

ILS24Health Care Limited

ILS24 Health Care

Inspection report

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West Yorkshire
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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

We undertook an announced inspection of ILS24 Health Care on 07 January 2016. We gave the provider 48 hours' notice of our visit to ensure the manager of the service would be available. This was the first inspection of the service.

ILS24 Health Care provides personal care services to people in their own homes. They specialise in providing care to people who amongst others have mental health conditions, learning and physical disabilities and are living with dementia. At the time of our inspection eight people were receiving a personal care service.

A registered manager was in post and present for the inspection. 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.

People who used the service, their relatives and staff told us they were able to speak with the director or registered manager if they had any concerns or complaints. The director or registered manager service completed unannounced spot checks on staff whilst they supported people in their home...

People we spoke with told us they felt safe using the service. Most people said their call times were adhered to. We saw policies and practice ensured people's privacy and dignity was respected. Staff spoke highly of the director and registered manager and felt supported by them both.

Robust recruitment processes were in place which ensured staff were suitable to work with vulnerable adults.

Records we looked at and our discussions with staff showed they received regular training and were knowledgeable about their roles and responsibilities. They had the skills, knowledge and experience required to support people with their care and support needs. They told us they had attended safeguarding training and were aware of the policies in place regarding reporting concerns. Staff had not received any supervisions or appraisals. The director had plans to undertake supervision and appraisals with all staff. Dates had been arranged to complete these and this was evidenced on the day of inspection. These were booked in for January 2016 with all staff. The supervision and appraisal policy stated yearly supervision and appraisal.

Appropriate arrangements were in place to manage the medicines of the people who used the service.

Staff supported people to healthcare appointments and provided personal care as required in their care plan. People were supported with meals and drinks in their home where required.

ILS24 Health Care had a complaints procedure in place. People who used the service, their relatives and staff knew how to complain. Complaints and compliments were dealt with in accordance with the agency policy.

There was an accidents and incidents file in the office which had an updated accident and incident policy in place. At the time of the inspection there had been two accidents and five incidents. The registered manager had completed all relevant paperwork and the outcome was recorded in accordance with their policy.

The registered manager had effective systems in place to ensure effective audits were carried out. The director had implemented an online recording system which was used to record when training; care plans and supervisions were due.

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 was safe.

The staff had a good knowledge of safeguarding procedures and how to put them into practice.

There were enough skilled and experienced staff to support people and meet their needs. We saw recruitment processes were in place.

We found there were arrangements for the safe handling of medicines.

Is the service effective?

Good ●

The service was effective.

People felt they were supported by staff with the skills and experience to provide the care they needed.

The registered manager, director and staff demonstrated an understanding of how to apply the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards.

The service provided support with meals and healthcare when required.

Is the service caring?

Good ●

The service was caring.

People were complimentary about the care workers.

The service promoted privacy, dignity and independence well.

People were involved in making decisions about the care and support they received.

Is the service responsive?

Good ●

The service was responsive.

Care needs were assessed, documented and reviewed. Staff were aware of people's likes and dislikes.

People were consulted in the review of their care.

The service had a system in place to manage complaints.

Is the service well-led?

Good ●

The service was well led.

The director and registered manager kept staff informed with regular meetings and staff felt listened to.

Staff we spoke with were positive about the registered provider and told us that they enjoyed working for the company.

The provider had a robust auditing tool in place to measure the quality of the service and identify any improvements that could be made.

ILS24 Health Care

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 was planned to check 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.

The inspection took place on 07 January 2016 and the visit was announced. 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 present in the office. This inspection was carried out by two adult social care inspectors.

Before our inspection we reviewed all the information we held about the service. This included any statutory notifications that had been sent to us. Before the inspection, the provider completed a Provider Information Return (PIR). This 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. We contacted the local authority 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.

At the time of our inspection there were eight people who used the service. During the inspection we went to the providers head office. We reviewed care plans of eight people who used the service, five staff files and looked at records relating to the management of the service. We also spoke with the registered manager and the director. After the inspection visit we spoke on the phone with four people who used the service, three relatives of people who used the service and five staff.

Is the service safe?

Our findings

People we spoke with who used the service and their relatives were generally happy with the service they or their family member received. Only one person we spoke with had received a missed call. This was due to recent flooding in the area. The relative told us they were informed the care worker could not attend by the registered manager. Comments we received from people who use the service included; "Yes, very happy. It's excellent." Another person told us "Oh yes. They're alright." One relative told us, "Yes. They're doing a good job. I would recommend them."

