

Insta Care Ltd

# Insta Care Ltd

## Inspection report

220 High Street  
Hounslow  
Middlesex  
TW3 1HB

Tel: 02085773555

Website: [www.instacareltd.com](http://www.instacareltd.com)

Date of inspection visit:  
13 June 2017

Date of publication:  
12 July 2017

### 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 visit took place on 13 June 2017.

Insta Care Ltd is registered to provide personal care to people living in their own homes. People using the service lived in the London boroughs of Hounslow and Richmond upon Thames. Their care was organised and funded by the local authorities or the local Clinical Commissioning Group (CCG). At the time of our inspection 23 people were using the service. People using the service had complex and multiple needs and the registered manager told us they specialised in this type of support, with the majority of people requiring between three and four care visits each day. The majority of care visits were carried out by two care workers. Some people were living with the experience of dementia and some were being cared for at the end of their lives. Insta Care Ltd is a privately owned agency with one branch based in Hounslow. The owner of the company, who was registered as the nominated individual, was involved in the day to day management of the service. There was also a registered manager. 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.

At the last inspection of 9 February 2016 we rated the service Good. At this inspection of 13 June 2017 the service remains Good.

People felt they received a good service. One person told us, "They are all fantastic and do a great job." People liked their care workers and felt they were kind, caring and polite. They told us their needs were met and the way in which they were cared for reflected their preferences. People were involved in planning and reviewing their own care. The majority of care visits took place at the right time and the agency had contingency plans for emergency situations or events which affected the normal plan of visits.

People felt safe. The risks they were exposed to had been assessed and there was guidance for staff on keeping each person safe. There were enough staff and they were suitably recruited and trained. The staff received the information they needed to care for people and demonstrated a good knowledge of people's needs.

The agency was appropriately managed and there were systems to gain and respond to feedback from people who used the service and other stakeholders. Records were up to date and appropriately maintained. The staff worked closely with other professionals to make sure people's needs were being met.

## 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 remains Good.

People felt safe being cared for by the agency.

There were procedures designed to safeguard people from abuse.

The risks to people's wellbeing had been assessed and planned for.

People received their medicines as prescribed and in a safe way.

There were enough suitably recruited staff to care for people and meet their needs.

### Is the service effective?

Good ●

The service remains Good.

People were cared for by staff who were appropriately trained and supported.

The provider was acting within the principles of the Mental Capacity Act 2005.

The staff respected people's choices and wishes.

People's healthcare needs were planned for and monitored. The staff worked closely with other professionals to meet these needs.

### Is the service caring?

Good ●

The service remains Good.

People were cared for by staff who were polite, considerate and kind.

People's privacy and dignity were respected.

### Is the service responsive?

Good ●

The service remains Good

People's care needs were assessed and planned for in partnership with the person.

Care was delivered at the right time and met the individual needs of people.

People were able to make a complaint or raise a concern and felt confident these would be investigated and acted upon.

### Is the service well-led?

Good ●

The service remains Good.

People felt that the service was well managed and were happy with the agency.

The service had a clear management structure with managers and senior staff being involved in the day to day activities of the agency.

There were appropriate quality monitoring systems and the provider acted on feedback from stakeholders.

# Insta Care Ltd

## 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 checked 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 was a comprehensive inspection which took place on 13 June 2017. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection visit was conducted by one inspector. As part of the inspection we contacted people who used and worked at the service for their feedback by telephone. Some of these telephone calls were made by 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. The expert-by-experience supporting this inspection had personal experience of caring for a relative.

Before the inspection we looked at all the information we held about the provider. This included the last inspection report and notifications of incidents, accidents and safeguarding alerts. The registered manager had completed a Provider Information Return (PIR) in May 2017. The 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.

During the inspection we spoke with one person who used the service and 12 relatives of other people who used the service by telephone. We also had email or telephone feedback from four care workers. We met the nominated individual (provider), registered manager and the administrator during our visit to the agency offices. We looked at the care records for six people who used the service and the staff recruitment and support records for seven members of staff. We looked at evidence of training for all of the staff. We also saw other records the provider used for monitoring the quality of the service which included audits and quality checks.

# Is the service safe?

## Our findings

People using the service and their relatives told us they felt safe with the agency. However, one person told us that the care workers could sometimes be a bit 'abrupt' when they spoke. Another person told us they thought some of the carers were inexperienced. However other people's comments included, "I have heard them with her and I can hear the way they treat her very gently". "Yes we feel safe, there is no question about that", "[My relative] feels very safe and she likes them and knows their names", "They are a nice bunch of carers" and "Yes we feel safe."

