Imagine Homecare Limited

Imagine Care

Inspection report

17 Roe Lane
Southport
Merseyside
PR9 9EB

Tel: 01704541034

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14 December 2015

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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

The inspection was carried out on 14 December 2015. We gave the registered manager 48 hours notice of the inspection in order to ensure people we needed to speak with were available.

Based in Southport, Imagine Care is registered with the Care Quality Commission to provide the regulated activity of personal care to people in their own homes. At the time of the inspection the agency was supporting four people living in their own home in the Southport area.

A registered manager was in post. 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.

The families of people who used the service told us they felt safe and secure in the way their relatives were supported by the staff. They said staff were kind and caring and understood the needs of their relatives.

Appropriate numbers of staff were available to provide a flexible service and to ensure people received the support at a time when they needed it.

Staff had completed adult safeguarding training. They were knowledgeable about adult abuse and clear about the arrangements for reporting any concerns they may have. They were aware of the agency's whistle blowing policy and said they would not hesitate to use it.

Effective recruitment processes were in place to ensure that staff were suitable to work with vulnerable people. Staff received regular training for their role. Staff were up-to-date with their supervision and annual appraisal.

The consent of people was obtained before support was provided and in accordance with the principles of the Mental Capacity Act (2005).

The assessments and support plans in place were personalised and provided detailed information about each person's preferences, needs and interests. They included a background to the person's health care history.

People and/or their families were involved in reviewing the support plans. Their views were sought on a regular basis about the effectiveness of the service.

Processes for routinely monitoring the quality of the service provision were established, including a survey and regular contact with people and families to check they were satisfied with the support arrangements.

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.

Risk assessments had been undertaken depending on each person's individual needs, and support plans were in place to ensure people's safety.

Staff understood what abuse meant and knew the correct procedure to follow if they thought someone was being abused.

Families told us staff supported their relatives with their medication in a safe way.

There were sufficient numbers of support staff available to ensure people received support when they needed it. Support staff had been checked when they were recruited to ensure they were suitable to work with vulnerable adults.

Is the service effective?

Good

The service was effective.

The consent of people was obtained before support was provided and in accordance with the principles of the Mental Capacity Act (2005).

People were supported with meal preparation if they needed it.

Staff were proactive with ensuring any health or safety needs people had were met.

Staff were well supported through induction, supervision, appraisal and on-going training.

Is the service caring?

Good

The service was caring.

Families told us they were happy with the support their relatives received. They spoke highly of the staff and said their relatives were treated with dignity and respect.

The support staff we spoke with demonstrated a positive regard for the people they supported. They had a good knowledge of the needs, preferences and interests of each person.

Is the service responsive?

Good

The service was responsive.

People and/or their families were routinely involved in any reviews of their support plans. Families said the support was individualised and provided at a time and in a way that their relatives liked.

A process for managing complaints was in place. Families we spoke with knew how to raise a concern or make a complaint.

Is the service well-led?

Good

The service was well led.

Staff spoke positively about the support they received from management. They said the registered manager was approachable and supportive.

Opportunities were in place for people and their families to provide feedback on the service.

Staff were aware of the whistle blowing policy and said they would not hesitate to use it.

Processes for routinely monitoring the quality of the service were established.

Imagine Care

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 was 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.

The inspection took place on 14 December 2015. We gave the registered manager 48 hours' notice of the inspection in order to ensure people we needed to speak with were available. The inspection was carried out by an adult social care inspector.

We reviewed the information we held about the service before we carried out the visit. This usually includes a Provider Information Return (PIR) but the Care Quality Commission had not requested the provider (owner) submit a PIR. A PIR 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. We checked the notifications and other information the Care Quality Commission had received about the service.

At the time of the inspection the agency was supporting four people who required personal care. We spoke with two family members whose relatives were receiving a service from the agency. We spoke with the registered manager and two support staff.

