

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Immediate Social Care Limited

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Date of Inspection: 11 June 2014

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We inspected the following standards as part of a routine inspection. This is what we found:

Consent to care and treatment	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Immediate Social Care Limited
Registered Manager	Mrs Claudia Turner Zylbersztajn
Overview of the service	Immediate social care limited Care provides personalised domiciliary service based on people's physical, emotional and mental requirements. This includes helping people with behaviour management and assistance with cognitive functions.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an announced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 11 June 2014, talked with people who use the service and talked with staff.

What people told us and what we found

A single inspector carried out this inspection. The focus of the inspection was to answer five key questions; is the service safe, effective, caring, responsive and well-led?

Below is a summary of what we found. The summary describes what we observed, the records we looked at and what people using the service, staff and carers told us.

If you want to see the evidence that supports our summary please read the full report.

Is the service safe?

People told us they felt safe when receiving care from the staff of immediate social care. We spoke with one person, and they told us they felt safe in the service and would know what to do if they had any concerns about the service. We saw that the service had thought about how to safely provide care to people and had carried out appropriate risk assessments to ensure that care was delivered safely.

We found that the service had safeguarding procedures in place and the registered manager, who was the only person employed by the service, understood how to safeguard people they supported.

Is the service effective?

People's social, health and support needs were assessed with them, and they were involved in reviewing their care plans. The care plans were individualised and detailed what people wanted to achieve through the service. The plans had been reviewed jointly by the person concerned and the registered manager. The person we spoke with told us "the service was planned around what I asked for."

Is the service caring?

People were supported by kind and attentive staff. The person we spoke with was positive

about the care provided. They told us in reference to a member of staff, "X is very caring and understands me."

Is the service responsive?

We saw that the service had a system in place to respond to complaints and comments. The service had regularly asked people's view of the service and responded to what people told them. The records we read showed that people needs were assessed before they were signed up to the service. The records showed the service supported them to access activities that were important to them. We saw that regular checks were made to ensure people had not changed their minds about what they liked to do.

Is the service well-led?

The registered manager was clear about the aims and objectives of the service and had quality assurance processes in place that checked what people thought about the service. We saw that the service had sent feedback forms to people who used the service and their relatives.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

Information was available to the public on the providers own website. This provided people with details of the services that were offered, how to access the service, and how to find out about the cost of the service. Once the relative made the initial contact with the registered manager they arranged to meet the person and find out what they wanted from the service. The person we spoke with explained to us that the registered manager had gone through everything with them. Stating, "the service was planned around what I asked for."

Before people received any care or treatment they were asked for their consent and the provider acted in accordance with their wishes. We read the record of one person who used the service. The record showed that the service had drawn up the care plan in line with what person had asked them to do. We saw that the care plan had been signed by the person that used the service and that consent had been sought to share information where this was appropriate. This included consent to share information with other professionals involved in the persons care. The person we spoke with confirmed that staff always asked them for consent before delivering care, they told us that care was delivered on their terms.

We saw that the service had a consent policy. The policy stated how the service gained consent from people and how the service would act upon the consent. The policy had been adopted by the service in 2013 and was due to be reviewed in 2015.

Where people did not have the capacity to consent, the provider acted in accordance with legal requirements .We spoke with the registered manager about the Mental Capacity Act (2005). The Mental Capacity Act (MCA) details legal requirements that need to be followed to ensure decisions made about people who do not have capacity are made in their best interests. The act is designed to ensure that people who are unable to give consent for certain aspects of their care and welfare receive the right type of support to make a

decision in their best interest. The registered manager had a good understanding of the MCA and legislation and understood how to obtain consent from people in a lawful way.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We read the care record of one person. The record we read contained details of why the person had been referred to the service and their specific needs. It also detailed how the service would meet these needs. The record we saw included assessments that the service had completed with the person. The assessment that we read considered this person's short term needs from the service, and their longer term needs. For example the record showed the person had spoken to the registered manager about what they needed to do to be healthy and the registered manager had supported them to take daily walks and join a gym.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare. The record we read included risk assessments, such as risks associated with self-harm, mobility and nutrition. We saw that the service had plans in place to address the identified risks. Risks assessments were updated as the person's needs had changed. The person we spoke with confirmed that the registered manager had spoken to them about risks and safety issues. The person told us that the registered manager provided them with support that enabled them to go out in the community with confidence.

There were arrangements in place to deal with foreseeable emergencies. The record we read included emergency contact information for the person. People who used the service were issued with the registered manager's number which they could use in the event of an emergency. The registered manager had received first aid training which was reviewed annually. We were shown records that confirmed the training the registered manager had undertaken.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening. The registered manager was clear about their responsibilities to report concerns and was able to describe the different types of abuse. We saw training records which confirmed that the registered manager had completed safeguarding and adult protection training which was refreshed on an annual basis.

The person we spoke with told us they had no worries about the way they were treated and said they felt safe at the service. This person knew what to do if they had a safeguarding concern and told us they would be confident speaking to an external organisation such as the CQC about any concerns they had.

We read the services safeguarding policy and this was consistent with what the registered manager had told us about how they would deal with safeguarding issues. The policy had been adopted by the service in 2013 and was scheduled to be reviewed again in 2015.

There had been no safeguarding incidents in the last twelve months.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

The registered manager was the only person who worked at the service.

Appropriate checks had been undertaken before staff began work. We saw that staff working in the service had an up to date Disclosure and Barring Service (DBS) check .

We saw that the registered manager had received safeguarding, mental capacity act, and first aid training. We saw that the registered manager had the appropriate registration with the Health and Care Professions Council (HCPC). This meant people were cared for by qualified staff.

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

People who used the service, their representatives and staff were asked for their views about their care and treatment and they were acted on. The manager told us that people were sent feedback forms every three months. We saw copies of completed forms. The person we spoke with told us that the registered manager would regularly check if they were happy with the service. We saw records that showed feedback forms were sent to relatives, professionals involved in people's care and people who used, or enquired about the service.

The registered manager told us they regularly carried out quality audit checks. We saw there was a quality assurance system in place to check the quality of contact sheets and care record.

We read the complaints policy and saw there was a procedure in place for the recording, responding and taking action and learning from complaints. We saw the service kept a complaints log. There had been no formal complaints received in the last twelve months.

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of other services less often. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). This could be a minor, moderate or major impact.

Minor impact - people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact - people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact - people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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