

Ivory Home Care

Ivory Homecare

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:

Ivory Homecare provides personal care and support to people living in their own homes. At the time of the inspection there were 74 people receiving personal care from 13 staff.

For more details, please see the full report which is on the Care Quality Commission website at www.cqc.org.uk.

People's experience of using this service:

- People received high quality care that was safe, effective, caring, responsive and well led.
- People were very happy with the service provided. Without exception, people and their relatives provided positive feedback about all aspects of the care they received.
- One relative told us, "I don't know how I would have coped without them. They are here to care for [their loved one] but the care and affection they show me, has really kept me going."
- People were protected from avoidable harm, and abuse by staff, who understood their role and responsibility in relation to safeguarding and keeping them safe.
- People experienced safe care, delivered in accordance with their comprehensive risk assessments and management plans.
- The service always deployed sufficient suitable staff to meet people's needs.
- Staff felt they were valued and respected by the management team, who actively sought their involvement to improve and develop the service.
- The registered manager completed regular competency checks to ensure staff delivered care in accordance with their training.
- People were treated with kindness and compassion by staff, who were overwhelmingly described to be caring, gentle and patient.
- Staff supported people to be actively involved in making decisions about their care.
- People consistently praised the registered manager for their dedication and willingness to listen and respond to any worries they may have, which reassured them and instilled trust and confidence in the service.
- The registered manager set high standards and inspired staff to meet them.
- Relatives consistently told us their loved ones experienced kind and compassionate care at the end of their life and were supported to have a comfortable, dignified and pain-free death.

- The service was well-managed by the registered manager who provided clear and direct leadership which inspired their staff.
- Staff worked effectively with local organisations to improve care practice and outcomes.

Rating at last inspection:

Good (The last inspection report was published on 29 September 2016). At this inspection we found the service had remained good.

Why we inspected:

This was a planned comprehensive inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our re-inspection programme. If any concerning information is received we may inspect sooner.

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 remained safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service remained effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service remained caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service remained responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service remained well-led.

Details are in our well-led findings below.

Ivory Homecare

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

The inspection was carried out by one inspector, an inspection manager 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. In this case, services for older people and people who have mental health needs.

Service and service type:

Ivory Homecare is a domiciliary care agency, which provides personal care to older people, younger adults, people living with the experience of dementia and physical disabilities.

The service had a manager registered with the Care Quality Commission, who was also the nominated individual. 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 site visit because we needed to be sure arrangements could be made to meet with key staff and people who use the service.

What we did:

- Before the inspection we looked at information we held about the service
- We asked the provider to complete a Provider Information Return. This is key information providers are required to send about their service, what they do well, and improvements they plan to make. This

information helps support our inspections.

- The law requires providers to notify us of certain events that happen during the running of a service. We reviewed notifications received since the last inspection.
- We spoke with two health and social care professionals who work with the service.

During the inspection:

- Inspection site visit activity was carried out on 15 March 2019. We visited the office location to see the provider and office staff; and to review care records, policies and procedures.
- On 15 March 2019 we visited two people living in their own homes.
- On 15 and 18 March 2019 the Expert by Experience spoke on the phone with 16 people who use the service, to find out about their experience of the quality of care provided.
- We spoke with the registered manager, the deputy manager, financial manager, the care coordinator and six staff.
- We looked at the care records of eight people, eight staff records, including training and recruitment records, and other records to do with the management of the service.

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm

Good: People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse:

- People felt safe and trusted the staff who supported them.
- One person told us, "I've been receiving care from the same girls [staff] for a very long time and I trust them with my life."
- A relative told us, "The carers are wonderful with [loved one] and you can see he feels safe with them."
- People were protected from avoidable harm by staff who had received appropriate training and knew how to recognise and report abuse.
- Staff told us that whenever they had raised issues, the management team had listened to them and taken decisive action to resolve their concerns.

