IJB Healthcare Ltd

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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

What life is like for people using this service:

This was our first inspection of IJB Healthcare Ltd and whilst there were only a few people, we saw systems and processes in place to ensure that there was good care and treatment for people using the service. One person told us they were, "Very satisfied" with the service and, "Couldn't think of any better."

The provider was aware of what life was like for people using the service as the nominated individual, the person responsible for the regulated activity at the service, was directly involved with the day to day business as they were also the registered manager. They knew the people using the service and had taken on the role of carer at times, so were aware of who people were, their needs and their preferences.

People told us they felt safe using the service. There were good safeguarding systems and process in place and staff had been trained on safeguarding. People had risk assessments to manage the risks to them and these were reviewed regularly. There were adequate staff at the service, all of whom had completed robust recruitment checks. Medicines were administered safely. People were kept safe from the spread of infection. Incidents and accidents were recorded and actions sought when things went wrong.

People's needs were assessed to ensure the service could meet their needs. Staff received inductions so they knew what they were supposed to be doing in their roles. Staff received training how to do their jobs. They were supervised. People were supported with their meals where appropriate. Staff communicated with each other so that people's needs could be met. We checked whether the service was working within the principles of the MCA and found them to be compliant. Staff understood the need for people to consent to care and sought permission.

We saw numerous compliments to the service highlighting their good treatment of people. People were supported to be involved in their care and treatment, signing agreement with their care plans. They completed quality surveys so as to express their views and provide feedback about their care. People's privacy and dignity was respected.

Care plans were person centred. People knew how to make a complaint. Complaints were acted on appropriately by the registered manager. There was no one at the service at the end of their life, though the service had policies and procedures for that undertaking.

People, staff and relatives thought highly of the registered manager and that the service was well managed. There was clear staff structure and staff knew their roles. People provided regular feedback to the service about their care. There were numerous audits and monitoring systems to ensure that the quality of care was maintained at a good standard and continuous improvement sought.

IJB Healthcare ltd met the characteristics of Good in all areas;

more information in Detailed Findings below

Rating at last inspection: This was our first inspection of this service.

About the service: IJB Healthcare Ltd is a domiciliary care agency. It provides personal care to people living in their own houses. It is registered to older people, younger adults, people with sensory impairment, people living with dementia and people with physical disabilities. A small number of people were using the service at the time of our inspection.

Why we inspected: This was a planned inspection based on our scheduling of regulated services.

Follow up: We will continue to monitor intelligence we receive about this service until we return to visit as per our re-inspection programme. If any concerning information is received, we may inspect sooner.

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

IJB Healthcare 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 as part of our regulatory functions. This inspection checked 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.

Inspection team: There was one inspector.

Service and service type: IJB Healthcare Ltd (Heritage Care Romford) is a domiciliary care agency that provides personal care to people in their own homes. CQC only regulates the personal care provided.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

What we did:

Before the inspection we reviewed:
•□The information we already held about this service, including details of its registration.
•□Any notifications of significant incidents the provider had sent us.
•□We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

On the day of inspection:
•□We spoke with the registered manager.
•□We reviewed the care records relating to all people who used the service at the time of inspection.

- The recruitment and training records of two staff.
- We checked policies and procedures
- Minutes of team meetings.
- We examined the quality assurance and monitoring systems in place.

After the inspection:
- We spoke with one person using the service by telephone.
- We spoke with one relative of a person who used the service.
- We spoke with one staff member.

Good

Is the service safe?

Our findings

Safe – this means people were protected from abuse and avoidable harm.

People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes and Learning lessons when things go wrong

● People told us they felt safe using the service. When asked whether they felt safe with the staff one person said, "Yes very much so." A relative also told us that, "yes", they thought the service kept people safe.

● There were robust safeguarding processes in place. There was a policy and procedure for staff to follow. The policy outlined the provider is committed to 'zero tolerance of any form of abuse' and to the local authority's protection of vulnerable adult's policies. The policy also explained what safeguarding was and defined abuse. The procedure stated what staff should do if they suspect abuse, their duty to inform the local authority and notify the Care Quality Commission when this had been done. Staff read the policy and procedure as part of their induction.

