

Impeccable Healthcare Services Limited

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Inspection report

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Date of inspection visit:

30 May 2017

31 May 2017

Date of publication:

05 July 2017

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

This announced inspection took place on 30 and 31 May 2017. This was the provider's first inspection since their registration in January 2016. Impeccable Healthcare Services Limited is a domiciliary care service providing personal care to people living in their own homes. At the time of the inspection 31 people were using the service.

At this inspection we identified breaches of regulations because the arrangements for the management of people's medicines were not robust. Whilst people received their medicines, medicine administration records (MAR) entries which did not specify the dose to be taken, or the strength of medicine to be given. Assessments on staff had not been conducted to ensure they were competent to administer medicines. The support people required with their medicines was not documented in their care plans.

We also found the provider had not taken action to ensure risk assessments included appropriate guidance for staff about how identified risks should be managed safely.

The provider did not have an effective system in place to assess and monitor the quality of the care people received. They had not maintained a manual or electronic call monitoring (ECM) system record to show that they had monitored visits to people homes to ensure they received visits at the agreed times, including when they were running late had been followed up effectively and identify any patterns to address.

You can see what action we told the provider to take in respect of these breaches at the back of the full version of the report.

Staff developed people's care plans to meet their individual needs. However, they did not record people's preferred time for calls in their care plan and staff maintained a flexible approach to call times.

There was a registered manager in place. 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.

People and their relatives told us they felt safe with the staff. The service had clear procedures to recognise and respond to abuse. All staff completed safeguarding training. The service had a system to manage accidents and incidents to reduce reoccurrence. The service had enough staff to support people and carried out satisfactory background checks of staff before they started working

The registered manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. Staff said they enjoyed working for the service and they received good support from the registered manager.

The provider involved people and their relatives, where appropriate, in the assessment, planning and review of their care. Staff supported people in a way that was caring, respectful, and protected their privacy and dignity. The provider sought the views of people who used the service.

The service provided an induction and training to staff. Staff were also supported through regular supervision and spot checks to help them undertake their role.

People's consent was sought before care was provided. The registered manager and staff understood the Mental Capacity Act 2005 (MCA) and acted according to this legislation.

Staff supported people with food preparation where required, in order to maintain a balanced diet. People's relatives coordinated health care appointments to meet people's needs, and staff were available to support people to access health care appointments if needed.

The service had a clear policy and procedure for managing complaints. People knew how to complain and told us they would do so if necessary. The service had maintained a complaints log, which showed that when concerns had been raised, senior staff investigated and responded in a timely manner to the complainant.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe.

Although, people were receiving their medicines, the arrangements for the management of people's medicines were not robust.

The provider had not taken action to ensure risk assessments included appropriate guidance for staff about how identified risks should be managed safely.

The service had a policy and procedure for safeguarding adults from abuse. Staff understood the action to take if they suspected abuse had occurred. People and their relatives told us they felt safe and that staff treated them well.

The service had a system to manage accidents and incidents to reduce reoccurrence.

The service had enough staff to support people and carried out satisfactory background checks of staff before they started working.

Is the service effective?

Good ●

The service was effective.

People and their relatives commented positively about staff and told us they supported them appropriately.

The service provided an induction and training for staff. Staff were supported through regular supervision and spot checks to help them undertake their role.

Staff sought consent when offering support to people. The provider and staff knew the requirements of the Mental Capacity Act 2005 and acted according to this legislation.

Staff supported people with food preparation. People's relatives coordinated health care appointments and staff were available to support people to access health care appointments if needed.

Is the service caring?

Good ●

The service was caring.

People and their relatives told us they were consulted about their care and support needs.

Staff treated people with respect and kindness, and encouraged them to maintain their independence.

Staff respected people's privacy and treated them with dignity.

Is the service responsive?

Good ●

The service was responsive.

Staff developed people's care plans to meet their individual needs. However, they did not record people's preferred time for calls in their care plan and staff maintained a flexible approach to call times.

Care plans included the level of support people required and what they could manage to do by themselves.

People knew how to complain and told us would do so if necessary. The service had a clear policy and procedure for managing complaints.

Is the service well-led?

Requires Improvement ●

The service was not well-led.

