

Impact Project Solutions Ltd

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Inspection report

137a
Broadway
Bexleyheath
DA6 7EZ

Date of inspection visit:
09 June 2023
12 June 2023

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02 August 2023

Ratings

Overall rating for this service

Requires Improvement 

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?

Requires Improvement 

Summary of findings

Overall summary

About the service

Impact Project Solutions Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, 31 people were using the service.

People's experience of using this service:

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it. At the time of the inspection, the location did not provide any specialist care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

Some people were not supported by effectively deployed staff. The electronic call monitoring system was not robust and failed to identify concerns regarding staff deployment, late calls, short calls, and one member of staff attending calls simultaneously at two different places.

People and their relatives gave us positive feedback about their safety and told us staff treated them well. People were protected from the risk of infection. Staff received support through training, supervision, and staff meetings to ensure they could meet people's needs. Staff told us they felt supported and could approach the management team members at any time for support.

Staff asked for people's consent, where they had the capacity to consent to their care. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

An assessment of people's needs had been completed to ensure these could be met by staff. People and their relatives were involved in making decisions about their care and support. People were treated with dignity, and their privacy was respected, and supported to be as independent in their care as possible.

Staff showed an understanding of equality and diversity. Staff respected people's choices and preferences. People knew how to make a complaint. The registered manager knew what to do if someone required end-of-life care.

There was an effective management structure at the service and staff were aware of the roles of the management team. They told us the registered manager was supportive and approachable.

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

Rating at last inspection

This service was registered with us on 20 August 2021, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement and Recommendations

We have identified breaches in relation to staffing at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

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 not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Impact Project Solutions Ltd

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 Health and Social Care Act 2008.

Inspection team

Two inspectors visited the service on the first day. One Expert by Experience made phone calls to people and their relatives to seek their views about the service. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. One inspector returned to the service on the second day to complete the inspection.

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

This 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, 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

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed

to be sure that the provider or the registered manager would be in the office to support the inspection.

Inspection activity started on 07 June 2023 and ended on 15 June 2023. We visited the location's office on 09 and 12 June 2023.

What we did before the inspection

Before the inspection we reviewed the information we held about the service. This included details about incidents the provider must tell us about, such as any safeguarding alerts that had been raised. 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 their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from commissioners and the local authority safeguarding team. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection

We spoke with 2 people who used the service and 5 relatives about their experience of the care provided. We spoke with 6 members of care staff, 3 office-based staff, the registered manager, and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included 2038 calls for 28 people for the period 2023-05-06 to 2023-06-05 (31 days), 5 people's care records, 9 staff recruitment records and a variety of records relating to the management of the service, including management of medicines, policies, and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at a range of records related to medicines management, staff training and quality assurance records were also reviewed.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- Some people didn't always receive their visits on time. For example, the service maintained an electronic call monitoring (ECM) system to monitor staff attendance and punctuality. We found staff were late for 9% of scheduled calls by more than 45 minutes and 21% of scheduled calls were over 15 minutes late. And 3% of scheduled calls (54) were short calls. This was when less than half the planned time is delivered. This meant some people's needs were not met in a timely manner.
- We found 191 pairs of calls were logged in at two locations simultaneously, showing the same member of staff was at two different people's home at the same time. That meant a large proportion of calls we don't know whether they happened and or whether people received the care they were supposed to.
- Staff rostering records showed out of 2038 staff calls, 44 (2.2%) of calls had no travel time allotted between two postcodes, which impacted on staff ability to arrive promptly.
- Quarterly staff meeting records showed, the issue of calls punctuality were discussed, but the problems continued. Staff told us, office staff were informed if they were running late, and then the office staff will ring people and reassure them that member of staff are on their way.

We found systems and processes were not robust enough to demonstrate staff deployment was effectively managed. This placed people at risk of harm. This was a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- We brought the above concerns to the attention of the registered manager, who told us they shall attend to them straight away.
- Notwithstanding the above, one person told us, "They [Staff] mostly turn up on time. I did have a poor timekeeper a while ago, but they have gone now, or at least they no longer come to me." One relative said, "They [Staff] do come on time." Another relative commented, "They [Staff] come on time and stay for their allotted times."
- The provider carried out satisfactory background checks for all staff before they started working. These included checks on staff member's qualifications and relevant experience, their employment history and consideration of any gaps in employment, references, criminal record checks and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

Using medicines safely

- People and their relatives gave positive feedback about the medicine administration. For example, one person said, "I do the ordering for my medicines, the pharmacy delivers them and they [staff] do my medication." One relative told us, "They [staff] do everything that needs to be done, including medication. I

trust them."

- Staff completed medicine administration records (MAR) as required, to ensure people received their medicines as prescribed.
- The service had a medicines policy in place and staff had completed medicines training. Their competency to administer medicines had also been assessed.
- The service had PRN (as required) medicine protocols in place for any medicines that people had been prescribed but did not need routinely.
- The registered manager carried out regular checks to ensure people received their prescribed medicines correctly.

