Ivory Home Care

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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

This inspection took place on 29 September 2016 and was announced. Ivory Homecare is a domiciliary care service. At the time of the inspection they provided personal care to 70 people living in their own homes.

The day to day management of the service was carried out by the provider. There is no requirement for this service to have a registered manager.

Recruitment procedures helped to ensure suitable staff were employed at the service. Appropriate recruitment checks were carried out. However, the provider was unable to ensure they had a full employment history due to the lack of information on the application form. They addressed this immediately and made changes to the form for future recruitment.

Medicines were managed safely and people received their medicines when they required them.

Staff received an effective induction and on-going training. They received support through one to one supervision meetings and annual appraisals. They also had informal access to senior members of staff and the provider. Staff felt they could discuss any issues openly and received guidance when they needed it.

People felt safe and well cared for. They said they were involved in planning their care and staff sought consent before support was provided. People felt staff treated them with respect and dignity. Staff had received training in safeguarding people and understood their responsibilities in keeping people safe. They were confident any issues reported regarding people's safety were dealt with by the provider.

People were treated with kindness and told us staff were caring and compassionate. They were supported to remain as independent as they wished.

People's views on the service were sought in a variety of ways and they were confident their views were listened to and acted upon. Staff were provided with information concerning people and changes to their care in a prompt manner. When necessary, staff contacted healthcare professionals to seek advice regarding people's well-being.

Regular monitoring of the service helped the provider to maintain the quality of the service and take action to make improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

The service had a recruitment system to ensure staff were suitable to care for vulnerable people. However, a full employment history was not available for all staff. This was addressed immediately at the inspection.

People felt safe when supported by the staff. They were protected by staff who understood safeguarding policies, procedures and reporting requirements.

Medicines were managed safely and people received the support they required to take their medicines.

Is the service effective?

Good

The service was effective.

Staff received effective induction, training and on-going support through regular one to one supervision and appraisal.

People's consent was sought before staff provided support and their rights were respected.

Staff sought professional advice with regard to people's health and well-being when necessary.

Is the service caring?

Good

The service was caring.

People's choices were respected. They felt listened to and involved in their care.

People were supported by regular care staff who knew them well.

People felt they were treated with kindness and respect. Staff encouraged people to be as independent as they wished to be.

Is the service responsive?

Good

The service was responsive.

People felt the service was flexible and responded to their needs.

People's needs were assessed and they were involved in planning and reviewing their care.

People's feedback and views about the service were sought. People knew how to make a complaint or raise a concern if necessary. They were confident they would be listened to.

Is the service well-led?

Good

The service was well-led.

There was an open culture in the service. Staff felt supported by the provider.

The provider imparted clear expectations to staff with regard to the values of the service.

The quality of the service was monitored and the provider sought to improve and develop the service.

Ivory Homecare

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.

This inspection took place on 29 September 2016 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the provider is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before the inspection we reviewed the information we held about the service which included previous inspection reports and notifications they had sent us. Notifications are sent to the Care Quality Commission to inform us of important events relating to the service which they must tell us about by law.

We also considered the responses given to the questionnaires completed by 21 people who use the service, four relatives or friends of people who use the service and one community professional. We contacted six other community professionals including service commissioners and received feedback from one.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection we spoke with eight people who use the service and four relatives of people using the service. We spoke with the provider, the training manager, three members of care staff and two office staff. We looked at records relating to the management of the service including ten people's care plans, five staff files and the recruitment records for the member of staff recruited since the previous inspection. We also considered policies and procedures, the complaints log, training records, quality assurance audits and accident/incident records.

Good

Is the service safe?

Our findings

The provider had a clear recruitment procedure which included a Disclosure and Barring Service (DBS) check for each prospective member of staff. This ensured they did not have a criminal conviction that prevented them from working with vulnerable adults. References were requested to establish behaviour in previous employment and verified by the service. However, we noted the application form used did not request the dates of previous employment and therefore a full employment history could not be established. We discussed this with the provider who took immediate action and agreed to change the application form to include these dates for all future recruitment. They also completed a full employment history identifying and explaining any gaps for the one member of staff recruited since the previous inspection. There had been no impact on people using the service due to full employment history not being obtained at the initial recruitment stage.

