

Instant Security Limited

# Instant Homecare

## Inspection report

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Date of inspection visit:

15 December 2022

04 January 2023

Date of publication:

17 January 2023

## 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

Instant homecare is a domiciliary care agency providing personal care to people living in their own homes. The service provides support to young adults and older people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of our inspection there was one person being supported with the regulated activity of personal care.

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

People were happy with the care and support they received. One relative told us, "The staff team are consistent, bubbly and always friendly."

Care records and risk assessments contained information which directed staff to deliver care which was tailored to the individual.

A process was in place which supported the recruitment of suitable staff. The registered manager shared their vision and values of the service with staff throughout the recruitment and induction process. Staff were supported to complete an induction which prepared them for their role.

Relatives found the staff to provide care in a dignified and caring manner. Staff understood the importance of privacy, dignity and respect and strove to demonstrate this in their work. One relative told us, "[Staff] always speak appropriately to [family member], checking they are happy with their care and encourage them to do what they are able to themselves."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Relatives and staff found the registered manager to be approachable and supportive at all times. One relative told us they felt listened to by the registered manager and confident that concerns would be listened to and addressed.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 04 August 2021 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

#### Follow up

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

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Instant Homecare

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection:

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We sought feedback from the local authority and professionals who work with the service. We used all of this information to plan our inspection.

During the inspection

This performance review and assessment was carried out without a visit to the location's office. We used technology such as video calls to enable us to engage with people using the service and staff, and electronic file sharing to enable us to review documentation.

Inspection activity started on 15 December 2022 and ended on 04 January 2023.

People did not wish to speak to us about the care and support they received, however, provided consent for us to speak with their relatives. We spoke with one relative of a person who used the service. We spoke with three members of staff including the registered manager and care staff.

We reviewed a range of records. This included the care records for one person. We looked at two staff files in relation to recruitment, training and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Relatives told us they felt the care people received was safe. One relative told us, "The staff create a bubbly, friendly atmosphere when providing care. This provides reassurance and enables [family member] to feel safe."
- The provider had systems and processes in place to keep people safe. Staff had received training in safeguarding awareness and were confident in reporting concerns appropriately internally and to external organisations.

Assessing risk, safety monitoring and management

- Records viewed contained detail of risk assessments which had been completed. These were basic but tailored to the individual and contained actions for staff to follow to mitigate risk and harm.
- Staff we spoke with were aware of people's needs and associated risks and were confident in actions to follow to reduce risk of harm.
- Staff told us the registered manager provided prompt updates on people's needs following reviews.

Staffing and recruitment

- A recruitment process was in place to ensure staff were recruited safely. This process included exploring employment gaps, obtaining references and a Disclosure and Barring Service (DBS) check. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

Using medicines safely

- At the time of the inspection staff were not providing support with the administration of medicine. Information in people's care plans identified the responsible person for the administration of medicine.
- The provider had policies and processes in place for the safe management of medicine which had been reviewed regularly.
- Staff had completed safe management and administration of medicine training. In addition, staff had completed a scenario-based competency check. The registered manager told us this would be refreshed where people's needs changed, to ensure staff remained safe with the management and administration of medicine.

Preventing and controlling infection

- The provider had an infection control policy in place which had been reviewed to ensure it remained up to date.

- Staff had received infection control training and were knowledgeable of actions to take to reduce risk of transmission of infection. This included washing hands, wearing personal protective equipment (PPE) appropriately and maintaining a clean environment.
- Relatives told us staff wore PPE appropriately and applied good infection control measures when providing care. This included washing of hands before and after providing care.

#### Learning lessons when things go wrong

- At the time of the inspection there had been no incidents or accidents recorded. A process was in place for the monitoring and recording of incidents and accidents.
- Regular staff meetings had been held and provided opportunity for staff and the registered manager to discuss how to make improvements and develop the service.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's needs were fully assessed prior to starting with the service. Information was obtained to create a basic care plan, which was updated regularly as people and staff became familiar with each other. Relatives told us they had been involved in the assessment and review process.