The provider did not have an effective system to assess and monitor the quality of the care people received.

The provider had not maintained a manual or electronic call monitoring (ECM) system record to show that they had monitored visits to people homes to ensure they received visits at the preferred times, including when they were running late had been followed up effectively.

The service had a registered manager in post. The registered manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. Staff said they enjoyed working for the service and they received good support from the registered manager.

Impeccable Healthcare Services Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Before the inspection we looked at the information we held about the service. This information included the statutory notifications that the service had sent to Care Quality Commission. A notification is information about important events which the service is required to send us by law.

This inspection took place on 30 and 31 May 2017 and was announced. The provider was given 48 hours' notice because the service is a domiciliary care service and we needed to be sure that the provider would be in. The inspection was carried out by one inspector and two experts by experience carried out phone calls to people and their relatives. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

During the inspection we looked at seven people's care records, five staff records, and six records related to the management of medicines. We also looked at records related to the management of the service such as details about the complaints, accidents and incidents, the management of medicines, and quality assurance and monitoring information. We spoke with 10 people and seven relatives about their experience of using the service. We also spoke with the registered manager, and three members of staff.

Is the service safe?

Our findings

The arrangements for the management of people's medicines were not robust. Staff told us they gave medicines to people straight from the blister packs. However, the support people required with their medicines was not documented in their care plans. The Medicine Administration Record (MAR) entries did not specify the dose to be taken, or the strength of medicine to be given, to ensure people received their prescribed medicines safely. Where people had been prescribed medicines 'as required' (PRN medicines) there were no up to date PRN protocols in place to provide guidance to staff on the reasons for giving the medicine, or what should be done in the event the medicine did not have its intended benefit.

The registered manager told us that staff had completed medicines management training but had not been assessed to ensure they were competent in medicines administration. This was confirmed by one staff member who told us, "I did the medicines training but I have not done the competency assessment." Staff training records we saw further confirmed this. This meant we could not be assured staff were competent to administer medicines safely.

We also found medicines requirements were not always documented in people's care plans so that staff were aware of the support that was required, in line with the provider's medicines policy. Additionally, the provider had not conducted medicine management audits to ensure people received their prescribed medicines safely at all times.

These issues were a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities Regulations 2014).

The registered manager told us that they would develop PRN protocols in consultation with the GP following our inspection and arrange for competency assessments to be conducted on staff. Following the inspection the registered manager had sent us an action plan showing how they planned to address the concerns found with the management of the medicines.

We found some good practice with the management of medicines. Medication administration records (MAR) we looked at showed that people received their medicines consistently. One staff member told us "I take out medicines from the blister pack and give them, and then complete the MAR sheet and daily care notes." People also received their PRN medicines at times that were suitable for them.

The provider had not taken action to make sure risk assessments included appropriate guidance for staff on how the identified risks should be managed. The provider had completed a risk assessment for every person when they started using the service and identified the potential risks to people. Risk assessments covered continence care, hoisting and transfers, and self-neglect (self-administration of medicines). However, there was no risk management plan in place with appropriate guidance for staff on how to reduce identified risks or the use of equipment and the level of support the person needed to reduce the risk. For example, where someone had been identified as being at risk when transferring, a risk management plan was not put in place which identified the use of equipment and the level of support the person needed to reduce the risk.

This was a further breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager sent us an example of a completed risk management plan about how to manage continence care, hoisting and transfers for people and also told us they would complete the remaining risk management plans promptly. We will check on this at our next inspection.

The service had enough staff to support people safely. Staff we spoke with told us they had enough time to meet people's needs. The registered manager told us they organized staffing levels according to the needs of the people who used the service and in consultation with service commissioners. One person told us, "I never had a [member of staff] not turn up. There are times when they are five or ten minutes late, but it is not a problem." Another person said, "They [staff] have been a bit late because of the bus or something that has put them back, but I have never been without. They [staff] phone me to let know that they are running late." A relative told us, "We have not had a missed call so far." However, another relative said, "Yes, there has been a missed call when the original carer resigned." Records showed there had been three missed home visits for people, since the registration of the service in January 2016. These had been investigated by the registered manager and action had been taken to avoid future reoccurrence. There had been no further missed calls since the action was taken.

