

Ideal Home Care Solutions Limited

Ideal Home Care Solutions Limited – Head Office

Inspection report

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Ratings

Overall rating for this service

Good



Is the service safe?

Requires Improvement



Is the service effective?

Good



Is the service caring?

Good



Is the service responsive?

Good



Is the service well-led?

Good



Overall summary

The inspection took place on 23, 25 and 27 April 2015 and was announced.

Ideal Home Care Solutions Ltd is a domiciliary care agency, delivering services in the South Woodham Ferrers, Chelmsford, Clacton-on Sea, Harwich and the surrounding areas of Essex. The agency offers a variety of personal care services, including domestic support, respite care and live in care.

The service has 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 requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Summary of findings

At the last inspection in July 2014, we identified three breaches of the legal requirements. We asked the provider to make improvements as risks and medicines were not being managed safely. We also identified that the quality systems which were in place were not effective.

At this inspection we saw that improvements had been made to medicines management and the processes for staff to follow were more robust.

People were safe and staff knew what actions to take to protect them from abuse.

Risk assessment processes were being updated as part of a new care planning process; however these focussed mainly on environmental risks and did not always provide staff with sufficient guidance on people's individual risks.

Recruitment processes were generally satisfactory although there was an oversight in one of the files we viewed, which had the potential to place people at risk.

People received support from trained staff who were regularly supervised.

Staffing was organised to ensure that people received care from a consistent team of staff. There were arrangements in place to respond to unforeseen events but we did receive some feedback about the impact of late calls, in one area. The management of the agency were looking at how they could make further improvements in this area.

The provider had policies in place with regard to the Deprivation of Liberty Safeguards (DoLS) and the Mental Capacity Act (MCA) 2005. The Act, Safeguards and Codes of Practice are in place to protect the rights of adults by ensuring that if there is a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals. Care staff had a good understanding of the importance of obtaining consent and protecting people's rights.

People were supported with meals and staff at the service worked with health professionals to support people with their health care needs.

People's independence was promoted by staff and people felt involved in their care. They had good relationships with the staff and were treated with dignity and respect.

The provider had a complaints procedure and there were records to show that matters were investigated and responded to. People had confidence that concerns would be investigated and addressed.

There were a range of systems in place to monitor the quality of the service being delivered. This included people's views as well as a range of audits. The service benefited from a clear management structure and visible leadership.

Summary of findings

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.

- People told us that they were well looked after.
- Risks to people's wellbeing had not always been identified.
- Improvements have been made to the management of medication.
- The provider checked people's suitability to work with vulnerable people.

Requires Improvement



Is the service effective?

The service was effective.

- Staff received training to enable them meet people needs.
- Staff sought consent prior to providing care.
- People are supported to eat and drink.
- People were given support to help them stay healthy.

Good



Is the service caring?

The service was caring.

- People trusted staff and thought that they were kind and caring.
- People were consulted about their care needs.
- People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

- People had their needs assessed and reviewed.
- Complaint procedures were in place and the findings used to improve care practice.

Good



Is the service well-led?

The service was well led.

- The service takes people's views into account.
- There is a clear management structure and visible leadership.
- Audits are used to measure quality and drive improvement

Good



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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 took place between 23 April 2015 and 06 May 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of 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, and their expertise was in the care of older people.

We reviewed information we held about the provider, in particular notifications about incidents, accidents and

safeguarding information. A notification is information about important events which the service is required to send us by law. We looked at safeguarding concerns reported to us. This is where one or more person's health, wellbeing or human rights may not have been properly protected and they may have suffered harm, abuse or neglect. We also contacted the local authority quality team and we used their comments to support our planning of the inspection.

We spoke on the telephone to fourteen people who used the service and one relative. We also attended a service user forum and spoke with three relatives and one person who used the service about their experience of the agency. We spoke with eight care staff as well as staff from the head office team. We telephoned five professionals and spoke with them about their perceptions of the care provided by the agency.

We reviewed a range of documents and records including care records for people who used the service, records of staff employed, complaints records, accident and incident records. We looked at records of staff meetings and a range of quality audits and management records.

Is the service safe?

Our findings

At the last inspection in July 2014 we asked the provider to take action to ensure people who used the agency were safe. This was because risks were not being managed consistently and people were not always being protected from the risk of harm. At this inspection we found some improvements had been made but further steps were needed to fully embed these processes.

