

International Healthcare Recruitment Limited

International Healthcare

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

International Healthcare is a small domiciliary care service, currently providing support to four people.

Everyone that used the service received personal care. The Care Quality Commission only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People 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 and the policies and systems in the service supported this practice.

People's safety was promoted because the service assessed, monitored and managed their safety well. Potential risks that people may face had been identified, assessed and were regularly reviewed. The assessments provided information about how to support people to ensure that any potential risks were minimised.

The service had enough staff to cater for the needs of people currently using the service. Pre-employment checks had been carried out for care staff. These checks helped to ensure only suitable applicants were offered work with the service.

People received their medicines safely, although at present only one person required assistance from staff to have a medicine administered. This person was supported by staff who followed systems and processes to administer, record and store medicines safely. Medicines safety was monitored by the provider.

People were protected from the risks associated with poor infection control because the service used effective infection, prevention and control measures. Personal protective equipment, for example face masks, gloves and hand sanitiser, was provided in suitable quantities to staff. Guidance for staff and training was provided and staff were assessed to ensure these measures were maintained.

The service completed an assessment of each person's needs and personal wishes about how they were cared for and care plans included guidance about meeting these needs.

There was a process in place to report, monitor and learn from accidents and incidents. Significant events had not taken place although the provider told us if any events did occur these would be documented in line with the service's policy and guidance.

There was an effective training system in place. People were supported by staff who had received relevant induction training in evidence-based practice and a programme of refresher training was being established.

People's nutritional needs were met. They received support to eat and drink enough to maintain a balanced diet. Staff had taken steps to make sure people's nutrition and hydration needs were met.

People's health needs were met. Staff from different disciplines worked together to make sure people had no gaps in their care.

Staff respected people's choices, including those relevant to protected characteristics, for example, due to disability, cultural or religious preferences.

Governance processes were effective and helped to assess, monitor and check the quality of the service provided to people.

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 22/05/2019 but had not provided a service until 25/10/2021.

Why we inspected

This was a planned inspection based on our timelines for inspecting newly registered services.

Follow up

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

International Healthcare

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

This inspection was carried out by one inspector.

Service and service type

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

The provider was also the manager of the service and was registered with the Care Quality Commission. This means that they 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. This was because it is a small service and we needed to be sure that the provider would be in the office to support the inspection.

What we did before the inspection

A provider information return was not requested prior to this inspection. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We reviewed information we had received about the service since it was registered with the CQC and started providing a service in late 2021. 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 the provider who is also the registered manager and nominated individual. This person

currently has sole responsibility for supervising the management of the service.

We looked at all four people's care planning and medicines records as well as staffing and recruitment information.

We contacted three care staff and three relatives to ask about their views about the quality and safety of the service provided. We received one reply from a member of the care staff team and one relative. A local authority also provided us with their feedback.

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 Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew what the potential risks of harm were and acted to minimise any untoward event.
- A relative told us "Safety is a number one priority for the agency and their care givers. They are extremely careful and cautious of how they help and care for my [relative]."
- No concerns had arisen since the service began operating. We looked at further information and the provider was able to show us evidence of records of complaints and incidents and nothing of concern about people's safety had been reported.
- Induction and training records showed all care workers had completed safeguarding training and had access to online guidance about what to do if they were unclear about how to respond if a concern emerged.

Assessing risk, safety monitoring and management

- People using the service had person centred risk assessments. The risk assessments covered a range of safety and wellbeing needs, such as eating and drinking, assistance with medicines, moving and handling and environmental risks.
- People's risk assessments included guidance for staff on how to manage and minimise any risks identified.

Staffing and recruitment

- The provider's recruitment procedures ensured that staff members were suitable for the work they were undertaking. Checks of criminal records (DBS), identity and references had been carried out before staff started work.
- We looked at the recruitment records for all three care staff currently working for the service. The records showed that the provider took all necessary steps to verify information provided by new recruits, for example, checking references and employment history.

Using medicines safely

- Medicines were managed safely. The medicines policy was detailed and described what action the service would take if medicines support was required. The service had the necessary medicines administration records, and these were being completed for the one person who required assistance with medicines.
- Signed consent to support people with medicines and details of the medicines that people were taking were included on care records.
- Care staff had received medicines training as a part of their induction programme.

Preventing and controlling infection

- People were protected from the risk of infections. Staff received infection control training. Disposable personal protective clothing including gloves were available.
- The service had been able to continue to provide care to people using the service during the Covid 19 pandemic without interruption.

Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents. These were analysed for any emerging themes and learning.
- As the provider was also responsible for the day to day management of the service, and at times also provided care to people, they were able to maintain a daily awareness of the current views and emerging concerns that people might have.

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.

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

- Assessments of people's needs had been carried out before they started to receive care and support from the service.
- A relative told us "The agency and their staff are extremely effective in the degree to which they provide a desired service to my [relative]."
- The assessments considered a range of areas such as people's physical care needs, their day to day life and activities as well their heritage, religion and family support.

Staff support: induction, training, skills and experience

- All care staff currently working for the service had received an induction. The care staff induction included working towards the care certificate which is a recognised qualification for people working in adult social care.
- A member of staff told us "I was trained and supervised well during my recent induction so that I would be able to effectively carry out my role as a carer."
- Although no current staff had yet required refresher training the provider had a system in place for monitoring when this would be necessary.
- A staff supervision programme was in place although as no staff had been working for more than a year appraisal had not yet taken place although the provider told us these would be in due course.

