

Immaculate Healthcare Services Limited

Immaculate Healthcare Services Limited Croydon

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

About the service

Immaculate Healthcare Services Ltd is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of this inspection it provided a service for 102 people. The Care Quality Commission (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 and their relatives told us they felt safe and were protected from the risk of abuse. The service had safeguarding procedures in place that staff were well aware of. Staff received training on safeguarding people.

Risk assessments and risk management strategies were in place as part of the assessment and support planning process. This meant risks to people and to staff were minimised.

There were robust recruitment practices in place and sufficient staff levels to meet people's needs.

The registered manager told us at the time of this inspection staff did not directly administer medicines to anybody as people's relatives took the responsibility for this. Where this was not possible and where people did not manage their own medicines, staff prompted people. The registered manager said all staff received appropriate training to help to ensure people received their medicines safely and staff had clear guidance to follow.

The registered manager ensured that all staff received appropriate training and support to understand and to manage COVID-19. This included best practice for infection control and the use of PPE.

There were systems in place to ensure that accidents, incidents and risks were appropriately recorded and included details of preventive strategies used by the service to reduce the likelihood of events occurring in the future.

Together with referral information, assessments of need and risk were carried out and these informed people's support plans which were reviewed and updated as people's needs changed.

People told us they were well supported by staff. They were supported to eat and drink according to their dietary requirements taking into consideration people's preferences.

People told us they were treated with dignity and respect. They told us staff had the right skills to deliver appropriate care and support.

People and their relatives said the registered manager welcomed feedback and they said complaints were

dealt with swiftly and professionally. People told us they thought the service was well led and that they were very happy with the support they received.

There were effective systems in place to monitor the quality of the service provided to people which ensured good governance. Technology was used effectively by the provider to ensure people were informed promptly about potentially missed or late calls. The service had systems in place to notify the appropriate authorities where concerns were identified. The culture of the service was positive, open and person centred.

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

Rating at last inspection and update

The last rating for this service was good (published 20th November 2019).

Why we inspected

This inspection was prompted because the service had not received a comprehensive inspection since October 2019.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Immaculate Healthcare Services Limited Croydon

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 2008.

Inspection team

This inspection was completed by one inspector.

Service and service type

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

Registered Manager

The provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run and for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

This inspection was announced. We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used this information to plan our inspection.

During the inspection

We visited the offices of this service. We spoke with the registered manager. We inspected 6 care files and 5 staff files. We also reviewed a variety of records relating to the management of the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about the service, what they do well, and improvements they plan to make.

After the inspection

We spoke with 6 people who used the service and 2 relatives on the telephone about their experience of the care provided. We also spoke with community health professionals on the telephone. We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives said they felt safe with staff. People told us staff supported them well and were careful to meet their needs. People's comments included, "I am supported by regular staff. They do everything I need them to do" and "They always check that I am ok with what has been done for me and before they go, they ask if I need anything else to be done."
- Appropriate safeguarding policies and procedures were in place to protect people from the potential risk of abuse. The registered manager and staff were able to describe their responsibilities in this respect.
- Staff received training for safeguarding adults that they told us helped keep them up to speed with current best practice and legislation.

Assessing risk, safety monitoring and management

- People's needs were assessed together with any potential risks in the provision of their care. Risk assessments contained information and guidance for staff to follow to reduce the risks identified such as with personal care and moving and handling.

Staffing and recruitment

- There were suitable recruitment checks carried out before staff started working. This helped to ensure people were supported by suitably skilled and experienced staff. These checks included criminal record checks, identity checks and references from previous employers. This meant only staff deemed suitable by the provider were employed to keep people safe.
- There were enough staff to support people safely. Staff confirmed this.
- People told us that staff maintained good timekeeping and stayed for the agreed length of time. One person said, "Staff are always on time. I have the same staff and they do everything that's been agreed in my care plan. If I ask for something else they can usually help me with it."

Using medicines safely

- The registered manager told us that at the time of this inspection staff were not required to administer medicines to anyone as people's families or relatives did this for them. People's relatives undertook the responsibility for this. Where this was not possible and where people did not manage their own medicines staff prompted people.
- We were told by the registered manager staff had received training with the safe administration of medicines. Records confirmed this. This meant that when necessary people would receive their medicines safely.

Learning lessons when things go wrong

- No accidents or incidents had occurred over the last year. The registered manager told us that there was a review system in place where discussions were held with staff so if there were to be an incident, lessons could be learnt to prevent similar incidents wherever possible.

Preventing and controlling infection

- Staff received training in infection control practices. They used personal protective equipment such as gloves and aprons when delivering personal care to people.
- Staff received training with food hygiene as a part of their ongoing training. This has helped to prevent the spread of infection among people.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider's infection prevention and control policy was up to date.

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.