People repeatedly told us that they felt safe and well looked after. One person who was blind described how they felt safe as staff knew where to place items where (the person) could find them when staff were not there. "I feel very safe with them looking after me."

Staff told us that they were provided with information about risks and there were clear arrangements in place regarding security and access to people's homes. We noted that people's care plans contained assessments of risk relating to the environment, such as lighting and flooring.

We also saw risk assessments regarding falls and malnourishment, however some of the risk assessments were not sufficiently detailed and did not give clear guidance to staff about the actions they should take to minimise risks. One of the records we viewed related to an individual who had a diagnosis of epilepsy but there was no clear guidance for staff to follow on how the risks associated with the individual's epilepsy should be managed. Another risk assessment advised staff to try different tactics when the person declined care rather than giving staff specific guidance as to the steps that they should take. The manager told us that they were part way through the implementation of a new care planning and risk assessment process but this was not yet complete.

At the previous inspection we found that medicines were not being managed safely. At this inspection we found that improvements had been made and a new medication administration system had been implemented. Staff confirmed that they had received training in the safe handling of medication and we saw competency assessments in individual staff members' files. Spot checks and audits were also undertaken to monitor the implementation of the new procedures and where errors were identified, there was evidence of follow up and learning actions. People told us that they were happy with the support they receive with their medication, and felt that

care staff were reliable and responsible. However some individuals expressed concerns about the punctuality of their visits and said that when care staff were late this impacted on their medication times, and how conditions such as diabetes were managed.

Some people told us that the care staff could be late in arriving and while some care staff rang and kept people informed others did not do so. One person said. "My lunchtime visits can be almost anytime, and this leaves me feeling very vulnerable, and aware of how dependent I am."

Staff told us that there was not a lot of time factored in for travelling time between calls but senior staff supported them if they were delayed. Staff told us that when issues are raised about visits in a geographical area changes were usually made. We spoke to the manager about late calls and the manager said that they were working on this issue in one geographical location. The manager acknowledged that the system that they had brought in to monitor timings was not working effectively and they were looking at a new system.

Staffing levels were satisfactory. Feedback from people about their care was positive. Staff told us that there had been an issue with staffing numbers earlier in the year but the situation had improved significantly. We spoke to the manager about staffing levels and the allocation of work. They told us that they had a flexible workforce who they could use to cover variations in needs but were looking at further recruitment in some areas.

Staff told us that they had been interviewed and that all relevant checks had been obtained to ensure that they were suitable to work with people who used the service. We looked recruitment files for three staff and saw that references and criminal records checks had been undertaken, but in one of the three files examined a staff member had started to work on a shadow basis before the references had been returned. The manager confirmed that this was oversight but people had not been placed at risk, as the new staff member was working on a supernumerary basis. Staff records confirmed that disciplinary processes were in place where concerns about practice were identified.

All the staff we spoke to understood the need to protect people and report any concerns to managers. They were aware of the different types of abuse and confirmed that they had received training on the actions that they should

Is the service safe?

take to protect people. There was a written policy but not all staff were clear about its contents and the role of the local safeguarding team. However the safeguarding records confirmed that staff were alert to issues regarding people's

safety and when matters had arisen appropriate referrals had been made to the local authority. The manager had not previously made the required notifications to CQC regarding safeguarding, but this has now been undertaken.

Is the service effective?

Our findings

People told us that they felt most staff were well-trained, and able to care for them with competence and professionalism. One person said, 'Everybody is doing a first class job, I'm really very grateful for all they do for me.' Another said, 'I'm so pleased with them – it's been a revelation. They're always 'clued-up' about my condition – it's as though they've been hand-picked for me.'

Staff had the skills and knowledge to meet people's needs. They told us that the induction training they received was informative and provided them with the knowledge they needed. We saw that care workers completed initial induction training which covered areas such as health and safety, safeguarding and moving and handling. We noted competency assessments on staff files which staff completed after training to demonstrate their understanding of what they had learnt. Staff told us that as well as the training they shadowed an experienced member of staff before working unsupervised.

The provider had recently made changes to the provision of training and all care staff were being booked into the new training. Staff were positive about the quality of the training and told us that they were working towards the new care certificate. We saw that coordinators and senior staff have recently been provided with leadership training which provided guidance and outlined their responsibilities.

Staff said that they were well supported and could contact the office and the on call person at any time. Staff meetings were held regularly with the support workers in the different geographical locations. Staff told us that they received supervision from a senior member of staff and a series of unannounced spot checks were undertaken to ensure that they were working to expectations.