● Staff received training on safeguarding. We reviewed the training and found it covered safeguarding well. Staff told us they understood their responsibilities. One staff member said, "to ensure that people are safeguarded, and things are reported to the manager – and make sure it's all noted and reported." This meant that people were safeguarded from abuse as much possible as staff knew what to do should they suspect it.

● There had been no safeguarding issues at the service. However, the service had systems in place to analyse accidents, incidents and safeguarding. These systems sought actions, outcomes and future learning. There had been a late call incident, where a carer had not attend a call on time. The registered manager was able to shows us what had happened, the response to the person receiving the late call, as well as a response to their relatives and what measures they put in place following the incident. We found the response and measures appropriate. In this way the registered manager was also able to show us how they learned lessons when things go wrong. This meant that when incidents or accidents happened to people, the provider sought to ensure they didn't happen again.

Assessing risk, safety monitoring and management

● Risks to people were assessed, monitored and managed. A relative told us that, "yes", staff knew the potential risks to their relative. Staff told us they understood people's risks by, "reading the risk assessment." The registered manager told us that they completed risk assessments, that were reviewed regularly alongside people's care plans or "as and when risks to people changed."

● There were risk assessments in peoples care plans that were reviewed regularly. Risk assessments were personalised to individuals and covered different risks people faced. Risk assessments we saw were based on topics such as diabetes, moving and handling, lone working, falls and environmental risks. Risk assessments covered what could happen if a hazardous event (risk) occurred, what the consequence would be, what the likelihood of it occurring was and what to do to mitigate the risk. This meant that people were kept safe as the service knew what risks to people were, lessen them where possible and what to do if things went wrong.

Staffing levels

● There were sufficient staff at the service to meet people's needs. We asked people whether staff had enough time to work with them and weren't rushed, one person said, "Yes very much so – We're able to chat." We asked a relative whether there was enough staff and they said, "Yes and they've been on time." We looked at the system the service used to rota staff to visits to people. We saw there were sufficient staff to attend to people and the registered manager told us about their plans for future recruitment.This meant that people were seen by staff on time who weren't hurried in their roles.

● There were robust recruitment processes. The provider sought a full employment history and references before staff were employed. They also checked staff identities to ensure they were who they said they were. The provider also completed Disclosure Barring Service (DBS) checks on staff. DBS checks look at people's criminal records and their suitability to working with vulnerable people. These processes meant that provider kept people safe by ensuring the staff who were caring for them were suitable to do so.

Using medicines safely

● The service administered medicines safely. One person told us, "They makes sure my medication is ready for me to take then I take them." A staff member said, "they're in blister packs and I check the right date, time, quantity and put meds in a pot and then record once they've taken it."

● There were medicine policies and procedures in place. Staff recorded medicines on medicine administration record (MAR) sheets and the registered manager completed MAR sheet audits to ensure that medicines being administered were recorded correctly. Staff completed medicines training and competency assessments to ensure their understanding of policy and process for administering medicines. There were also risk assessments in place so that staff knew the signs of adverse reactions from taking medicines and what to do in those situations. This meant people were kept safe when taking their medicines.

Preventing and controlling infection

● The service had infection prevention controls in place. A person told us, "They wear both gloves and apron to support me." A staff member said, "Gloves, when preparing food and washing, aprons – We dispose of these after each use."

●The service had an infection control policy in place. Staff received training on infection prevention and understood the risks associated with infection and the need for infection control measures. We saw supplies of a gloves and aprons for staff to use. This meant that people were kept safe from the spread of infection.

Good

Is the service effective?

Our findings

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

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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

● The service completed assessments of people before they began using the service. Assessments were extensive and personalised, covering most aspects of people's lives. They focused on physical health, mental health, the promotion of independence and people's history. They were easy to read and follow as the language used was simple and relatable. For example, questions posed in the assessment were direct and person centred, 'what upsets you and makes you anxious?' and also, 'what can you do independently?'. Their simplicity ensured that that people and staff could read and understand them. In completing these assessments, the service knew whether they could meet people's needs. They also meant that staff knew what people's needs were so could provide them with more effective treatment.