The provider had procedures on safeguarding vulnerable adults and whistle blowing. The staff had training in these and were able to tell us how they would recognise abuse and who to report this to. The provider had worked with the local authority regarding one allegation of abuse which had been made since the last inspection. They had helped to investigate the concerns and put in place a protection plan for the person affected.

People received their medicines in a safe way and as prescribed. The staff received training around medicines administration. People who received support with their medicines were happy with this support. They told us the care workers were good at administering medicines. One relative told us that the care workers were flexible in their approach complying with the requests of their relative for medicine to be administered in a specific way. The staff completed records of administration and these were checked by senior staff each month. We saw that records were appropriately maintained and any changes in administration were recorded and the reason for this given. The provider told us that any problems identified by the senior staff were followed up with the staff responsible, although we did not find any issues with the medicine administration records we viewed and the provider told us there rarely were any problems.

The risks to each individual had been assessed and were recorded along with plans for the staff to minimise risks and keep people safe. Many of the people using the service had complex medical conditions. There was a good amount of information for the staff so that they could understand people's needs in respect of these. For example, how their medical conditions affected the way they could move, felt pain or sensitivity. The risk assessments and care plans highlighted specific risks and gave clear instructions for the staff. Risk assessments were regularly reviewed alongside the review of all care needs. These reviews and changes to people's care and support were recorded.

The provider had introduced an electronic call monitoring system earlier in 2017. This enabled them to monitor when the care workers arrived and left care visits. The system allowed the office staff to view the information in real time so that they could see and deal with problems as they arose. Some of the care workers did not like the new system and felt that this restricted their flexibility. However, it was a useful tool for the provider to monitor when the service was being delivered.

The provider organised care workers so that they carried out all their care visits in close geographical proximity. This reduced travel time between visits. The provider told us that there were enough staff to meet

the needs of the people using the service. They told us they would not accept a referral for another person if they could not allocate staff for this. The provider told us that they were constantly recruiting new staff and were looking to expand the staff team. The majority of people who used the service required high levels of care including up to four visits a day carried out by two members of staff and overnight care. The care visits were planned so that each person received the visits they required and any variation in the original planned times of these visits was discussed with the person. The provider had contingency plans to make sure people received care in different emergency situations. The provider, registered manager and two supervisors were all trained care workers and offered hands on support to cover staff absences.

The provider had appropriate systems for recruiting the staff to make sure they were suitable. These included a formal interview at the agency offices. The provider also undertook checks on their previous employment, identity, eligibility to work in the United Kingdom and criminal records. We saw evidence of all appropriate checks including application forms and full employment histories, with the exception of references from previous employers for five of the staff files we viewed. The provider explained that these had been requested and that they had followed up the requests with the referees. They were able to show us evidence of this; however they had not been supplied with these. We discussed this with the provider and felt that they had taken reasonable steps to obtain the information with limited success. However, the other evidence relating to staff suitability was in place and there had been no concerns raised about the performance or trustworthiness of the staff concerned. We saw that the provider had carried out observations of the staff in the work place and had met with them for formal supervisions to discuss their work.

## Is the service effective?

### Our findings

People were cared for by staff who were appropriately trained and supported. Some of the staff who we spoke with told us they did not feel supported. We discussed this with the provider who was able to explain what the concerns of staff were and how they had addressed these. We saw evidence of regular individual staff supervision meetings where the staff had the opportunity to discuss their work and any concerns they had. The provider also carried out spot checks by observing how the staff cared for people and asking people who used the service for their feedback.

New staff undertook a range of classroom based training at the agency offices and provided by an external trainer. This training included, lone working, dementia awareness, end of life care, safeguarding vulnerable adults, manual handling techniques, medicines management, first aid and catheter care. All staff were also required to take part in online training courses. The provider offered people opportunities to undertake this training in the agency offices or people could complete this at home. The provider monitored staff achievements in this. The provider told us that many of the staff had not completed the online training which they were supposed to do, in particular staff refresher courses when training expired. They told us they had reminded individual staff about this and were continuing to do so. The provider had arranged for an external organisation to support people to achieve vocational qualifications in care. Some staff had started these.

New staff were issued with a handbook outlining key policies, procedures and their responsibilities. They worked alongside experienced staff and had their competencies and skills assessed.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005. The staff received training about this as part of their induction. We checked that the provider was working within the principles of the MCA and found that they were. People's capacity to make decisions had been assessed and recorded. Where people were able they had consented to their plan of care. This was evidenced within the plans, although in many cases the person had requested a relative sign on their behalf. Where people lacked capacity the provider had worked with appropriate others, such as relatives, to make decisions in people's best interests.