However, other aspects for the deployment of staff to meet people's needs required improvement.. Staff rostering records showed that the provider had not always allowed enough time for staff to travel between calls. There was no communication record to show that the office staff had informed people when staff were running late to their scheduled home visits. The service on call system to make sure staff had support outside the office working hours required improvement. We reported the details under Well-led section of this report, and this required improvement.

The provider carried out checks to ensure only suitable staff were employed at the service. Staff files showed that the provider carried out satisfactory background checks of all staff before they started working. These included checks on qualifications and relevant experience, staff employment history and consideration of any gaps in employment, references, criminal records checks, a health declaration and proof of identification. This reduced the risk of unsuitable staff working with people who used the service.

People and their relatives told us they felt safe and that staff treated them well. One person told us, "Yes, definitely I feel safe and they [staff] are trustworthy people." Another person said, "Yes, their [staff] attitude and appearance makes me feel safe." One relative said, "I don't think we have any concerns with them [staff]."

The service had a policy and procedure for safeguarding adults from abuse. The registered manager and staff we spoke with understood what abuse was, the types of abuse that could occur, and the signs to look for. Staff knew what to do if they suspected abuse. This included reporting their concerns to the registered manager, the local authority safeguarding team, and the Care Quality Commission (CQC). All of the staff we spoke with told us they completed safeguarding training and the training records confirmed this. Staff told us that they would report any concerns to the registered manager and expressed confidence that the manager would respond straight away. They were also aware of the provider's whistle-blowing procedure available and they said they would use it if they needed to.

The service had a system to manage accidents and incidents to reduce the risk of them happening again. Staff completed accidents and incidents records. These included details of the action staff took and who they notified, such as a relative, the registered manager or a social and healthcare professional. The

registered manager reviewed each incident and monitored them.

Is the service effective?

Our findings

The provider trained staff to support people appropriately. People and their relatives told us they were satisfied with the way staff looked after them and that staff were knowledgeable about their roles. One person told us, "Yes, they [staff] know what they are doing." One relative said, "I am not usually around when they [staff] come but my [loved one] has never complained and is always saying how good they are." Another relative commented, "Yes, my [loved one] is fully aware of what is going on and she has no issues with the tasks they [staff] carry out."

The registered manager told us staff completed comprehensive induction training when they started work, and a period of shadowing an experienced member of staff. Staff completed mandatory training specific to their roles and responsibilities. The training covered areas from basic food hygiene, and health and safety in people's homes, to moving and handling, administration of medicines, managing challenging behaviour, and the Mental Capacity Act 2005 which included training on deprivation of liberty. Staff told us the training programmes enabled them to deliver the care and support people needed.

Records showed the provider supported staff through regular supervision and spot checks. One person told us, "Someone came around with my carer to see what she was doing." Another person said, "Spot checks happen every now and again." One relative commented, "They [staff] have spot checks every other month I believe." Areas discussed during supervision included staff wellbeing and sickness absence, their roles and responsibilities, and their training and development plans. Staff told us, the supervision meetings were useful to improve upon their day to day work. They said they worked as a team and were able to approach the registered manager at any time for support.

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. If the service wished to restrict the liberty of any person an application would have to be made to the Court of Protection. We checked whether the service was working within the principles of the MCA and established that the service was meeting the requirements of the legislation.

Staff understood the importance of asking for consent before they supported people. One person told us, "Yes, they [staff] do ask my permission before doing anything." A member of staff confirmed they sought verbal consent from people whenever they offered them support. The service had systems to assess and record whether people had the capacity to consent to care. At the time of our inspection the registered manager told us that all of the people using the service had capacity to make decisions for themselves.

Staff supported people to eat and drink enough to meet their needs. People's care plans included a section on their diet and nutritional needs to provide information for staff on the type of support they required to maintain a balanced diet. One person told us, "They [staff] do breakfast and lunch for me; I'm happy with the food." Another person said, "They [staff] heat up a microwave meal for me and that's fine."