Staff skills, knowledge and experience

● Staff were suitably skilled for their roles. People told us that staff knew how to do their jobs. One person said, "yes – A1 nursing service."

● Staff received an induction upon starting work. A staff member told us, "I was talked through policies and procedure, what I was doing, what I would be wearing, , my uniform and my id badge – we then did shadowing and then I was observed in practice." The induction included reading policies and procedures, training and shadowing experienced staff in their roles. Records reflected what staff told us. This meant the staff knew staff knew how to care for people when they began working for the provider.

● Staff received training for their role. One staff member told us the training they had received in the past twelve months, "CPR, back to life, medication, health and safety moving and handling, Mental Capacity Act and Deprivation Of Liberties Safeguards." Staff completed the Care Certificate, a nationally recognised foundation programme for people working in the social care sector, as well as a number of other mandatory training courses. The registered manager showed us some of the training materials used and the matrix they used to ensure staff had covered the training they were supposed to. This meant that people were supported by staff who were trained to do their jobs.

● Staff at the service received supervision. The service was still relatively new and staff had only received one supervision. However, this was in line with the provider policy on supervision scheduling and staff told us they felt supported in their role. We also saw evidence of staff being guided in their roles through spot check form. This meant that people were supported by staff who were supported to do their jobs. No one at the service had received an annual appraisal as the service was less than one year old at the time of the inspection.

Supporting people to eat and drink enough with choice in a balanced diet

● The service fed people where required. One person said. "[staff] is very good, gets my breakfast and makes me a cup of tea." A relative said, "[Person] doesn't get up till late but he is given a complan [nutritional

supplement] and meal and they will make him a sandwich later on." Care plans contained information about what people's dietary preferences were, their cultural needs around food and information on allergies. The provider had feeding and nutrition plans should people need them. This meant that people were supported to eat and drink healthily by staff.

Staff providing consistent, effective, timely care within and across organisations

● Staff communicated effectively with each other. Daily notes were used by staff to record the care they provided and these were saved in people's care plans. Daily notes were appropriately detailed and contained information that could assist with providing further care. Staff were also in regular contact with the registered manager, something we witnessed during our inspection. This meant that people were cared for by staff who knew their ongoing needs.

Supporting people to live healthier lives, access healthcare services and support

●. The service maintained information about people's health needs and were in contact with healthcare professionals where necessary. A relative told us, "if there's any concerns, [Registered manager] will phone me." Care plans contained information about people's health need and concerns. We saw records where healthcare professionals had been contacted to support people with their ongoing needs. This meant that people were supported to live healthier lives.

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 with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and found them to be compliant.

● One person told us they had been asked about whether the service had asked their consent to treatment, "yes, they do." A member of staff told us, "I have done MCA training and DOLS – I always ask people permission for things even if they have dementia."

● Care plans contained information about people's capacity and provided information about those who made best interest decisions for those with capacity issues. The service did not complete mental capacity assessment themselves but sourced these from families, GPs and social services. Staff received training on Mental capacity and understood the need to ask people's consent before providing care. The registered manager told us, "We will get access to capacity assessments, where there is none we'll look to do best interest decisions."

Good

Is the service caring?

Our findings

Caring – this means that the service involved people and treated them with compassion, kindness, dignity and respect

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported

● People told us they were treated well. One person said, "They seem very caring and make sure whatever their doing they're not hurting me." A relative told us, "Definitely, yes [they are caring], in the way they talk to and treat [person]."

● The service had received a number of compliments about the care they provided. One example regarded a person having their nails painted by staff and how this had lifted their spirits. Another compliment from a relative" My family member is very pleased with the care they are receiving. Having a full body wash daily and clean nightie makes them feel so much better." These compliments we saw and what people told us, demonstrated that people were treated well in ways they wanted to be treated.