Staff received training in the safe management of medicines which was refreshed regularly. Staff spoke highly of the training received and said they felt confident in managing medicines safely. Staff had their skills and knowledge checked annually. The administration of medicines was recorded in a specific medicine record book signed by staff each time medicine was given. Administration was also noted in the daily communication records. Some people were prescribed medicines to be taken 'when necessary' (PRN). However, there was no guidance available for staff on what signs may indicate a person required these medicines. We discussed this with the provider who assured us that people were able to ask for the medicines if they required them. They agreed to review this and develop protocols when appropriate. People told us they received their medicines when they required them and staff gave them appropriate support.

People said they had no concerns regarding safety. One person reported "Of course I do." When they were asked if they felt safe and another said they felt, "100% safe." Many told us they were extremely happy with the service. Relatives also commented about safety. One said, "No concerns at all, I feel my family member is safe." Another said their family member was "Definitely safe." They added they knew who to speak to if they had any concerns about safety but had never had any.

People and their relatives had good communication with the service and knew they could contact them whenever they needed to. Staff were aware of their responsibilities regarding people's safety and told us this was of key importance. They were able to give clear explanations of the how they maintain safety for people. For example one told us, "We risk assess at every visit." They explained how they checked things were alright and there were no changes which needed to be reported. Another staff member said it was important to "flag up any risks or problems" so they could be dealt with quickly.

Staff had received training in safeguarding vulnerable adults and refreshed this annually. They were able to describe different types of abuse and the signs they would look for, such as, people becoming withdrawn or not wanting to let staff see bruising or marks. Staff knew the reporting process for safeguarding concerns and told us they would have no hesitation in reporting anything at all. They were confident that action would be taken about any concerns raised and also knew which authorities outside their own organisation

they could report to if necessary. The provider had a whistleblowing policy which staff were aware of and said they would use if necessary. Information about keeping people safe and important telephone numbers were prominently displayed in the office for staff to access.

Risks relating to people's individual needs were assessed. For example, when people required assistance with moving and handling or medicines. If risks were identified, guidelines were written and available in people's care plans. These helped staff to work safely in order to minimise risks. The home environment was also assessed and identified risks were highlighted to care staff. Information on measures to reduce or manage risks was reviewed regularly. Staff knew the importance of monitoring and reporting risks or changes in people which may increase risk. They highlighted examples such as falls or a decrease in appetite and said these were reported to healthcare professionals for advice. When changes had occurred the care plan had been amended and updated to reflect these. Information concerning any change was communicated promptly throughout the care team.

Staff were able to say what action they would take in the event of an emergency. For example, calling the emergency services if a person had fallen or was unwell. Risk assessments noted the number of exits from a property in case of fire and staff were aware of these. The provider had a business continuity policy for dealing with emergencies such as fire, loss of information technology and adverse weather.

New care packages were assessed and only accepted if staff were available to cover the required visits. Staff told us they generally arrived on time to visit people but if they were delayed or held up in traffic they would try to contact them to let them know. People confirmed this and said most of their visits were prompt. An on-call system was operated outside office hours and staff told us they could contact the person on-call when necessary. All visits were scheduled by a member of staff who had worked for the service for a significant length of time. They knew the area and requirements of the service well. The service did not have a history of missed visits being a concern and the provider told us they happened very rarely. There had been only one in the last year which has not resulted in any harm to the person using the service. However they said if they did occur they were taken very seriously and investigated so that action could be taken to prevent it happening again.

Good

Is the service effective?

Our findings

People and their relatives thought the staff who visited them were well trained and had the skills and knowledge to care for them and meet their needs. One person said, "They are confident in what they do and are always willing to help." Another person felt they were well trained and added "they all seem very good". A relative felt the staff were "all experienced" and knew what they were doing.

The provider employed a training manager who oversaw all training requirements of the service. Staff received an induction and completed the care certificate standards when they started work at the service. The Care Certificate is an identified set of 15 standards that health and social care workers adhere to in their daily working life. In addition to this staff completed a period of shadowing during which they worked with more experienced staff. All staff completed a probationary period and at the end of this time discussed their progress and requirements for further development.