Assessing risk, safety monitoring and management

- People and their relatives felt safe when receiving care from staff. One person told us, "I have been with them [provider] about a year now, I think they [staff] are fine." One relative said, "We have been with them [provider] for 3 years now. They [staff] are absolutely wonderful."
- People were protected from avoidable harm. The registered manager and senior staff completed risk assessments and risk management plans that included guidance for staff, where appropriate specialist input was sought. For example, about hoisting, moving and handling, falls, continent of urine and faeces, and skin integrity.
- Risk assessments were reviewed periodically or as and when people's needs changed. The registered manager monitored them to ensure they remained reflective of people's current needs.
- Staff knew how to respond to people's risks and needs.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. One relative told us, "They [staff] are absolutely perfect. No problems at all."
- The provider had a policy and procedure for safeguarding adults from abuse. The registered manager and staff understood what abuse was, the types of abuse, and the signs to look for. This included staff being aware of the action to take if they suspected someone had been abused and reporting their concerns to the registered manager and the local authority safeguarding team.
- Staff completed safeguarding training. They knew the procedure for whistle blowing and said they would use it if they needed to.

Preventing and controlling infection

- People were protected from the risk of infection. One person said, "They [staff] all wear their PPE, masks as well." One relative told us, "They [Staff] wear their PPE and dispose of it safely."
- Staff understood the importance of effective hand washing, using personal protective equipment, such as aprons and gloves and disposing of waste appropriately. This protected people from infection and cross-contamination.
- The service had infection control procedures in place and records showed that staff had completed infection control training, to ensure they knew how to prevent the spread of diseases.

Learning lessons when things go wrong

- There were systems and processes in place to manage and follow up on accidents and incidents.
- Staff knew how to complete accident and incidents records, as well as details of who they would notify, such as the registered manager.
- The registered manager monitored these events to identify possible learning and discussed this with staff.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

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

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's capacity to consent to their care and support was documented. People and their relatives, where relevant, were involved in making decisions about their care.
- People and their relatives confirmed that staff obtained consent from them before delivering care to them. One person told us, "They [Staff] always ask me before they do anything."
- Staff had received MCA training and understood people's rights under this legislation. The registered manager and staff understood their responsibilities under the MCA.

Assessing people's needs and choices; delivering care in line with standards, guidance, and the law

- People's needs were assessed to ensure these could be met by staff. Assessments looked at people's medical conditions, likes and dislikes, physical and mental health, continence, mobility, and nutrition.
- Where appropriate, relatives were involved in assessments and the information was used as a basis for developing personalised care plans to meet each person's needs.

Staff support: induction, training, skills, and experience

- The provider trained staff to support people and meet their needs. One relative told us, "I think they [staff] are well trained. They certainly do a good job here." Another relative commented, "They [staff] follow all their procedures properly which is reassuring too. I cannot praise them enough."
- Staff told us they completed comprehensive induction training and a brief period of shadowing experienced staff when they started work.
- Staff completed training required to carry out their roles. The training covered areas such as basic food hygiene, health and safety, moving and handling, infection control, safeguarding adults, and understanding learning disability and autism.

- Staff told us the training programmes enabled them to deliver the care and support people needed.
- The provider supported staff through regular supervision. Staff told us, they felt supported and could approach the registered manager at any time.

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

- Staff supported people to eat and drink enough to meet their needs. A relative told us, "I used to pop in at lunch time, but the staff make my [relatives] lunch now."
- People's care plans included a section on their diet and nutritional needs to ensure their needs were identified and any risks managed.
- Staff told us, people made choices about what food they wanted to eat and that they prepared those foods, so people's preferences were met.

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

- People were supported to maintain good health. People's health needs were recorded in their care plans along with any support required from staff in relation to this need.
- Relatives coordinated people's health care appointments and health care needs, and staff were available to support people to access appointments if needed. One relative told us, "The carer knows my [family member] really well and can spot anything different, such as behaviour or changes to their health situation. The carer will ring me and then we contact the GP. Between us, we look after my [family member] really well."
- Staff told us they would notify the office if people's needs changed and if they required the input of a healthcare professional such as a district nurse or GP.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity, and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff treated people with kindness and respect. One person told us, "We [the person and staff] have a good caring relationship now and they [staff] are supportive without being in my face, if you know what I mean." A relative said, "The carer deals with my [family member] really well and communicates really well too. The carer is kind and cares for my [relative] well. The carer is always happy and caring, we are lucky to have [carer]."
- Staff showed an understanding of equality and diversity. People's care plans included details about their ethnicity, faith, and culture.
- The service was non-discriminatory, and staff supported people with any needs they had with regards to their choice of food, disability, race, religion, sexual orientation, or gender.