People told us the care workers were generally on time and always stayed for the allocated time. Comments included; "Not often late," "They are on time," and "Sometimes they run late but they contact me."

Staff had an understanding of safeguarding adults, could identify different types of abuse and knew what to do if they witnessed any incidents. Staff we spoke with told us they would report any concerns to the registered manager or director. Staff said they were confident the manager would respond appropriately. Staff told us they received training in safeguarding vulnerable adults. Records we looked at confirmed this. The registered manager maintained a file for safeguarding incidents and investigations that took place. At the time of the inspection there had been no safeguarding incidents.

There were systems in place to keep people safe through risk assessment and management. We saw individual risk assessments were completed in care plans. Staff we spoke with could explain the risks to people who used the service. Risk management plans included health and safety and moving and handling. Staff said they had been trained and felt confident enough to deal with any emergencies. They said they would not hesitate to call an ambulance or other professionals if they thought this was needed.

The registered manager and director told us they operated an on call system. They said there was always someone on call and available at all times. The registered manager told us that the people they support and their families had their mobile numbers in case of any emergency.

There were effective recruitment and selection processes in place. Appropriate checks were undertaken before staff began work, this included records of Disclosure and Barring Service (DBS) checks. The DBS checks assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable people. Written references from the staff member's last employer had been obtained prior to staff commencing work. These showed evidence of previous good conduct.

We looked at the systems for managing medicines and found there were appropriate arrangements in place to assist people to take their medicines safely. Staff told us they were trained in all aspects of medication management and said the training equipped them well. Records we saw confirmed this and showed that staff competency was checked regularly to ensure practice remained safe.

Records showed the needs of people who used the service were assessed regarding the support they needed with medication and this information was then transferred in to a support plan to give staff the

guidance they needed. We looked at medication records for four people who used the service. We saw that each care file had a full list of all current prescribed medications including administration times and dosages. This included clear guidance on the use of 'as and when required' (PRN) medication. Medication administration records (MARs) were completed correctly and signed by staff when they administered or assisted with medication.

The registered manager told us MAR's were returned to the office and checked for accuracy and completeness. This was evidenced on the day of inspection when we looked at the medication records. Staff told us they always ensured medication records were up to date when they supported people with their medication.

The agency had a file in the office which contained up to date policies to ensure any incidents were managed appropriately. These included; safeguarding vulnerable adults, whistleblowing and lone working. At the time of the inspection there had been two accidents and five incidents. The registered manager had completed all relevant paperwork and outcomes were recorded in accordance with their policy.

Is the service effective?

Our findings

Most people we spoke with were satisfied with the training and skills the care workers demonstrated. One person told us "Some [care workers] have, some haven't. This has recently improved." Another person told us, "They take their time. They don't rush." All the relatives we spoke with told us they felt care workers were competent, well trained and worked at a pace to suit their relative's needs.

Staff told us they received training that equipped them to carry out their work effectively. They said they received a good induction which prepared them well for their role. One staff member said, "The registered manager will not let you work alone until you are confident in what you are doing." Another staff member told us, "I shadowed staff and completed my induction training before I supported anyone alone in their own home."

There was a rolling programme of training available which included moving and handling, safeguarding, emergency first aid, health and safety and infection control. The registered manager told us all training was provided face to face. Test papers were used to assess staff competency and learning. The training records we looked at showed staff were up to date with their required training.

Staff confirmed they received support throughout by the registered manager and other staff. One care worker told us "My manager is approachable and friendly. If I was worried about anything I would speak to them." Another care worker told us, "Communication is really easy as the manager is so approachable."

Staff we spoke with told us they were well supported by the management team. Staff said they received spot checks and regular staff meetings. Staff told us that they received verbal supervisions, but these were not recorded. The registered manager told us formal supervisions or appraisals were not taking place due to staff only been recruited within the year. The supervision and appraisal policy stated annual supervisions and appraisals should take place. The director had supervision and appraisal forms in place for them to complete with staff in January 2016.