Training was provided in core subjects such as moving and handling, safeguarding of vulnerable adults, the Mental Capacity Act 2005 (MCA) and health and safety. This training was refreshed in accordance with the provider's training policy and all staff were up to date with their training. In addition, staff received training in topics related to the people they cared for such as Dementia, Parkinson's Disease and Motor Neurone Disease. The training manager told us they sourced training in any condition that may need additional knowledge so as to provide the best care they could for a person. Staff were provided with opportunities to gain recognised qualifications in health and social care. Most of the training was provided through face to face training sessions which staff told us they valued and enjoyed. Assessments of learning and practical skills were carried out during routine visits to people. The training manager recorded all training and monitored when staff needed to update their training.

Staff felt well supported and had regular one to one meetings with senior staff. Annual appraisals were also carried out. These provided staff with the opportunity to reflect on their work and plan their future development. Staff said they were always able to discuss worries and concerns with the provider or other senior staff and make suggestions. One said, "[Name's] door is always open, she's always there to listen."

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

Staff had received training in the MCA. People's rights to make their own decisions were promoted and staff were aware of their responsibilities. They had a good understanding of how the MCA related to their work and told us they sought consent from people before they offered care. People confirmed that they gave their consent but not all could remember signing their care plan. Some people had given power of attorney to

representatives to make some decisions on their behalf. This was recorded in people's care plans but the provider had not verified the related documentation. They agreed they would seek to do this in future to ensure decisions were made lawfully on people's behalf. Staff told us if they had concerns regarding a person's mental capacity they referred to appropriate professionals in order for decisions to be made in people's best interests.

Staff assisted people to choose what they wanted to eat and drink. They described how they would show people things to help them make a choice. For people who may be confused by too many things, they limited the choice to two or three. They told us it was important to know people and their particular preferences and they would share this information with the staff team to help make sure people got what they liked. People told us staff left snacks and drinks available for them if they wished. People's nutrition was monitored when necessary and advice followed from appropriate professionals, for example, speech and language therapists, specialist nurses and dieticians. Staff had received training in safe food handling practices.

People and their relatives said staff would call a doctor or other health professionals if necessary. They told us staff liaised with health professionals about their well-being when necessary. One relative commented on how the service was flexible with the timing of visits to help their family member attend appointments. Another spoke about how their family member's health had improved both physically and mentally since Ivory Homecare staff had been visiting them.

Good

Is the service caring?

Our findings

People praised the service and the support they received. One person who had used the service for a significant amount of time described it as "absolutely first class". People told us staff were "caring", "patient", "kind" and "thoughtful". Relatives also praised staff and one told us, "[Name] loves them all and they are sweet with her. I hear loads of laughter."

Staff knew people well, they told us they got to know people in the first instance from the information provided by the assessment and care plan. However, they felt visiting the same people regularly was the key to getting to know them well and being able to provide individualised care. This helped them to provide care sensitively, taking each person's wishes and preferences into account. Consideration was given to personalities and particular skills when matching staff and people. The provider knew their staff team well and recognised their particular strengths. They used this knowledge to plan the most appropriate staff to support people.

People confirmed they were supported by regular care staff and told us this was important to them. Staff also considered this an important aspect of the service. One said, "I believe in continuity." They then went on to describe how this allowed them to build a rapport with people and get to know how they liked things done. Whenever possible new staff were introduced to people before they supported them and one person said that the provider was "very fussy" about that. They commented the provider "doesn't send strange (meaning unknown) people to the door, it does not happen". Staff spoke about visiting the same people regularly and described, how this enabled them to understand people's needs and recognise when things were not as they ought to be.

People were offered choice and confirmed that staff consulted them about everyday decisions including what they would prefer for their meals and what they would like to wear. People said they had been able to state a preference with regard to the gender of care staff they would like and this was respected.

People were supported to maintain their independence. A relative told us, "If [name] wants to button up their shirt, they will help them." A person using the service said, "They gave me feedback and helped me to be independent in the manner and way I did certain things. They were supportive and encouraging." Another person said they had previously required support with their medicines but now manage this independently. They told us, "They were helping me get in a routine. Staff monitor and make sure I'm doing everything right."

People's privacy and dignity were protected. Staff gave examples of how they provided privacy and dignity when supporting people with personal care. Examples included closing doors and curtains as well as making sure people were covered appropriately. People told us staff treated them with respect. One person said, "Oh yes they do and it's nice, especially as they treat me with respect in a loving and laughable way." A relative told us staff were very good at promoting dignity and respect. They said, "They always shut the bathroom door and knock on it and always ensure [name] is covered using a towel. Dignity and privacy is especially important when you get older."