We saw records to show that supervision were being undertaken with staff and the office team maintain oversight.

People told us that they were involved in their care and listened to. Staff were aware that people had to give consent to care and had the right to make their own decisions. They described how they obtained consent before starting to provide care and told us that training in the mental capacity act was included as part of the

induction process. The manager was aware of their responsibilities regarding the mental capacity act. They obtained details of power of attorney as part of the assessment process for any individual the provided care to.

Support was available to help people achieve a balanced diet. Most people who had meals or snacks prepared for them by the care staff, told us that this was done efficiently, and to their satisfaction. One person said, 'They'll always ask me what I want to eat, and try to do things the way I like them – they don't just take over

Staff told us that basic cooking skills training had been provided to staff in the past and told us they would report any concerns about eating and drinking to their coordinator. We saw that when one relative had expressed concern about what an individual was eating, the agency had responded by putting into place a food and fluid chart for care staff to complete.

People were supported with their health care needs. One person told us that the care staff understood their health needs and, "go the extra mile" to support, in any way they can. The individual was particularly complimentary about the regular morning care staff, who spotted if they were having a bad day, and kept a closer eye on them. The individual also told us that they felt that, if the need arose, the care staff would contact the GP or family members to ask for extra support on a particular day. This gave them peace of mind that they would not be left to fend for themselves. Another individual spoke about how staff were alert to issues such as pressure care and urine infections and sought medical assistance promptly.

Staff we spoke to knew what to do if there was an accident or a person became unwell. They described examples of how they had responded to changes in people's needs and where they had sought medical assistance. We noted a compliment in the records from a paramedic who had called to say how well things had been managed when they had been called out to an individual who was unwell.

Staff told us that they had been provided with fact sheets about a range of medical conditions such as multiple sclerosis. We saw examples of the fact sheets which included information about the impact on individuals as well details about medications and side effects.

Is the service effective?

Feedback from the health professionals we contacted was that communication was good and that the service had been proactive and sought professional advice when appropriate.

Is the service caring?

Our findings

People told us that the care staff were caring and compassionate. Staff were described as, 'very caring' and 'marvellous.' One person said, "I was hoping you'd ring me, so I could tell you how wonderful they've been to me. We just couldn't have coped without them. They come on time, and they're cheerful, reliable and supportive." Another person said, "My regulars, in particular, will go above and beyond what is required of them, they will ask if I need anything else done before they go. I always appreciate that."

Another person said, "They're all pretty good to be honest with you. Some are better than others of course, but my regular (carers) excel all the time."

It was evident from our conversations with people that the care staff who supported them knew them as individuals and were person centred in their approach. People told us that care staff did not rush them, and always stayed for the required time, and some said that they would stay on longer if they were needed for a particular important reason. One person said, "If they finish early, they'll sit and chat to me or go and help my (partner), they understand that (my partner) needs support too."

People told us that they were supported to express their views and had a say in how they wanted to be looked after. For example some people told us that they preferred staff of one gender and said that this request had always been respected by the agency. Another said they provide "exactly what I asked them to do."

A number of people spoke about being involved in their care to different degrees and how care staff promoted their independence. Staff were described as not taking over but listening to how they would like things done.

One person said, "They look after us both very well, I try to be as independent as I can be. I like the fact that they don't just take over, I can still do some things for myself." Another person said, "I only have feeling in one hand now, so my carer and I often do my cooking together – I appreciate the fact that I'm still able to do some things for myself."

We saw records which showed that people had been involved in the assessment process and their wishes were recorded. A professional told us that the agency had put in additional support and worked with staff to accommodate one person's preferences. This had meant that the individual had been able to stay in their own home.

People told us that they were treated with dignity and respect at all times. Staff were aware of the importance of confidentiality and the need to ensure that personal information is stored appropriately. We noted that it had been a topic at a recent staff meeting and staff had been reminded of their responsibilities. Staff described how they ensured privacy and dignity by for example drawing curtains and closing doors before providing personal care. We were told that staff had recently nominated Dignity champions who will take a lead in this area.

Dignity and respect had been the subject of a recent survey by the agency and we noted that the results had been overwhelmingly positive with the majority of people who completed the survey stating that their privacy and dignity had been upheld.

Is the service responsive?

Our findings

People told us that the care they received was personalised and responsive to their needs.

A person told us, “On bad days my carers step up their support for me.” Another person spoke about being discharged from hospital and how, “The carers were ready and waiting, when the ambulance brought me home. I knew then that I was in good hands, and that they were going to be my life-line.”

