person's identity had been carried out.

People received medicines as prescribed. A person told us, "They will check that I have taken it." The service supported one person with administering medicines. Most people were reminded by staff to take their medicines. Medicine records were completed accurately. Staff received appropriate training in medicine management and told us they were confident with managing medicines.

Good

Is the service effective?

Our findings

Pre-admission assessments had been carried out to identify people's backgrounds, health conditions and support needs to determine if the service was able to support people. Using this information and the person's level of dependency, care plans were developed. The service assessed people's needs and choices through regular reviews with them. Where changes had been identified, this was then reflected on the care plan. This meant that people's needs and choices were being assessed to achieve effective outcomes.

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. We checked whether the service was working within the principles of the MCA.

Staff had received training on the MCA and were aware of the principles of the act. Consent forms had been completed by people and their relatives to consent to care and treatment. Staff told us that they always requested people's consent before doing any tasks. A staff member told us, "Everybody is different so you always have to ask them like if they want a wash or a shower." A relative commented, "Yes, they explain what they are doing."

Staff had received training to perform their roles effectively. People and relatives confirmed this. A staff member told us, "The training is really good." Another staff member commented, "We do get lots of training, it is helpful." Staff participated in training and refresher courses that reflected the needs of the people living at the service. Staff had received an induction, which involved shadowing experienced care staff and meeting people. Staff had also completed the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. Staff confirmed they received regular supervision and appraisals. Records showed that supervision had been carried out regularly. Supervision included discussing staff performance, development and dependability.

Care records included the contact details of people's GP, so staff could contact them if they had concerns about a person's health. Staff were able to tell us the signs to identify if people were unwell and what actions to take to report an emergency. A relative told us, "They called 999 when she had a (health condition)."

People received limited support with meal times as this was already prepared by people's family members. Care plans included the level of support people would require with meals or drinks. People were given choices by staff when supporting them with meals. A relative told us, "They heat meals up. I choose what I want." A staff member told us, "Yes, we always give them choice."

Good

Is the service caring?

Our findings

Staff told us they built positive relationship with people by talking about their interests and spending time with them. People and relatives told us staff were caring. A person told us, "They are pleasant." A relative commented, "From what I see, they are kind."

Staff ensured people's privacy and dignity were respected. Staff told us that when providing support with personal care, it was done in private. A staff member told us, "I make sure the doors and windows are closed. I cover the person as not to expose them too much and also always get their permission before I do anything."

Staff gave us examples of how they maintained people's dignity and privacy, not just in relation to personal care but also in relation to sharing personal information. Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity. We saw that confidential information such as people's care plans and medicines records were stored securely in the office.

Records showed that, where possible, people and their relatives were involved in making decisions about the care and support people received. Information on one care plan included that staff should assist a person to choose their own clothes but help dress the person due to a weakness on their arm. People and relatives had signed the care plans to confirm they agreed with the contents of the care plan.

People and relatives told us that people were encouraged to be independent. Records confirmed that people were to be prompted to complete certain tasks with the support of staff. A staff member told us, "I do encourage independence. Like with one person, I would give them flannel to wash their face by themselves. Also, after I help them with a shower, I ask person if they can brush their teeth by themselves."

People were protected from discrimination within the service. Staff understood that racism, homophobia, transphobia or ageism were forms of abuse and had been trained in equality and diversity. They told us people should not be discriminated against because of their race, gender, age and sexual status and all people were treated equally.

Good

Is the service responsive?

Our findings

Each person had an individual care plan which contained clear information about the support they needed. Care plans included people's interests, backgrounds and how to support people in a person-centred way. Information on one person's care plan included that the person had no strength in their arms to support themselves during transfer and was dependent on staff for this. Care plans were current and reviews took place regularly with people. A staff member told us, "Every client has a care plan that tells us what to do and not to do. It is helpful."

Staff were knowledgeable about the people they supported. They were aware of their preferences and interests, as well as their health and support needs, which enabled them to provide a personalised service.

The staff team worked together to deliver effective care and support. There was a daily log sheet, which recorded information about people's daily routines, behaviours and daily activities. Staff told us that the information was used to communicate with each other between shifts on the overall care people received and if a particular person should be closely monitored. This meant that people received continuity of care.

People had access to information that was accessible. People's ability to communicate was recorded in their care plans. The manager told us some people could not speak English and the service had employed staff that spoke certain languages to ensure people had access to information that could be communicated to them. Staff confirmed this. A staff member told us, "I speak Urdu. I also go to a client's house who speak Urdu and cannot speak English. It makes it easy to communicate with them."

No complaints had been received since the last inspection. A complaints policy was in place. Staff were aware of how to manage complaints. People and relatives told us that they had no concerns about the service but knew how to raise complaints.

Records showed that a number of compliments had been received from people and their relatives. Comments included, "I want to say (staff member) has been wonderful. She has done everything and more", "You have an excellent caring team. People always recommend the way you make them feel" and "(Person) carer has been excellent."

Good

Is the service well-led?

Our findings

There were systems in place for quality assurance. The management team carried out spot checks on staff to observe their performance on service delivery. The findings of the spot checks were recorded and communicated to staff. The service had requested feedback from people and relatives to identify ways to improve the service. The results of the feedback were positive.

The care manager told us that she did visual audits on medicines management. However, the findings and the areas that had been covered of the audits had not been recorded. This meant that if gaps were identified it would be difficult to identify if this was a recordkeeping error or if medicines had not been administered, which might require prompt action to ensure this did not affect people's health. This was important to ensure that any identified actions can be monitored and implemented. This would ensure there was a culture of continuous improvement in the service.

We recommend that robust medicine audit systems are in place to ensure the safe management of medicines.

Staff told us the service was well-led. One staff member told us, "(Care manager) is really nice. She is very helpful and understanding." Another staff member commented, "I never had any issues. I am very happy with them (management). Staff told us they enjoyed working for the service. One staff member told us, "I am very happy with the job. I work with older people. It feels like helping my parents."

Staff meetings were held regularly. At these meetings staff spoke about concerns, health and safety, staffing, time keeping, training and staff appearance. The meetings kept staff updated with any changes in the service and allowed them to discuss any issues. This meant that staff were able to discuss any ideas or areas for improvement as a team to ensure people received high quality support and care.