At our last inspection this key question was rated good. At this inspection the rating has remained 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

- Prior to people receiving a service the registered manager met with the person and their relatives to assess their needs and identify the level of support they required. Needs assessments were undertaken in line with national good practice guidance.

Staff support: induction, training, skills and experience

- People received support from staff who had the knowledge and skills to undertake their duties.
- Staff completed an induction, including completion of the Care Certificate and mandatory training to ensure they were up to date with best practice guidance. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff felt well supported in their role and they received regular supervision. A care worker told us, "Every time you need anything my manager is always there."

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

- Where required, staff supported people with their nutritional needs. People confirmed that they received this help when they needed it. People said they were able to choose what they wanted to eat, and staff supported them to prepare it.

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

- Staff did not directly support people with their healthcare needs. However, if people needed support with their health, staff liaised with people's relatives and their GP. Staff were aware of signs of possible infection and would liaise with community nursing teams if they had any concerns, for example, in relation to catheter care.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests

and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- People received support in line with the MCA. People's consent was obtained prior to support being provided and staff ensured they provided support that people were comfortable with.
- At the time of our inspection no-one was deprived of their liberty.

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.

At our last inspection this key question was rated good. At this inspection the rating has remained 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 were treated well, and care workers had built friendly, caring relationships with them
- A relative told us, "We are very happy with the care worker who visits. They are really good, kind and compassionate." One person said, "I'm happy with the care I receive. I have the same care worker which is what I like because I know them and they know me."

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

- Staff provided support in line with people's wishes and choices. They involved the person and their family in their care and respected their decisions. Comments from relatives included, "We work together with the carers to make sure our [family member's] needs are best met" and "Yes, it seems to go well, my [family member] is happy with the kind care they receive, no problems."

Respecting and promoting people's privacy, dignity and independence

- Staff respected people's privacy and dignity, particularly when supporting them with personal care. People's comments included, "Staff are respectful when they help me with my personal care. They give me time and space, they respect my privacy and dignity."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection this key question was rated good. At this inspection the rating has remained 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 received personalised care that met their needs.
- Staff liaised with people and their relatives to ensure their views were captured and care plans were developed outlining how people wanted to be supported. A care worker told us, "With the IT support we have with our mobile phones, everything is made clear. We have people's care plans that set out exactly what we need to do. If I have any queries then I can ask the registered manager and she is there to help."
- People's care needs were regularly reviewed, and care provision was adapted according to any changes in people's health.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff communicated with people in a way they preferred and understood. Staff were aware of people's communication needs and adapted their communication style according to people's needs.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Care records included information about people's interests, likes, religion and cultural background. This enabled staff to have meaningful and engaging conversations with people and reduce people feeling socially isolated.

Improving care quality in response to complaints or concerns

- We reviewed the provider's complaints log. We saw that policy and procedures were followed and the complaints were resolved satisfactorily. People, their relatives and staff felt able to speak openly with the registered manager and knew how to make a complaint should they feel the need to. A relative told us, "I don't have any complaint but if I did I speak to the registered manager."

End of life care and support

- The registered manager told us they were not providing end of life care for anyone at present. We saw there was an appropriate policy and procedure in place for when this became necessary.
- When appropriate, staff understood people's wishes regarding their end-of-life care and their wishes as to

whether they wanted to be resuscitated and the level of care they wished to receive should their health decline.

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.

At our last inspection this key question was rated good. At this inspection the rating has remained good. This meant the service was consistently managed and well-led.

Leaders and the culture they created promoted high-quality, person-centred care. Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager communicated well with staff to keep them informed of any changes to people's care or service developments. Staff were asked for their feedback and felt engaged with the organisation.
- The provider communicated with external health and social care professionals to ensure people received the care they needed.
- Care was provided to people in a person-centred way. The provider took note of any equality characteristics and recorded them in people's care plans with guidance for staff on how to meet them.
- People and their relatives were involved in service delivery. They were asked for their views and opinions about service provision through informal discussions, meetings, spot checks and completion of satisfaction surveys. The findings from these were used to improve and develop practice when required.
- Comments from people and their relatives included, "I love the carers who attend to help me, I wouldn't change them at all", "My carers are faultless, they often do more than expected", "My carer looks after me like an old friend, they are caring and extremely patient with me", "It's been really good working with the carers for my [family member]. They are always ready to help us and the registered manager is always ready to listen."

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

- The registered manager was aware of their duty to submit statutory notifications about key events that occurred at the service in line with the service's CQC registration.
- There were systems in place to review and improve the quality of service provision. This included regular communication and visits from the registered manager.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong.
- The service apologised to people, and those important to them, when things went wrong.
- Staff gave honest information and suitable support, and applied duty of candour where appropriate.

Continuous learning and improving care; Working in partnership with others

- The registered manager was committed to continuous learning and improvement. They attended the local authority's provider forum to stay up to date with best practice and to share ideas.