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

- People and their relatives told us they were involved in making decisions about their care and support, including in the assessment, planning and review of their care. A relative told us, "They [staff] are caring, they have a nice plan to help us, and they look after my [relative] really well."
- Staff involved people in making decisions about their care. They told us, people were asked about their choices and preference before care was provided. A relative told us, "They [staff] are kind, it's like when my loved one needs something, they call me and arrange things for my loved one, with me."

Respecting and promoting people's privacy, dignity and independence

- Staff treated people with dignity, and their privacy was respected.
- Staff told us, they do not share personal confidential information with others and make sure that they cover people with towel when washing and dressing, close the door and window and draw the curtains when giving personal care.
- People were supported to be as independent in their care as possible. Staff told us they would encourage people to complete tasks for themselves as much as they were able to. A person told us, "We [the person and staff] have a basic routine, they [staff] help me to set things up. I try to do as much as I can before they arrive, and they can help me to do, what it is I am trying to do."

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Care plans included the level of support people needed from staff and what they could manage to do for themselves.
- Care plans were person centred and contained information about people's personal life and social history, their health and social care needs, family, and contact details of health and social care professionals.
- Staff told us, before they went to people's homes, they looked at their care plans to know how to support them.
- Staff had knowledge of the support people needed when delivering their care.
- Staff completed daily care records to show what support and care they provided to each person. These care records showed staff provided support to people in line with their care plans.

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.

- People's communication needs were identified and documented in their plan of care to ensure staff had relevant information on how best to support them.
- Staff we spoke with had good awareness, skills and understanding of individual communication needs, they knew how to facilitate communication and when people were trying to tell them something.
- The registered manager told us; they could produce information in a different format when asked for that met people's needs. For example, we saw a person's care plan was presented in their native language, in addition to English.

Improving care quality in response to complaints or concerns

- People told us they knew how to complain and would do so if necessary.
- The provider had a clear policy and procedure for managing complaints and this was accessible to people and their relatives.
- The provider maintained a complaints log which showed any concerns raised with the registered manager had been investigated and responded to in a timely manner, and there had been no repeat complaints from the complainant, after the initial concern was resolved.

End of life care and support

- The provider had a policy and procedure to provide end-of-life support to people.
- The registered manager was aware of what to do if someone required end-of life care to ensure people's end of life needs were met.
- The registered manager told us, there was no one that required end-of-life support at the time of our inspection.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care.

- The electronic call monitoring system and process were not effective, and this required improvement. For example, in relation to staff deployment, same member of staff showing up simultaneously at two different places, late calls and short calls. This meant the provider's own internal governance framework failed to identify this shortfall.
- The registered manager demonstrated a willingness to provide good quality care to people. They had started making improvements. For example, about staff deployment and call monitoring.
- Notwithstanding the above, we found some good practice, care plans were reviewed periodically or as and when people's needs changed and they were reflective of people's current needs with sufficient guidance for staff.
- Regular telephone monitoring and spot checks were carried out by field coordinators, to ensure people's assessed needs were met. We found the responses from people were positive.
- Staff meetings were held to discuss any changes in people's needs, guidance for staff about the day-to-day management of the service, coordination with health care professionals and any changes or developments within the service.

Promoting a positive culture that is person-centred, open, inclusive, and empowering, which achieves good outcomes for people

- People and their relatives were satisfied with the staff team and the registered manager for the care and support they received. One person told us, "They [office staff] are well managed. I call them if I need anything. All my paperwork is up to date. I am happy to have main carer with support from others when they are off." One relative said, "The manager has called me regularly, to see how my loved one is getting on. They need to keep doing what they're doing so well."
- Staff described the leadership at the service as approachable and supportive. A member of staff told us, "They [registered manager and office staff] are always helpful, they are very good with communication. Last week, I had to call an ambulance for my client, the office was supportive, they made sure the family knew as I was busy supporting my client till the ambulance crew turned up." Another member of staff said, "Yes, they [registered manager and office staff] are good. I told them a customer is not walking as well, as they used to. The office arranged GP and physio assessment. The registered manager won't ignore concerns you tell her about."

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 service had a manager in post who was registered with CQC. They were aware of their registration requirements with CQC.
- There was a clear management structure at the service. Staff were aware of the roles of the management team.
- The service had an on-call system, to make sure staff had support outside of office working hours and staff confirmed this was available to them.
- There was a duty of candour policy. Staff were encouraged to report all accidents, incidents or near misses and to be open and honest if something went wrong.
- The registered manager carried out regular incidents and accidents checks, to ensure people's needs were met safely.

Working in partnership with others

- The registered manager and staff team were committed to working in partnership with other agencies and services to promote the service and to achieve positive outcomes for people. For example, they worked closely with commissioners and healthcare professionals.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing Some people were not supported by effectively deployed staff to meet their needs.