Staffing and recruitment:

- People told us they experienced good continuity and consistency of care from a small number of staff, who knew them well.
- The provider's retention of staff was a real strength of the service, which meant they had not required to recruit new staff for three years.
- The provider had a robust recruitment system to ensure suitable staff were recruited to support people to stay safe.
- Assessments analysed the ratio of staff and skills they required to support each person. This ensured staff were deployed, with the right mix of skills to deliver care and support to meet people's needs safely.
- Rotas demonstrated that sufficient suitable staff were consistently deployed to meet people's needs and to keep them safe.

Assessing risk, safety monitoring and management:

- Risks to people's safety had been identified and were managed safely.
- Effective control measures had been put in place to keep people safe.
- Staff could explain how they minimised risks to people's health and well-being. For example, the appropriate support people required to avoid falling, choking or pressure sores.
- Risk assessments were reviewed regularly with the person, which ensured they were up to date and accurately reflected people's changing needs.

Using medicines safely:

- The provider's policies and procedures provided clear guidance to enable staff to manage people's medicines safely, in accordance with current guidance and regulations.
- Staff clearly understood their role and responsibilities in relation to each person's medicines.
- Staff competency to administer medicines was assessed regularly by the registered manager, to ensure their practice was safe.
- Daily records confirmed that people received their medicines as prescribed and in a manner they preferred.

Preventing and controlling infection:

- The service managed the control and prevention of infection well.
- Staff had completed relevant training in relation to infection control and food safety.
- People's health was protected because staff consistently followed good food safety and hygiene practice when preparing or handling food.
- Staff had access to the necessary personal protective equipment to minimise the risk of infection, such as disposable aprons and gloves

Learning lessons when things go wrong:

- All accidents and incidents were immediately reported to the duty manager, recorded and then reviewed daily by the registered manager.
- The registered manager listened to staff feedback and acted upon it to make sure people received safe care.
- Staff raised issues promptly when people's needs changed. For example, where their staffing ratio required to be increased or their personal supportive equipment needed to be changed.

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.

Good: 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:

- The registered manager fully assessed people's needs to ensure they had suitably skilled staff available to provide effective, personalised care to meet their needs.
- One person told us, "From the very start [Registered manager] has always been there when we have needed her. She was so thorough finding out all about us before the carers [staff] came."
- People's care and support plans considered all aspects of their lives, clearly setting out their needs and how they wished to be supported.
- Staff developed care plans, which were tailored to meet people's individual and changing needs, for example, when their ability to mobilise deteriorated.
- One person told us, "The girls [staff] are fantastic, whenever things change they are so calm and reassuring and just sort out what needs to be done."
- Records showed people and their relatives, where appropriate, were involved in regular reviews of their care and support needs.

Staff support: induction, training, skills and experience:

- People consistently told us staff had the required skills and experience to meet their needs.
- Staff had been supported by the provider, to develop and maintain the required knowledge, skills and experience to support people effectively and safely.
- The registered and deputy manager operated an effective competency framework. This was based on regularly working alongside care staff, which ensured that staff delivered care in accordance with their training and people's care plans.
- Staff told us the provider had encouraged their professional career development and had supported them to achieve additional qualifications relevant to the role and responsibilities. For example, staff had been supported to achieve Diplomas in Health and Social Care in leadership (Level five) and had become qualified to deliver training in areas of their interest, such as moving and positioning.
- Where people had more complex needs, staff training was developed with the person and their supporting healthcare specialists. For example, designated staff had received training from a tissue viability nurse to effectively support a person to recover and protect their skin integrity.

- All staff underwent a thorough induction programme, which included periods getting to know the person and shadowing an experienced colleague.
- The care coordinator operated an effective tracking system to monitor staff training, which was up to date at the time of inspection.
- Staff felt well supported by the registered manager who made them feel their contribution was valued.
- We reviewed appropriate workplace risk assessments for staff who had continued to work whilst pregnant. One staff member who was on maternity leave visited the office during our inspection. They told us they had received outstanding support from the management team and had come to the office on one of their ten "Keep in touch days" financed for by the provider.