● The personalised nature of people's care plans reflected the service sought to provide person centred care. This meant the care, support and treatment people received was specific to them to address their needs. Care plans were specific to people and highlighted what they liked and wanted. Staff understood person centred care. One staff member told us that person centred care was, "That individuals care – what they need and require, all the care around them" and added they know they are delivering it, "when the clients are happy." This meant that people got the support they wanted.

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

● People told us they were supported to express their views. One person told us the staff know how they like things done, "Yes, easily." Staff told us they involve people in making decisions. One staff member said, "By asking them questions asking what they prefer and don't prefer, observing."

● Care records were personalised and held information about people's likes and dislikes. They were signed by people or their relatives. This meant that people were involved in deciding their care and treatment and staff knew how best to support them.

● The service asked people to complete quality surveys. These surveys looked at the support provided by staff and asked whether improvements could be made. They gave people the opportunity to express their views about the care they receive. They gave the provider opportunity to drive improvement at the service. This meant that people had a say in the support they received.

Respecting and promoting people's privacy, dignity and independence

● People told us their privacy was respected and their independence promoted. One person told us, "They don't ask me any questions what are called nosey. They question all they can do for me."

● Staff understood the importance of treating people with dignity. Staff told us treating someone with dignity means, "Respecting their privacy and their thoughts and views." Staff completed the care certificate, in which one module focuses on privacy and dignity. We asked staff what they understood about treating people with dignity and working with people who had different culture and beliefs. They told us they worked

demonstrated dignity, "By not being judgemental – I respect what people believe." This meant that people were treated with respect and need not fear being different from their carers.

● People told us that staff promoted their independence. When asked did staff do so, one person said, "yes [they do]." Staff understood the importance of promoting independence and how to achieve it. One staff member said, "Encouraging them to do [things] for themselves and making them feel confident about it." Care plans highlighted people's personal aims, with specific reference to independence. This meant that people's independence was promoted by staff who knew when to do it.

Good

Is the service responsive?

Our findings

Responsive – this means that services met people's needs

People's needs were met through good organisation and delivery.

How people's needs are met

Personalised care

● People received care that was personalised and specific to them. One person said, "I am well satisfied and couldn't wish for anything more. The staff know me and know what I like." A staff member told us, "I get to read the care plans and [registered manager] gives me a good description about what people like and don't like."

● Care plans were personalised and detailed. They contained specific information about people's needs and preferences. We found them easy to read with detail written in a way that was easy for people or staff to follow. Care plans contained initial profile pages that highlight information that staff could understand a person's needs at a glance. For example, they stated what people preferred to be called, what was important to them, their preferences, their health needs, how to support them and who to contact if they need help. These profiles pages were followed by task sheets which mapped out exactly what care staff were supposed to do with people. For example, 'Daily morning, 9.15am – I would like my carer to shout out and announce their arrival letting me know their name.' This meant people were supported by staff who knew what people wanted and how to provide it for them.

● Care plans also contained people's assessments, risk assessments, detailed information about their health and medicines and what people would like to achieve from the care they receive (outcomes). Some examples we saw were 'I need help to dress myself' and 'I need help to prepare meals.' Care plans also contained people's lives and their personality. For example, 'I am proud of my close-knit family' and 'I adapt well to change'. We particularly liked people's life stories where we found good detail about the history of people and felt we understood a little of their past. This personalised detail meant that people received care from staff who know who they were, what they liked and what they wanted.

Improving care quality in response to complaints or concerns

● People knew how to make a complaint and told us they would feel able to do so. One person told us, "Yes I would [make a complaint] – I would speak to [registered manager] or the carer." A relative told us they had raised a concern, "There was an issue where a carer didn't go in and [registered manager] phoned us – and then gave us a follow up call after providing the care."

● There was a complaint policy in place. The registered manager explained to us that the policy and procedure was in people's care plans in their homes so that they could use it if and when they wanted. We saw that complaints were recorded and analysed. We looked at the complaint the relative told us about and saw that the provider had responded appropriately and drawn up actions for staff and the service to follow. This meant that that people could raise concerns and the provider listened to them and would make improvements where possible.