Staff told us that care plans were usually put into place before they visited and they were clear about what support was needed. Care plans were kept in the office and in people’s homes and we saw that client preferences were listed on the front sheet of the care planning document.

The provider was in the process of changing all the care plans and introducing a new format which aimed to be more person centred. The detail in the plans we viewed varied with some being detailed and informative including details of eye tests and how the person liked to communicate. Others contained less detail which meant that people may not always receive consistent care to meet their needs.

Staff told us that they mostly worked with the same people and could really get to know them. They described how they were able to be flexible and offer the level of support that people needed.

We were told that reviews were being undertaken on a six monthly basis unless needed beforehand. Each individual

was involved in this process along with key people in the individuals’ life. Professionals we spoke to confirmed that they had been invited and that the discussions had been helpful and focused on the individual’s needs.

People told us that they were supported to maintain relationships and to follow their interests. The agency was described as flexible and supportive. One person described how they had a service to attend and that they had asked for an early visit. The person said that, “the carer came in plenty of time to get me ready, took time to dress me so I looked smart.”

Another person told us how the agency worked around other social events. “It’s a reliable service, they don’t turn up when I’ve cancelled them, they don’t get the days mixed-up.”

Concerns and complaints were responded to and used to improve the quality of the service. People told us that they felt confident in raising concerns. Most people had not had reason to complain but those that had, said they had been taken seriously and actioned appropriately. This gave them confidence that they would be listened to if they had to raise an issue in the future.

We looked at the records of complaints and we saw that there was a clear process which included investigation and responding to the complainant at the end of the process. Where an error had been made, an apology was given and clear action points were identified for learning. All but one of the complaints had been investigated within a 28 day period. There had been a delay in one investigation however the complainant had not been kept updated. The provider told us that they were meeting with the complainant and were looking at learning from what had happened.

Is the service well-led?

Our findings

At the last inspection the service did not have effective systems in place to monitor the quality of care that people received. We found that some changes had been made and new processes were being implemented. Medication audits were in place and being undertaken on a regular basis. The findings were being used to drive improvement. Complaints, missed calls and other indicators were reviewed by the management team on a monthly basis.

We found that a number of different methods were used to assess the service and check it was meeting its aims and objectives. This included staff supervision, spot checks of performance and surveys.

One person told us about her care staff receiving 'spot checks' and how managers had turned up unannounced, to see how they were treating her. The person said, "I do appreciate that. It makes me feel more secure as a result." The person said that this made her feel that the agency wanted to know if there were any issues, so she could contact them if she ever had a problem.

Staff confirmed they received spot checks and that managers looked at areas such as medication and moving and handling. Records were available which confirmed that these were undertaken on a regular basis.

The service had carried out a quality assurance survey in October 2014. The results were positive with the majority of people being satisfied with the care they received.

The registered manager who is a director of the company and the finance director were both actively involved in the day to day management of the service. The manager told us that she also undertakes training with all new staff and uses this as a way of ensuring that staff know her expectations and how this should be translated into practice. Issues about practice and consistency which came to light during training were discussed with the management teams in the different geographical areas.

The provider had forums for both staff and people who use the service. The forums were arranged in each geographical area and used as way of learning from people's experiences and improving the quality of care. We attended a service user forum as part of the inspection process and saw that people were encouraged to make suggestions and reflect on the care that was being provided. Suggestions which were made were received positively and it was agreed that they would be taken forward.

Staff told us that they were encouraged to put forward ideas and the staff forum was used as a way of trying to find solutions to issues. Staff told us that there had been positive changes at the agency and it was improving. One carer said that company was, "coming of age, it is now much stricter." Staff said that they were able to make suggestions about how things could be done better and were listened to. One staff member described raising an issue at a staff meeting and how changes were made by the management team within a short period. An award for excellence had recently been introduced and staff were nominated each quarter, to encourage good and innovative practice.

The manager was described as proactive and was supported by a clear management structure in each of the different geographical areas. Out of hours there was an on call system for management support and advice. Staff told us that the arrangements worked well and they felt supported. They said that if they had any problems they could contact the office or out of hours number and they would receive help or advice.

Most people we spoke to felt that the agency was well run although some people raised issues about timings and the impact that this had on their care. The provider acknowledged that there were issues in some geographical locations and that they had not yet fully implemented the new care planning tools. However the manager was aware of both issues and had an action plan to address them.