Good

Is the service responsive?

Our findings

People's needs were assessed before a service was offered. The assessments were then used to plan a person's care. This provided detailed information to enable staff to deliver personalised care for each person. Care plans had been explained to people and whenever possible they had signed to indicate their agreement to the plan. Staff told us that any changes to a person's care plan were communicated to them promptly either through the daily care notes or by telephone. They were confident they always received the most up to date information to enable them to care for a person.

People and when appropriate their relatives were involved in planning and reviewing the care and support provided. Reviews were carried out routinely every six months but staff pointed out that changes could happen at any time and would be reported immediately. They told us this triggered a review and allowed prompt action to be taken. For example, if a person required additional visits or additional equipment due to increasing need. We saw that when changes occurred they were recorded and care plans were updated to reflect them.

People spoke of the service being accommodating and flexible. One person said, "They will do anything within reason." Another commented, "(It is) all brilliant and they go the extra mile."

The provider sought feedback on the service from people and their relatives. There were a number of ways this was gathered including discussion at review meetings, telephone monitoring calls and spot checks. A relative reported that from time to time the provider visited and carried out the support instead of a member of the team. They said this was in order to gain their opinions and feedback. They commented, "Yes, what I like is the owner (provider) actually comes and does the personal care. She (the provider) told us, I want to see how things are going and if there are any problems I want to hear them."

The service had a complaints policy and procedure and people told us they had been made aware of how to make a complaint if they needed to. People said they had not had cause to complain and the provider confirmed there had been no complaints made since the previous inspection. We saw the service had received many thank you cards and written compliments. Examples included, "You looked after [name] with such loving care.", "Thank you for the invaluable help and support. [Name] has appreciated the help in maintaining his independence." and "Thank you for your reliable care." A number also referred to the emotional support provided to relatives for which they expressed their thanks.

Good

Is the service well-led?

Our findings

The provider managed the day to day running of the service. Staff spoke positively about the provider and told us they had an open door policy. They told us they were able to speak to the provider at any time either over the telephone or by calling into the office. They felt totally comfortable to approach the provider about any concerns or issues they had and were confident in the commitment of the provider to do the very best for people using the service. One staff member commented, "[Name of provider] is very good, I can talk to her about anything, she's so supportive." Another long serving staff member said, "You can go to [Name], her door is always open, everything is fine that's why I'm still here." The open culture within the service was evident during the inspection and we saw staff calling in to the office to discuss or ask things. They were all greeted with a warm welcome and appeared relaxed.

People and their relatives spoke about having good communication between themselves, the care staff and the office and were confident their views were listened to. They were complimentary toward the provider and gained confidence from the way the service was monitored by her. For example, they appreciated the visits to check on the work of care staff and to find out if people were happy with the service. Staff also commented on how the provider would work with them from time to time. They said they did not know until afterwards if they were having a formal assessment of their work or whether the provider was just covering the visit. They told us this meant the provider always saw them work in their usual way and could highlight anything she felt was not quite right.

A community professional commented on how well they considered the service to be run and said they enjoyed working with them as they are, "Helpful, practical and innovative." They also commented, "I really like the management they are flexible and go the extra mile for their service users."

Team meetings were well attended and staff told us they were very useful. Matters relating to all aspects of the service were discussed at these meetings. For example, the use of body maps to identify patterns and trends, duty rotas and training. We noted a large part of the meeting was given over to discussion of individual people using the service so that staff could share relevant information. Staff told us this was often a time they would share things about people such as interests and past careers which they had learned about while working with them. They told us they considered this helped to provide individualised care for people and improve on what they already do.

The service had clear values. Staff spoke about upholding these values in their everyday work. For example, "We try to be friendly, kind and caring. You hope people warm to you and feel they can confide in you." Another said, "I treat people like my own mum or dad."

The provider monitored the quality of the service in a number of different ways. They conducted telephone calls and face to face reviews to gain people's feedback. Quality satisfaction surveys were conducted and analysed. Comments and feedback were used to look for ways to improve the service. Additionally audits of different aspects of the service were carried out. They included checks made on records, monitoring of incidents and accidents and checks on the work of staff members.