People's relatives coordinated health care appointments and health care needs, and staff were available to support people to access healthcare appointments if needed. Details of people's individual healthcare needs were recorded in their care records. We saw contact details for external healthcare professionals and their GP were maintained by the service in case they needed to contact them in support of people's good health. Staff told us they would notify the office if people's needs changed and they required the input of a health professional such as a GP or needed to attend a hospital appointment.

Is the service caring?

Our findings

People and their relatives told us they were happy with the service and staff were caring. One person told us, "Yes, they [staff] understand my needs and they always try their best to help me." Another person said, "They [staff] always listen to what I say and try and help do whatever I want." One relative said, "They [staff] are very kind and caring." Another relative commented that, "They [Staff] are very caring; they have really helped us out."

Staff we spoke with were aware of people's needs and their preferences in how they liked to be supported. For example, one staff member told us, "I always give people options, they make a choice of certain foods and I ask them before giving any personal care, how they liked to be supported."

People were supported to be as independent in their care as possible. One relative told us, "Yes, they encourage [their loved one] to do as much as possible independently." Another relative said, "Yes, they [staff] encourage my [loved one] to get up and use a mobility equipment." Staff told us that they would encourage people to complete tasks for themselves as much as they were able to. One staff member told us, "I always encourage people to do things for themselves, like washing the places they can manage to reach on their own, picking food items from the fridge, and to put on their clothes."

Staff described how they respected people's dignity and privacy and acted in accordance with people's wishes. For example, they told us they did this by ensuring people were properly covered, and curtains and doors were closed when they provided care. Staff spoke positively about the support they provided and felt they had developed good relationships with people they cared for. One staff member explained to us how they kept all the information they knew about people confidential, to respect their privacy. They said they would share people's information with the registered manager or the relevant health and social care professionals only when it was appropriate to do so. The service had policies and procedures, and staff received training which promoted the protection of people's privacy and dignity.

Staff showed an understanding of equality and diversity. They completed care records for every person who used the service, which included details about their ethnicity, preferred faith, culture and spiritual needs. Staff we spoke with told us that the service was non-discriminatory and that they would always seek to support people with any needs they had with regards to their disability, race, religion, sexual orientation or gender.

Is the service responsive?

Our findings

Senior staff carried out an assessment of people's needs prior to them starting with the service to ensure it was suitable to meet their needs. This assessment was used as the basis for developing a tailored care plan to guide staff on how to meet people's individual needs. Care plans contained information about people's personal life and social history, their health and social care needs, allergies, family and friends, and contact details of health and social care professionals. They also included information about the level of support people needed and what they could manage to do by themselves. However, they did not record people's preferred time for calls in their care plan and staff maintained a flexible approach to call times.

People and their relatives told us they had a care plan. The provider involved people and their relatives, where appropriate, in the assessment, planning and review of their care. One person told us, "We did sit down and they [staff] asked me a lot of questions and wrote it all down." One relative said, "I was there when we setup the plan. They [staff] asked us what we wanted and asked us lot of questions." Another relative commented that "Yes, I was involved in both setting it [care plan] up and I was there for the review." The registered manager told us if a change of need arose, these were discussed with people and their relatives as appropriate and that the service met their needs. For example, we saw when someone's needs had changed the registered manager involved the person and their relatives in the review of their care plan. People's care records showed that they were involved in planning and subsequent reviews of their care.

Staff discussed any changes to people's conditions with the registered manager to ensure any changing needs were identified and met. The registered manager updated care plans when people's needs changed and included clear guidance for staff on the revised support which was required. For example, when one person's needs changed, extra hours of care were provided and the care plan was updated to reflect the change. Staff completed daily care records to show what support and care they provided to people. Care records showed staff provided support to people in line with their care plan.

People and their relatives told us they knew how to complain and would do so if necessary. One person told us, "I don't think there have been any problems to worry about yet." One relative said, "If anything was to happen they [staff] would phone me right away. The communication is pretty good here."

The service had a complaints procedure which clearly outlined the process and timescales for dealing with complaints. Information was available for people and their relatives about how they could complain if they were unhappy, or had any concerns. The service had maintained a complaints log, which showed when concerns had been raised. Records showed the registered manager had investigated and responded to complaints in a timely manner and where necessary, staff held meetings with people to resolve the concerns they had raised. The complaints received by the service related to issues with staff running late for calls. The registered manager told us they had not received any further similar complaints after these concerns had been addressed.