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

- People were supported by staff to eat and drink if they needed help although this was only infrequently required for most people.
- Information about people's eating and drinking needs and preferences was included in their care plans and risk assessments.
- All care staff had undertaken food hygiene training.

Staff working with other agencies to provide consistent, effective, timely care

- People's care records showed that staff liaised with other professionals to ensure that people's needs were met.
- People's care plans included information about other health care professionals involved with their support. We found that information about any potential changes to people's healthcare needs was also quickly raised with their families.
- Care staff were provided with guidance by the provider to ensure that people's needs were met in liaison

with families and healthcare professionals as required.

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

- Information about people's health and wellbeing was included in their care plans and risk assessments.
- People were registered with their own GPs and received support from other community health services when they needed this.
- If concerns arose about people's health, care staff were provided with guidance about what to do to ensure the appropriate action was taken.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 care needs assessments included information about their ability to make decisions. Care plans included guidance for staff about the decisions that people could make for themselves. Staff members received training about the MCA.
- People currently using the service had capacity to make most decisions for themselves. Family members had been involved in best interests' discussions about their relative's care if the person was unable to do so for themselves. This information was included in their care plan.

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

- People had access to support and care. All factors about them had been considered, including age, disability, cultural and religious beliefs.
- A relative told us "The agency and their care givers are taking care of my [relative] as if they are caring for their own family members."
- There were practical provisions for people's differences to be respected. Appropriate staff were available to support people.
- Staff had received equality and diversity training. This training, we were told by the provider, was to ensure staff understood the importance of treating people fairly, regardless of differences.

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

- There were systems and processes to support people to make decisions. As addressed earlier, the service complied with the provisions of the MCA 2005, which meant people were involved as much as they could be in making decisions about their care.
- Staff supported people to express their views using their preferred method of communication. This was recorded in people's files. Due to the currently small size of this service the provider had day to day involvement assisting in people's care, which they told us they found helpful. They believed it gave them ample opportunity to keep in touch and seek people's day to day views about how they were being cared for.

Respecting and promoting people's privacy, dignity and independence

- People's privacy, dignity and independence were respected. People's care plans described how staff should support people so that their privacy and dignity were maintained.
- Staff maintained people's independence by supporting them to independently manage as many aspects of their care as they could. Most of the people the service supported maintained a high degree of independence, often with family involvement.
- Privacy was upheld in the way information was handled and who this information could be shared with. The service recognised people's rights to privacy and confidentiality. Confidentiality policies complied with the General Data Protection Regulation (GDPR) law. People's care records were stored securely both in writing and by a secure computer system. People could be assured that the provider was taking the necessary measures to comply with keeping information secure and confidential as they are required to by law.

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

- People received person centred care. People's care records contained meaningful information that identified their abilities and support needs. This ensured staff were knowledgeable about people's individual needs and preferences.
- A relative told us "The agency is very responsive and attend to my [relative's] needs. They are extremely flexible and willing to go the extra mile to ensure his needs are met."
- There were arrangements to make sure staff were informed about any changes in people's needs. Care plans were reviewed to monitor whether they were up to date so that any necessary changes could be identified and acted on at an early stage. This ensured people received personalised care, which was further supported by care staff having up to date information about current and changed care and support needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider was aware of the importance of making information accessible to people. People's communication needs were described in their care plans so that staff knew how to best communicate with them.
- Information was presented in writing, and in conversations with people. The provider told us that alternative methods could be used but this was not generally required for people using the service at the moment.

Improving care quality in response to complaints or concerns

- This is a newly registered service and at the time of the inspection the provider had not received any significant complaints. One had been received about quality of care and this had quickly been resolved by the provider.

End of life care and support

- None of the people receiving care was on an end of life care pathway. The provider explained that she would ensure that all care workers received the training and support they needed to provide people with end of life care as the need arose.

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

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

- There were a range of systems to ensure people had choice and control over their care. People were visited in person by the provider to check on the quality of care provided and to ask people about their needs.
- A relative told us "The agency and their team are punctual, professional, trustworthy, and willing to listen and understand and take on board constructive comments."
- The provider demonstrated through our conversations with them and written information we obtained that an open and inclusive approach to the running of the service was promoted. A member of staff who contacted us said "The company is very responsive to any problems or questions I might have and ensure that I can carry out my role without any problems."

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 leadership of the service complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. The provider had not been required to date to supply CQC with notifications of any events as they reported that none had occurred. They were able to assure us that they knew the events that they were legally required to notify CQC about.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

- The service had a clear management structure consisting of the provider as the sole person currently responsible for the overall operation and day to day management.
- The provider was knowledgeable about regulatory requirements and issues relating to the quality of the service.
- There was a process for ongoing oversight and governance and given the current small size of the service these processes were suitable in maintaining oversight.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The service sought feedback from people and those important to them and used the feedback to inform service quality and development.

- Due to the service still being relatively new, written surveys had not yet been carried out. However, there was information about people's views, and those of their relatives, recorded when regular spot checks were carried out.
- The registered manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, which we saw had been fully considered in relevant examples.

Working in partnership with others

- There was evidence the service maintained a good working relationship with service users and families. The provider demonstrated that they knew when to seek professional health and social care advice and assistance when people needed it.
- Feedback from a local authority confirmed that the provider worked in partnership with them. The local authority currently commissioned all but one person's service provision.