People using the service and their relatives told us that the care workers respected their choices and allowed them freedom. Some of their comments included, "[My relative] is not very mobile and is weak, but she can say what she wants and the staff listen", "The staff are fantastic at that", "Some of the carers are better than others", "[My relative] has no capacity, but the staff do their best to respect what she wants", "They do respect [my relative]'s choices but [my relative] is very sensitive. Some of the younger carers do not have empathy for how an older person feels", "[My relative] is a bit eccentric but they understand this and those who know her do will comply and know what is expected" and "Absolutely they always ask what can I do for you and do what he wants them to."



People who received support with their meals and their relatives told us they were satisfied with this support. Some of their comments included, "We are happy, they help with the meals", "They heat up food we have left, it is ok" and "There are no problems here."

The provider worked closely with other healthcare professionals to ensure people's healthcare needs were being met. Care plans included detailed information about health conditions and the support people required, including contact information for other healthcare professionals. The provider told us that the staff were vigilant and appropriately responded to changes in people's healthcare conditions. The families of people using the service agreed with this. One relative told us, "They are brilliant they pick things up and referring things to the GP and telling me." During our inspection visit we overheard the provider dealing with a situation on the telephone. Initially a care worker alerted the provider to a change in the condition of a person's skin. The provider then spoke with the person and asked their permission to contact their GP. They then spoke with the GP asking whether the person could be prescribed a new type of barrier cream to help protect the area. The provider and relatives were able to give us other examples of this joint working with healthcare professionals. For example, the provider told us they ensured they attended people's homes to meet with occupational therapists when people were being assessed or provided with new equipment. They told us this helped them to understand about people's manual handling needs with regards to the equipment and they used this knowledge to help train the care staff about how to care for the individual concerned.

## Is the service caring?

### Our findings

People using the service and their relatives told us the staff were kind, caring and polite. Some of their comments included, "They are very pleasant and they are very good to my relative", "They are very special indeed", "They are fine", "A good crowd", "Most are caring for their part but one or two have not been, it is a rarity", "They greet my relative properly and ask him if he wants a drink, they ask him if they are being gentle enough", "Oh I'm most impressed, They are caring, they leave me notes and I leave them notes and they so what I ask", "I do think they are unbelievably kind and I couldn't cope without the service", "They are always on time they are consistent and thorough and very helpful", "They are a caring bunch" and "They are patient and accommodating, my relative can be abrupt but they show her understanding and care", "They are always polite" and "They are very kind and caring."

People using the service and their relatives told us that the care workers respected their privacy and dignity. Some of their comments included, "Yes they are good with that and they are aware he can be in pain and are respectful of that", "They close the blinds and make sure care is in private" and "Yes they respect his privacy."

One person raised a concern which we passed on to the provider to address with the staff. They said, "There has been an issue with carers wearing perfume that bothers my father in law, I think that sometimes they should show some empathy with regards to this. It may not be the perfume, it may be the detergent or cream but I think that it's important to address this."

Care plans included information about people's preferences, individual choices and how they could maintain independence where they were able. There was also information about their cultural and emotional needs.

## Is the service responsive?

### Our findings

The relatives of people told us that they had been involved in planning and reviewing care and they were happy with this. The care plans we viewed were well designed and included clear information about how needs should be met. These were personalised and reflected individual needs and preferences. The information was appropriately detailed. Care plans were regularly reviewed.

Most people using the service and their relatives told us that the care workers usually did everything they were supposed to do. Some people felt the quality of house work and washing up was poor and that the staff lacked skills in these areas. One person told us they had found care workers spending time using their mobile phones instead of caring. However, the majority of feedback was positive and people's relatives felt involved in planning and monitoring their care.

The staff recorded the care they had provided at each visit. Records of these showed that care had been delivered as planned. The staff also recorded any concerns they had about a person's wellbeing or conditions and there was evidence that these were reported to the agency, next of kin and relevant healthcare professionals.

Most people using the service and their relatives told us that care workers arrived on time. They told us that the agency normally informed them if care workers were running late. Some people were less happy and told us that care workers did not always stay for the agreed length of time. Comments we received included, "The care workers did not used to arrive on time but they do now as they have to check in and out by phone", "Sometimes they can be late but normally on time. Yes they stay for the right time", "They are absolutely on time", "They arrive on time they are good girls", "They have to arrive on time because they check in by phone", "They do not always arrive on time and there have been no shows. They don't stay for the agreed time. They will stay for 10 to 15 mins of a 45 min call", "Sometimes they come too early and that's not right", "Generally they are on time, the traffic is bad ", "They can be a bit late due to public transport", "They have got better now because of the checking in system" and "They stay for the agreed length of time but we sometimes do not need them after 15 minutes."