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

- Staff ensured people received food and drink, according to their needs.
- People were protected from the risk of poor nutrition and dehydration because staff followed guidance from relevant dietetic professionals.
- One relative told us, "They are very good at making [their loved one] laugh and getting him to eat a little bit and often, which has built up his strength."

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

- Staff worked closely with healthcare professionals to ensure people's health needs were met and they had the equipment they required to promote their safety and independence. For example, staff had arranged a visit by an occupational therapist, which led to a more appropriate bed being provided to meet the person's needs.
- Healthcare specialists, including occupational therapists and tissue viability nurses, consistently told us staff effectively followed their advice and guidance to ensure people's support met their needs.
- The provider had developed good relationships with local health and social care professionals.

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

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.

We checked whether the service was working within the principles of the Mental Capacity Act 2005 (MCA).

- Care plans clearly detailed how staff should support people to make choices, using their preferred methods of communication. Staff sought valid consent from people, using plain English and allowing them time to respond.
- Staff supported people to make as many decisions as possible.

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

- Staff worked well with other agencies, including social services and community nursing teams.
- Staff knew how to refer people to other healthcare services if they had concerns.

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity:

- Without exception people told us they had developed caring and meaningful relationships with their care staff.
- People told us they experienced good continuity of care from regular staff, with whom they shared a special bond.
- One person said, "They [staff] are very kind and gentle with me." A relative told us, "Nothing is too much trouble. They love [their loved one] and always make sure I am all right and coping with everything. They've done so much to help us."
- Staff spoke with pride and fondness about people they supported.
- Staff had completed equality and diversity training and knew how to care for each person's emotional and spiritual wellbeing, in line with their wishes.
- The registered manager completed observations and sought feedback from people to ensure staff delivered care in a kind and compassionate manner.
- Staff were particularly sensitive when people needed caring and compassionate support to explore their needs and preferences and those of their family members. A relative told us, "The care has been out of this world. They care for all of us [family] and think about everything not just the care that's needed."

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

- People and their representatives consistently told us they were fully involved in decisions about all aspects of their care and support. One person told us, "They encourage me, enable me to do things. People and their relatives told us their continued involvement in regular reviews of their care with the registered manager and staff had developed even more trust and respect.
- Staff used appropriate communication methods to enable people to be involved in planning and reviewing their care.

Respecting and promoting people's privacy, dignity and independence:

- Respect for privacy and dignity was embedded in the service culture.
- People consistently felt respected, listened to, and involved in the development of their care.

- People received care and support from a stable staff team which promoted people's confidence and independence.
- People, relatives, and health and social care professionals told us staff supported people to be as independent as possible.
- Staff supported people to maintain their independent living and social skills.
- Staff treated people with dignity and respect, and maintained their privacy.
- Staff consistently consulted people and sought their agreement before delivering any care. One relative told us, "I'm not sure [their loved one] can hear them but they always talk to him and tell him what they are going to do and if he is happy, which usually makes him smile."
- Care plans contained clear guidance for staff about how to respect and promote people's dignity.
- People's changing needs and current preferences were reflected in care plans, which were reviewed regularly.
- Staff described how they maintained people's privacy. For example, delivering people's personal care in the way they chose.

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control:

- People were encouraged and supported to be actively involved, and where appropriate, take the lead in their care planning.
- Care plans provided detailed information and clear guidance about how to meet people's health, medical and care needs.
- Care was planned around people's whole life, including their personal goals, skills, abilities, preferred routines and how they chose to manage their health needs.
- Staff had comprehensive knowledge about people's individual needs and their personal preferences, which was reflected in the delivery of their care and support.
- Staff were proud of the personalised service they provided, including their prompt response to people's changing needs, based on their in-depth knowledge of the people they supported.
- Staff were flexible to accommodate people's wishes.
- Staff understood and applied the Accessible Information Standard. This standard requires service providers to ensure those people with disability, impairment or sensory loss have information provided in a format accessible to them and they are supported with communication.
- Some people using the service were not able to communicate verbally. Relatives told us that staff communicated with their family members using appropriate techniques.
- People were enabled to fully understand information about their care and treatment options. Staff told us how they identified and recorded people's communication needs and effectively shared them with others.
- Staff promoted people's independence by supporting them to take part in activities according to their wishes and abilities. Staff supported people to maintain relationships that mattered to them, such as family, community and other social links.
- The service played a key role in the local community and was actively involved in building further links. Staff encouraged and initiated contact between people and community groups, resources and support networks.

Improving care quality in response to complaints or concerns:

- People were confident to share their worries and concerns with staff, who supported them to achieve desired resolutions.

- People were aware of the provider's complaints process and knew how to use it. However, people consistently told us the registered manager and staff resolved any issues quickly, to prevent them escalating.
- There had been no formal complaints since our last inspection in September 2016.
- The registered manager used concerns raised to drive improvements in the service.

End of life care and support:

- At the time of inspection, the service was not supporting anyone with end of life care.
- Relatives of people who had received end of life care from the service since our last inspection, praised the compassion, commitment and dedication of the staff. One relative told us, "I don't know how I would have coped without them. They made my [loved one's] wish come true, to stay at home till the end. Not only did they care for [loved one] but also looked after me and the family. Even now they ring up to see how we're getting on. They're very thoughtful."
- Relatives consistently told us their loved ones were supported at the end of their life to have a comfortable, dignified and pain-free death.

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.

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility:

- The registered manager effectively operated systems and processes to promote person-centred care.
 - People received a service where the provider's caring values were embedded into the leadership, culture and staff practice. Staff were focused to ensure people came first and received good outcomes.
 - People experienced high quality personalised care from a stable staff team who knew them well and were committed to ensuring they received care, which was individual to them.
 - People trusted the provider and senior staff because they responded quickly if they contacted them. They consistently described the service as well managed and very organised.
 - Staff understood the importance of knowing people well and could tell us about people's needs, preferences and life histories.
 - The registered manager understood their Duty of Candour, to be open and honest when things went wrong, for example; when medicine errors had occurred.
- Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements:
- There was a clear management structure within the service.
 - The registered manager was highly visible and provided clear and direct leadership, which inspired staff. The management team had the skills, knowledge, and experience to lead effectively. Staff told us they felt respected, valued and well supported.
 - Rotas demonstrated there was always a designated manager available out of hours.
 - Commissioners of care consistently reported confidence in the provider's capability to deliver high quality care to meet people's needs.
 - The management team understood the importance of confidentiality. People's records were kept securely and only shared with those authorised to access them, in line with the General Data Protection Regulations.

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

- The registered manager spent time with people who used the service and with staff. This enabled them to seek people's views on a regular basis and involve people in any changes.
- People's views were listened to and acted upon.
- Staff told us the registered manager valued their views, which they were encouraged to share during supervisions, team meetings and at any time they needed to talk.
- Quality assurance surveys were used to obtain the views of people and their relatives about the standard of care. Service improvement plans were then developed to ensure action was taken to drive improvements.

Continuous learning and improving care:

- Staff effectively recorded accidents and incidents, which were reviewed daily by the management team.
- This ensured the provider fulfilled their responsibility and accountability to identify trends and acted to keep people and staff safe, by reducing the risk of repeated incidents.

Working in partnership with others:

- Health and social care professionals consistently told us the registered manager actively engaged in effective partnership working with multi-disciplinary teams.
- The provider contributed to the development of best practice and good leadership with other agencies. For example, the registered manager had initiated effective collaboration with the tissue viability nurse to improve the provision of skin care to people supported by the service.
- Staff worked effectively in partnership with people and relatives. One relative told us, "It is a real team effort, where everyone is encouraged to voice their opinion."