End of life care and support

● There was no one at the end of life using the service. However, the provider had an end of life policy and there were end of life plans for people to use when the need arise.

Good

Is the service well-led?

Our findings

Well-Led – this means that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Leadership and management

Provider plans and promotes person-centred, high-quality care and support, and understands and acts on duty of candour responsibility when things go wrong

- People and staff told us they thought the service was well managed and the registered manager was highly thought of. One person said, "yes [the service is well managed]." A relative told us, "I think [registered manager] is a really nice person, very professional." A staff member told us, "[registered manager] is a very good manager and they are very patient and a good listener – very welcoming." and also that the registered manager was a, "Good leader."
- The registered manager understood the needs of service and actively took on care responsibilities. They told us of their preference for a "hands-on approach" and felt their qualifications of registered nurse and PhD in the field of Public Health gave them insight into how best to meet people's needs. We saw that the assessments and reviews completed were done so by the registered manager. This meant people and relatives knew who the registered manager was and that the registered manager knew their needs.
- The service had a statement of purpose and a service user guide. Both these documents highlighted the aims of the service, to provide 'quality care' to people in their own homes 'tailored to meet their needs'. The registered manager told us of their plans to build their service with their focus on quality of care. This means that people using the service could expect to receive good quality care.

Managers and staff are clear about their roles, and understand quality performance, risks and regulatory requirements

- There was a clear staff structure and staff knew their roles. We spoke with the registered and staff about the work they did and they knew what they were supposed to be doing, highlighting a focus on quality person centred care. This meant people could expect care from a service where staff knew what they were supposed to be doing.
- The registered manager was also the nominated individual of the provider. A nominated individual is someone who is responsible for care provided by the provider. The registered manager had a vested interest in ensuring the care people received was of a good standard because they cared about the image of their company. The registered manager was fully aware of the risks people faced, their regulatory requirements and the onus for the service to provide good care. This meant that people received care from a service that was directly managed by someone who had a stake in the provider and therefore cared about the work that was being done.

Engaging and involving people using the service, the public and staff and Continuous learning and

improving care

● People were involved in the service. One person when asked whether the management would listen and act on what they say, said, "Yes, I'm sure they would." A relative told us that if they raised concerns they would be taken seriously, they said, "To [registered manager] and yes they would take it seriously."

● People and their relatives provided ongoing feedback about the service and completed surveys about the care provided. The registered manager spoke with people and their relatives regularly to find out whether people were getting the support they needed and whether any improvements could be made to the care. They also completed spot checks on staff, where upon they would seek feedback about the care being provided. The provider was also in the process of looking to send out 'satisfaction surveys' as another means by which to gather feedback and drive improvement. The registered manager stated that they would also seek staff satisfaction surveys. This meant that people and staff were involved in their care could have a say how it was being provided.

● The registered manager completed audits to monitor the safety and quality of the service to meet standards they aspired to and to drive continuous improvement. We saw audits on medicines, care plans and staff files. There were also audits available to be completed on safeguarding, complaints and accidents and incidents, however, given there were so few of these there was little to audit at the time of our inspection. All these audits fed into a quarterly analysis that the registered manager could view and draws actions from to drive improvement at the service. This meant that people at the service could expect to be kept safe and receive quality care.

Working in partnership with others

● The provider had forged local links with the local authority and peer care agencies and providers. The registered manager had linked in with local authority to receive the free training they deliver for care providers. They had attended previous training and networked with other providers in the area. The provider was linked into the Havering care network and would be attending providers meetings with the local authority once they received a rating from the Care Quality Commission following inspection. The provider wished to network and create partnerships so to ensure ongoing consistent, quality care for people.

● The provider was a franchise under the Heritage brand name. The brand, Heritage, promoted links between franchisees and therefore the provider was linked into a wider network of care providers with the similar aims, systems, policies and procedures. Franchise owners (providers) met regularly to discuss best practice and the challenges they faced. This meant that the provider sought to provide the best care they could for people by learning from peers.