

ILS24Health Care Limited

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## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

ILS24Health Care Limited is a domiciliary care agency providing personal care and support to people in their own homes. At the time of inspection, the service was providing personal care to 37 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.

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

Where people had support with medicines this was not always managed safely. Records showed inconsistencies which meant medicines may not have been given as prescribed. Records did not clearly show how risk was managed or determined.

Quality assurances processes were not robust enough. They had not been effective in identifying concerns found during this inspection relating to medicines and risk management. Policies and procedures were not always up to date to reflect good practice guidance.

People and their relatives said the care and support provided was safe. People received care from staff who were kind, and who respected their privacy and dignity. The provider had systems in place for responding to allegations of abuse. Overall, staff were knowledgeable about their responsibility in this area. Some staff were not aware of how to report concerns outside of the agency.

People and staff spoke positively about the registered manager and provider and told us they found them approachable. Staff said they received good support and training. Staff had access to personal protective equipment (PPE) and were tested for COVID-19 in line with guidance.

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

The last rating for this service was good (published 4 October 2018).

### Why we inspected

We received concerns in relation to conduct of staff and alleged neglect of people's needs. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has changed from good to requires improvement. This is based on the findings at this inspection.

We have found evidence that the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for ILS24Health Care Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### Enforcement:

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service to keep people safe and to hold providers to account where it is necessary for us to do so.

We have identified breaches in relation to the safe management of medicines, risk management and governance.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will return to visit as per our re-inspection programme. If we receive any concerning information 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# ILS24Health Care Limited

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector 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.

#### Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 2 March 2021 and ended on 19 March 2021. We visited the office location on 10 March 2021.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority, local safeguarding team and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used all this information to plan our 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.

#### During the inspection

We spoke by telephone with two people who used the service and 13 relatives about their experience of the care provided. We spoke by telephone with four care workers. We spoke face to face with the registered manager, care co-ordinator and human resources manager. We reviewed a range of records. This included five people's care records and medication records. We looked at staff files in relation to recruitment, training and supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

#### After the inspection

We continued to speak by telephone to seek clarification from the registered manager to validate evidence found.



# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- Medicines records did not always show that medicines were managed safely. A person was prescribed ear drops and the instructions for this were inconsistent. One record stated administer once daily yet the medication administration record (MAR) indicated they were being given twice daily. Another person's MAR stated a medicine dose of '1-4 sachets' when the prescribed dose was only one sachet daily. It was unclear if the right dose of this medicine had been given.
- One person's care plan indicated their medicines were to be crushed and put in liquid before administration. The safety of this method of administration had not been checked.
- A staff member described covert administration (hiding tablets in food) of medication for one person. The person's MAR did not indicate this method of administration and there were no records to indicate this had been assessed or agreed in the person's best interests.
- One person had a PRN (as and when necessary) medicine prescribed. There was no protocol or care plan in place to guide staff on how this medicine was to be used and in what circumstances.
- A recent safeguarding investigation had highlighted MAR charts were not in place for a person whose care was provided in an emergency. This had led to pain relief being omitted.
- The provider's policy on medicines management was not up to date and based on current best practice guidance for managing medicines in a community setting.

We found people's medicines were not managed safely and documentation was not clear. This placed people at risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- Risks to people were not always clearly identified and managed. One person had been noted to be at high risk from choking. The assessment document did not show how this risk had been determined and guidance within the document such as refer to GP or speech and language therapist had not been recorded as followed.
- We were given inconsistent information about how choking risks were managed and what staff did to support the person. For example, we were told the family member supported food and medication administration, yet some staff said, and records indicated staff did.
- Another person had risks associated with skin integrity; but had no care or risk management plan in place. The referral assessment indicated two staff were required for moving and handling needs yet the support

plan had been left blank regarding this area of risk.

- Risk assessments for people who used the service who could be more vulnerable to COVID-19 had not been carried out. We were told all people were vulnerable, so no specific risk assessments had been completed to see if any actions were needed.

The lack of assessing and managing risk meant people were not always safe. This demonstrated a breach of Regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Environmental risks were completed so staff could support people safely in their own home environment.

#### Preventing and controlling infection

- The provider had policies and procedures related to infection control and COVID-19. However, these policies were not up to date and contained out of date information or lacked information such as the most common symptoms of COVID-19. The registered manager reviewed these during the inspection, but more work was still needed to ensure they were fully up to date.
- When we arrived at the provider's office, we were not fully assured they were preventing visitors from catching and spreading infections. No health screening or temperature checks were carried out. We were not asked if we had any COVID-19 related symptoms. The registered manager agreed this would be put in place.
- Most staff could describe the correct procedure for the safe wearing and removal of PPE, in line with current government guidance. They said they had good supplies of PPE and hand sanitiser.
- People and relatives told us they felt protected as staff wore the correct PPE.
- Records indicated staff received training in infection prevention control (IPC) and 'corona virus essentials'. Staff said they felt confident in IPC due to the training undertaken.