Is the service well-led?

Our findings

The provider did not have an effective system and process to assess and monitor the quality of the care people received. We found that audits of people's care records had not been conducted which may have helped to address the issues we identified at this inspection. For example, the lack of guidance of staff on how to manage areas of risk which required improvement.

We also found the rostering of people's home visits was not managed well in all cases. Staff home visits rostering records showed that office staff had not always allowed enough time for staff to travel between calls when taking into consideration the distance between two home visits, the mode of transport, and any potential traffic delays. Three people's initial assessments identified their preferred time of visits, but this information had not been included in the rostering of visits and staff maintained a flexible approach to call times. For example, one person's initial assessment stated preferred time for a morning call was from 8.30am to 9.00am but their daily visit record showed on they received their calls on 22 March 2017 from 7.00am to 7.45am and on 1 April 2017 from 7.20 to 8.05am. This meant that the provider had not rostered in line with people's preferences.

The registered manager told us that they had an on call system to make sure staff had support outside the office working hours and staff confirmed this was available to them at all times. However, there was no communication record to show how the out of hours calls were managed to ensure people's needs were met at all times.

The registered manager told us they did not monitor people's calls to check they were attended on time. They had not maintained a manual or electronic call monitoring (ECM) system record to show that they had monitored visits to people homes to ensure they received visits at the agreed times, including when they were running late had been followed up effectively and identify any patterns to address. The registered manager explained that when staff were running late for more than 15 minutes they would inform the office and the office staff followed up by calling people using the service to ensure the visits had been made. However, because no information regarding these calls had been recorded, we could not be assured that each call where staff were running late had been followed up effectively. This meant that staff may not have visited people's home as per their scheduled time of visits to provide care.

These issues were a breach of Regulation 17 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

Following the inspection the registered manager had sent us an action plan showing how they planned to address the concerns found with the quality assurance system and process and audits. They confirmed that they had undertaken a comprehensive review of the rostering of people's home visits to address any issues. They further confirmed that they had launched a pilot scheme in consultation with people, a bespoke electronic 'in real – time' monitoring tool which enabled them to monitor if staff had delivered care in line with the care plan, including the administration of medicines and when they arrived and left people's homes. This pilot project was not operational at the time of the inspection; therefore we shall assess the impact of the call monitoring system at our next inspection.

Despite some concerns with timeliness of calls, people and their relatives commented positively about staff and the service. One person told us, "It's a good service and they [staff] have always been good to me." Another person said, "Yes, I am very pleased that they listened to my views, from the first call I made their [staff] response was very good." One relative said, "Staff provide good service and they are very pleasant people." Another relative said, "Staff provide good service, my [loved one] is very happy with the service."

The registered manager and a senior staff member carried out unannounced spot checks at people's homes and telephone monitoring to get the feedback on quality of care. The feedback we saw was positive.

The registered manager held regular staff meetings, where staff shared learning and good practice so they understood what was expected of them at all levels. Records of the meetings we saw included discussions of any changes in people's needs and guidance to staff about the day to day management of the service, coordination with health care professionals, and any changes or developments within the service.

The provider had carried out people's satisfaction survey in April 2017. The feedback covered aspects of quality of care, timely response to complaints, and staff manners. At the time of the inspection four people had replied and their responses had been all positive.

During the inspection we saw the registered manager interacted with staff in a positive and supportive manner. Staff were comfortable approaching the registered manager and their conversations were friendly and open. They described the leadership at the service positively. One member of staff told us, "The registered manager is very good." The registered manager told us the service used staff induction and training to explain their values to staff. The service had a positive culture, where people and staff felt the service cared about their opinions and included them in decisions.

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	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The arrangements for the management of people's medicines were not robust and action was not taken to ensure risk assessments included appropriate guidance for staff about how the identified risks should be managed.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider did not have an effective system and process to assess and monitor the quality of the care people received. They had not maintained a manual or electronic call monitoring (ECM) system record to show that they had monitored visits to people homes to ensure they received visits at the correct times, including when they were running late had been followed up effectively and identify any patterns to address.</p>