We viewed a range of documentation including, support records for four people who used the service, two staff personnel files, records relating the operation of the service and a number of the provider's policies and procedures.

Good

Is the service safe?

Our findings

A family member told us support staff consistently arrived on time. They said their relative felt safe and secure when the support staff was with them. A family member said, "Oh yes, they [staff] are always on time. We feel comfortable with them coming into her home."

The staff we spoke with were able to recognise the different forms of abuse and could explain the correct procedures for reporting a safeguarding concern. Training records confirmed that support staff had received training in adult safeguarding. Staff had access to an adult safeguarding policy and procedure and the Local Authority's safeguarding procedure.

We looked at the support records for three people currently receiving personal care from Imagine Care. An environmental risk assessment was in place in each of the support records. This included establishing where the electric panel and water stopcock was located. The assessment also took account of hazards to slips, trips and falls both within the building and externally within the grounds. Detailed risk assessments were in place in relation to people's personal care needs. These were supported by support plans.

A family member we spoke with confirmed staff supported their relative with taking their medicines and said they did this competently and safely. The registered manager advised us that the support staff had received medicines training. This was confirmed by the training records. A medication agreement was in place for people who needed prompting or support with taking their medicine. It listed the medicines, provided details of the pharmacy providing the medicine, how medicines should be stored and who was responsible for ordering the medicines. A medication administration records (MAR) was maintained even if the person just needed prompting to take their medicine. Body maps were in place to show were topical medicines (creams) should be applied.

Besides the registered manager, there was just one support staff employed by Imagine Care. Identified care staff recruited and employed at the provider's local care homes also provided support when needed to people receiving a service from the agency. We looked at the personnel records for the member of staff employed by Imagine Care and a member of staff employed in one of the care homes who provided support for Imagine Care. They showed safe recruitment checks were completed to ensure staff were suitable to work with vulnerable people, including two references. Disclosure and Barring Service (DBS) checks had been carried out prior to new members of staff starting work. DBS checks consist of a check on people's criminal record and a check to see if they have been placed on a list of people who are barred from working with vulnerable adults. Photographs were available for identification purposes and interview notes had been retained.

A process was in place to record any incidents recorded and the manager told us they reviewed incident forms. Only one incident had been recorded, which was in relation to staff and it had been effectively addressed by the registered manager.

Good

Is the service effective?

Our findings

Families told us they were pleased that regular staff provided support so there was consistency. A family member said, "We always see the same faces." They said they thought the staff were, "Very skilled and experienced." They confirmed that their relatives were never rushed during each visit and that there was always enough time for meal preparation. Similarly, staff told us they had enough time to complete the duties required during each call without rushing.

We looked at support records for three people in the community receiving personal care from the agency. We also looked at the support records for a person living in one of the care homes who was due to receive a regular service from the agency to access the community. The records included a medical history and general health assessment, a personal and family history and preferred routines. Contact details of family and relevant others, such as the person's GP, were recorded. Support plans were individualised and clearly outlined the tasks or activity support staff were required to complete during each visit. Feedback records from people and families indicated that support staff worked in accordance with people's support plans.

It was evident support staff were prompt in seeking advice and seeking input from local healthcare services when necessary. For example, staff had recognised that a person had difficulty with a specific personal care activity and they referred the person to the occupational therapy service. As a result of this referral the person was assessed by the occupational therapist and received equipment to support them with the personal care activity.

We could see from the support records that the person and/or their family representative signed to consent to the provision of the support in accordance with the support plan. Signed consent was also provided to the people who needed support staff to prompt them to take their medicine. We did note a mental capacity assessment in one of the support records. It was generic in nature and did not identify the decision the person was being assessed as needing to make. The registered manager advised us that there was not a specific decision that the person needed to make and agreed to review the approach to mental capacity assessments to ensure it was in accordance with the 2005 Mental Capacity Act (MCA).

The 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.

The staff we spoke with explained they had an induction prior to starting the role, including some shadowing opportunities. They said the induction and training they received when they first started was relevant for their role. Staff advised us they had regular supervision and an annual appraisal.