Staff support: induction, training, skills and experience

- Relatives told us they felt the staff had received appropriate training and were knowledgeable in their role. One relative told us, "I feel [staff] know what they are doing. I have never had to show them how to do things. The [staff] act professionally at all times."
- Staff told us they had completed an induction which prepared them for their role. This included a blend of face to face and on-line learning, meeting with the registered manager to discuss policies and procedures and shadowing of experienced staff.
- Staff confirmed they felt supported and valued by the registered manager, who provided ongoing support with an 'open-door' policy to discuss concerns and through regular supervisions.

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

- Information had been captured during the assessment process advising of people's dietary requirements and level of support which was required. One person's care record contained detail of their medical condition and healthy diet options to maintain their health.
- Relatives told us the staff were knowledgeable of people's dietary likes and dislikes and encouraged people to eat a balanced diet. One relative said, "[Family member] is now eating a healthier diet and their appetite has improved since receiving support from the care staff."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's records contained evidence of communication with other professionals including social workers to ensure care remained appropriate and effective.

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 MCA 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. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

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

- Relatives told us the staff offered people choices and sought consent when providing care.
- Staff had received training on the MCA and knew how to apply this in their role. One staff member told us, "This is the process used to enable people to make decisions and choices. It identifies what decision a person can make and where we can adapt how we do things to support this process. For example, through using shorter sentences and simple language."

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity; Respecting and promoting people's privacy, dignity and independence

- Relatives provided positive comments about the staff. One relative said, "All staff are very polite, caring and professional. They take time to support [family member] and do not rush."
- Staff understood how to respect and promote a person's independence, dignity and respect. One staff member told us, "It is important to communicate with a person and seek consent before providing care. In addition, as staff, we should encourage a person to do what they are able and acknowledge their achievements."

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

- Relatives told us the staff took time to explain care support and listened for a response. One relative said, "The staff listen to what [family member] says which makes [family member] feel valued."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's records contained information advising of their likes, dislikes and preferences. Where one person had expressed a preference to be supported by female care staff, this had been respected and daily notes contained evidence of this being upheld.
- Staff understood the importance of providing person centred care. One staff member said, "By providing person-centred care we are placing people at the core of all support, working in a way which is unique to them."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's care records contained information advising of their preferred form of communication. One relative told us, "One staff member speaks to [family member] in their mother language. [Family member] speaks good English but enjoys speaking in their mother language as this reminds them of home."
- The registered manager understood their responsibility in ensuring information was available in alternate forms and languages and had access to translation services to support this.

Improving care quality in response to complaints or concerns

- A complaints policy and process was in place and had been shared with people, their relatives and staff. One relative told us, "I am very happy with the care and have not had reason to complain. If necessary, I would contact the registered manager to discuss any concerns I had."

End of life care and support

- At the time of the inspection there was nobody in receipt of end of life care.
- End of life wishes and preferences were discussed during the assessment process and recorded where appropriate.

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- We received positive comments from relatives about the care provided. One relative told us, "The staff always put [family member] first in all they do. They motivate and encourage [family member] to be involved in their care."
- The registered manager shared their expectations, vision and values of the service with the staff during the interview process and staff meetings.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their responsibility of reporting notifiable events to the Care Quality Commission (CQC) and apologising to people when things went wrong.

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

- A quality assurance process was in place which identified shortfalls of the service. The findings of these checks were used to continually develop the service.
- The registered manager shared with us plans which they had implemented to develop the staff and service. This included enhanced training for staff to undertake senior roles in the future as the service expanded.

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

- A variety of systems were used to obtain feedback from people, their relatives and staff which included survey's, telephone calls, reviews and onsite visits. The feedback obtained was shared with staff during meetings and used to drive change and improvement of the service.
- Relatives and staff told us they found the registered manager to be approachable and supportive. One relative said, "The [registered manager] is always contactable and listens to what we have to say."

Working in partnership with others

- Records contained evidence of engagement with external health and social care professionals to ensure the care provide was appropriate and met people's ongoing needs.