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

- People told us they felt safe using the service. One person said, "Absolutely feel safe." A relative said, "We are perfectly happy as things are; excellent."
- Where safeguarding concerns such as neglect had been brought to the service's attention, action was taken to protect people from abuse. This included investigations, some of which had resulted in disciplinary action for the staff involved.
- Staff understood some aspects of safeguarding; however, they were not all clear on how to report concerns outside of the agency. The provider's whistle-blowing policy did not include contact details for who to externally report concerns to. The registered manager agreed to rectify this.
- Staff received annual training in safeguarding. One staff member had not undertaken this training with the agency but had supplied a certificate from a previous employer. The registered manager said they had checked the validity of this and were satisfied it remained in date.

#### Staffing and recruitment

- People received consistent support, from small teams of staff. One person said, "I have the same carers, on the same day each week, this is the same at weekends." Another person said, "The carers are very good. They come on time." One person said they did not always feel all staff were trained in using the hoist. We reported this to the registered manager.
- People told us their care needs were met well. One relative said, "Not come across a bad one, (staff) they're fine, professional; can't say no more. Kind considerate." Another relative said, "I think that they (staff) are wonderful; couldn't fault them at all."
- Safe recruitment procedures were in place. These included checks with the Disclosure and Barring Service (criminal records check) to ensure staff were suitable to work with vulnerable adults.



#### Learning lessons when things go wrong

- Systems were in place to enable staff to learn lessons when things went wrong. This included meetings and messages to staff to ask for improvements in practice.
- The registered manager maintained a safeguarding tracker and had identified a pattern of allegations of poor care reported during the night service. In response to this they had introduced better methods of communication and ensured additional training for staff. Work was also planned on how to improve documentation and records for night care provision.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We reviewed quality assurance systems which showed audits of daily logs and MAR charts were completed. These audits had not identified the shortfalls we found during our inspection. Audits were not completed on care plans and therefore the issues we found with the lack of detail or inconsistency of risk management plans had not been picked up.
- Audits did not identify whose records had been reviewed so it was not clear how improvements could be monitored.
- The provider's quality assurance policies did not clearly identify which aspects of the service should be subject to auditing or quality monitoring and did not specify a frequency or schedule for audits.
- We found inconsistencies in the management teams' knowledge of the provider's policies and which were the most current and in use. Some policies were not specific to domiciliary care provision and referred to aspects of service delivery in care homes.
- The registered manager understood their responsibilities in relation to the duty of candour. However, full and detailed records were not made when apologies for any shortfalls in service delivery to people were made.

This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014, because the provider did not have fully effective systems in place to assess, monitor and improve the service.

- Overall, people and their relatives told us they thought the service was well run and they received responses from the management team when needed.

Continuous learning and improving care

- The registered manager responded to complaints and used staff supervision to address practice issues. Records showed action was also taken through disciplinary processes and re-training for staff.
- Staff's competence was monitored through spot checks and any shortfalls identified were acted upon. One staff member said, "They [registered manager and provider] like to make sure we are doing everything right." One staff member said they had not had a spot check for over a year though.

- Trackers were in place to maintain an overview of safeguarding, complaints, accidents and incidents. Lessons learned were recorded in response to any patterns and trends emerging. The registered manager had introduced systems of increased communication with staff who delivered night care, in response to several concerns that had been raised. Staff told us they were aware of these.

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

- Staff spoke about their work with enthusiasm. They told us how much they enjoyed their job and the rewards they gained from caring for people. They spoke warmly about the people they supported and the importance of dignified and respectful end of life care.
- Staff were complimentary of the support they received from the registered manager and provider and felt the service was open and honest.
- People received care and support at the times they needed it, and this was consistently delivered with a good level of continuity. People spoke of the person-centred care and support they received. Comments we received included; "I think that they are wonderful, couldn't fault them at all, can't ring their praises enough, kind, considerate and always let my [family member] know what is happening" and "they are very nice, they talk to [name of person], tell him what they are going to do, then do it; very caring and lovely."

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

- There were systems in place to record feedback received about the service. These included telephone reviews and regular contact with people who use the service. Feedback showed there was a high degree of satisfaction with the service. People's comments included; 'Extremely satisfied. Regular team. All fantastic. Make [name of person] feel at ease.'
- All staff we spoke with said communication and support from the management team was good. Staff told us they felt confident to report concerns or make suggestions. They said they felt listened to.

Working in partnership with others

- The service worked in partnership with the local authority and health authority who commissioned care and support for people. A health professional told us the service was responsive and well led and acted upon requests promptly making sure people were the focus of any decision making regarding their support.
- Overall, where staff were concerned about changes in people's health this was reported to management or they contacted relevant health professionals directly. However, there had been a small number of situations where advice had not been obtained and people's health had suffered, and pain had not been managed appropriately. The registered manager was in the process of discussing with health professionals and commissioners how communication and documentation could be improved to reduce this in the future.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Medicines were not always managed safely and effectively.</p> <p>Risk assessments were not always in place or completed in sufficient detail for identified risks to people's safety.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>Quality assurance systems were not always effective to assess, monitor and improve the quality and safety of the service.</p>