The records of care visits showed that people usually received their visits at the same time each day and that the staff stayed for the correct amount of time.

People using the service and their relatives told us that they knew who to speak with if they had a concern about their care. Some of their comments included, "They are fantastic. If I have a concern about my health they call the doctors", "The manager is very good and will always contact me", "They listened to us and sorted out our concern" and "The lady in the office was especially good at sorting out something that went wrong."

People knew how to make a complaint and told us they felt able to make complaints if needed. The people who had complained told us that their complaints had been appropriately dealt with.

There was an appropriate procedure for dealing with formal complaints. In addition the provider undertook regular quality monitoring checks by speaking with people who used the service and their relatives for feedback.

# Is the service well-led?

## Our findings

Most people thought that the service was well-run and they were happy with the care and support provided. Some of the comments people using the service and their relatives made were, "We are very impressed and happy with the service", "The quality can be variable but I can see both sides, the new system is working well. We are very fortunate some of the carers are like angels. I would rate at least half the carers as exceptional", "We are happy", "I am very pleased with what they do for me", "I think that they are quite good in general. I have been with other companies that were a lot worse", "We have had four different care companies and this is the best one. They do care",

"Overall I think it's a good service and I have no concerns, my key thing is that my [relative] feels safe and she does. We work as a team and we are happy with this agency" and "The people who run the agency are incredibly pleasant."

Some people commented about things they felt could be improved. These included two different people telling us that the care workers complained about the agency to them and each other whilst they were working. One person told us they were worried that the care workers had told them they were stressed. We discussed this with the provider who agreed that staff should not be discussing their unhappiness with people who they were caring for. The provider agreed to talk with the staff about this.

Some of the staff who we spoke with told us they did not feel supported and felt the agency was not well-led. They told us that there was not enough staff and that they were told to carry out visits to different people at the same time, making their work impossible. They said that they did not feel listened to when they raised these concerns and that they were not offered supervision or training. We discussed all these concerns with the provider who was already aware of some staff discontentment. They told us that when the new electronic monitoring system had been introduced there had been changes to staff rotas and which people they cared for. They explained that they had changed the system to better meet the needs of people who used the service, for example placing staff in a specific geographical area to reduce travel time. The provider told us that there had been problems when the system was introduced with care visits being booked at the same time but that this problem had since been resolved. They showed us how they scheduled visits on the system and we saw that this was appropriate. We also saw evidence that the problems and changes had been discussed with the staff so that they understood these. In addition we saw that evidence of spot checks on staff and regular supervision meetings where the staff could discuss their work and any concerns they had. Therefore we felt the provider had taken action to try and remedy the concerns which had been raised and given the staff the opportunity express their concerns and be heard. The provider told us that they would do their best to continue to improve the way in which the service was organised to benefit both people using the service and the staff.

Other staff we spoke with told us they were happy and that they received the support and information they needed. All the staff told us they liked working with people and were very fond of the regular people who they cared for.

We overheard a number of different telephone calls between the provider with staff or people who used the service. The provider sounded genuinely caring about the wellbeing of the people who they were speaking with. They showed empathy and understanding towards people and responded appropriately to the comments made by others.

There was a registered manager at the service. They had started work for the agency in 2015 as a supervisor and had been promoted to manage the service in 2016. 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 person who established and ran the organisation was the registered nominated individual. They were a qualified occupational therapist and helped with the day to day management of the agency. They worked closely with the registered manager. They had a very good knowledge of all the people using the service and their needs, and were involved making sure these were met.

The provider had systems for monitoring the quality of the service which included reviewing records, checking on staff in the work place and asking people who used the service for feedback. In May 2017 16 people who used the service, or their relatives, had completed satisfaction surveys about their experiences. The majority of surveys showed that people were satisfied or very satisfied with all aspects of the care they received. The provider told us they analysed any negative feedback and responded to this. Comments from the May 2017 surveys included, "You provide an excellent service at this time and you don't need to do anything to improve", "I am very happy with the service provided and my carers really do care", "Very good and very efficient", "Very nice ladies" and "Most carers are good." The negative feedback related to, staff not washing up appropriately, some care visits not taking place on time, the attitude and skills of some of the care workers and the new electronic call monitoring system.