The registered manager confirmed staff had received the necessary training and induction, including the

staff whose substantive role was to work within one of the care homes. Our review of the staff personnel records showed support staff had received training in: food hygiene; adult safeguarding; medicines; infection control; fire safety; health and safety and manual handling. Evidence to support supervision took place was recorded for the staff. The member of staff employed by Imagine Care had received an annual appraisal in October 2015.

Good

Is the service caring?

Our findings

Families we spoke with told us they were impressed with the caring attitude of staff. A family member said to us, "The staff are very nice and treat my [relative] with respect." They told us they felt listened to and that their views were respected. Furthermore, recorded feedback from people and families demonstrated that they were satisfied with the approach demonstrated by support staff.

The staff we spoke with were caring in the way they spoke about people. They also demonstrated a respect for people's values and choices. Staff gave examples about how they ensured people's privacy and dignity were respected, such as closing doors and curtains, and covering people up when providing personal care.

The registered manager described how they took into account people's individual needs and wishes as part of the initial assessment and development of the support plan. The registered manager confirmed that support staff were introduced to the people they were going to support before the support started. Some staff from the provider's local care homes provided support when needed. This meant specific requests from each person could be accommodated, such as meeting a request for a preferred gender of the member of staff providing the support.

Good

Is the service responsive?

Our findings

The families we spoke with confirmed that they and their relatives had been involved in developing the support plan and that a copy of the plan was available at their relative's home. A family member said to us, "Yes, I have been involved in the planning of the care and support for [relative]." They said staff adhered to the support plan to ensure their relative received the support they needed and in a way that they liked.

The staff we spoke with confirmed they had read the support plans. They were knowledgeable about the needs of people they supported, including people's preferences, social background and hobbies/interests. They told us a copy of each person's support plan was located in the person's home, along with other documentation, such as the medication administration records and records of the support provided at each visit.

We could see from the support records for each person that the registered manager had regular contact with the person and/or their family regarding any changes. The registered manager also maintained a record of the reviews undertaken each month. The reviews involved making contact with the person and/or their family to seeking feedback on the service and make any changes that were needed to the support plan.

The families we spoke with said they knew how to make a complaint but said they had not felt the need to make any complaints. The registered manager confirmed that people receiving the support and their families were provided with a copy of the complaints procedure.

Good

Is the service well-led?

Our findings

Imagine Care was registered with the Care Quality Commission on 6 March 2014 to provide the regulated activity of personal care. A registered manager was in post. They said they received good support from their line manager who was supportive and welcomed new ideas.

Families we spoke with said the service was managed well. A family member said, "We would have no problems recommending the service to others."

The staff we spoke with said the service was well-led. They said the registered manager was approachable and readily provided guidance and support when they needed it. Although there was only one regular support staff employed, the registered manager said they met regularly with them to discuss the development of the service.

A family member confirmed they had received a questionnaire in the post asking for their feedback about the service. They also told us that the registered manager made regular contact with them to review the support. It was clear from the support records that risk assessments and support plans were regularly reviewed by the registered manager. This was undertaken to ensure people's needs were being met even when their needs changed.

A range of policies and procedures were available to provide staff with a framework of expected working practice. We had a look through these and some of the policies included, a consent policy, adult safeguarding policy, stress in the workplace and receiving gifts and gratuities.

A policy on whistle blowing was in place. The staff we spoke with were aware of what whistle blowing meant and said they would not hesitate to use the policy if they needed to.

We asked how they ensured staff arrived on time for each visit and stayed for the agreed length of time. The registered manager showed us the care management and communication software system that was used to monitor that people were receiving their visits as agreed. It was password protected and linked to the mobile phones of support staff. We were able to see via the office computer that the system provided the registered manager with the start and finish time of the visit. This meant the registered manager could ensure that each person received their support visit in accordance with the agreed times.