The Mental Capacity Act (2005) (MCA) provides a legal framework for acting and making decisions on behalf of people who lack the mental capacity to make specific decisions for themselves. Staff were able to give us an overview of the principles of the MCA and could talk about how they assisted and encouraged people to make choices and decisions. Staff we spoke with showed a good understanding of protecting people's rights to refuse care and support. They said they would always explain the risks from refusing care or support and try to discuss alternative options to give people more choice and control over their decisions. The staff we spoke with told us they had completed Mental Capacity Act (MCA) training as part of their induction. Where people lacked capacity social workers completed assessments with involvement from the people themselves where appropriate, families and the registered manager.

Care plans included evidence of consent from people who used the service. We saw these were signed by people who used the service and their families to show consent had been given. For example, one person's care plan stated, 'I do not need any support with my medication, only to say that I have taken this'. People

we spoke with and their relatives told us they were able to have their say in how their care and support was provided. One relative told us, "Yes, I feel involved too." Another relative told us, "There is a folder in the house with all the information."

People or their relatives mostly prepared meals and drinks. Staff told us they sometimes went out shopping for the people they supported to purchase groceries. One member of staff told us they supported one person in preparing meals. Staff told us they would always ask the person if they required snacks or drinks before the end of the call.

We found people who used the service or their relatives dealt mostly with people's healthcare appointments. In the records we looked at we saw the service had made referrals to health professionals when people needed this support. We found evidence of the provider working with a social worker and a GP.

Is the service caring?

Our findings

People we spoke with were complimentary about the staff who support them. Comments included; "They're very good. Excellent," "They're pleasant. You tell them and they do it," and "They're lovely." One person commented, "The first few months were difficult, so this was taken up with the social worker and resolved straight away."

People and their relatives told us they were treated with respect and dignity by the care workers. One relative told us, "Definitely. She looks forward to them coming." Another relative told us, "Yes they take their time. They don't rush her."

Staff spoke of the importance of maintaining independence for people who used the service. They described the way they did this through gentle encouragement. Staff said they felt it was important for people to have as much independence as possible.

Staff we spoke with demonstrated they knew people's individual likes, dislikes and care preferences. It was clear by the way staff spoke about the care they provided; they had built good relationships with people. They spoke warmly about the people they supported. They said they gave good care to people they supported and gave examples of how to promote people's dignity and privacy. Staff spoke of the importance of respecting people's privacy and being mindful when they were in people's homes.

Staff said they received training to help them understand how to provide good care. They confirmed they had time to shadow more experienced staff before providing care themselves. Staff felt spot checks were also valuable as part of their continuous learning.

There was evidence people who used the service and their relatives had been involved in care planning and identifying their support needs. Records showed people who used the service or their relatives had signed the care plans to show they were in agreement with them. One relative told us their family member had just had a review.

We saw daily care records were completed at the time of care delivery and signed by the staff members. One staff member said, "We complete daily notes. We have to write everything down." Daily records showed people's needs were being appropriately met.

Is the service responsive?

Our findings

Records showed people had their needs assessed before they began using the service. This ensured the service was able to meet the needs of people they were planning to provide a service to. The assessment came as a referral from social workers and the registered manager said they reviewed this prior to completing their own initial assessment. We saw people who used the service were assessed prior to the care package being developed with evidence of relevant agencies and people's relatives' involvement.

Following initial assessment, the registered manager said care plans were developed detailing the care and support needed. A copy of the person's care plan was kept in the office. This ensured all staff had access to the information about the care and support provided for people who used the service.

Care plans we looked at contained details of people's routines and information about people's health and support needs. Information was person centred and individualised. The care plans detailed the call times and peoples' preferences and how they wished their care to be delivered. For example, in one person's care plan we saw recorded; 'Support and remind me with my medication.' In another person's care plan it stated the type of cream the person preferred staff to use. This was recorded in the daily notes which showed care was given as requested. The call times we saw recorded showed staff were staying for the full duration of calls.

Staff said they found care plans useful and they gave them information and guidance on how to provide the support people wanted and needed. Staff spoke confidently about the individual needs of the people who used the service. Staff told us they read the care plans before they started supporting people in their homes and were kept informed if care needs changed. Staff showed an in-depth knowledge and understanding of peoples care, support needs and routines

People who used the service or their relatives we spoke with said they did not have any complaints or concerns about the agency, but felt confident they could raise any concerns if they did. People told us they were given information on how to complain when they first started using the service. A relative of a person who used the service said they would speak to the registered manager if they had a concern or complaint. All the relatives we spoke with told us information on how to make a complaint was contained in the family member's folder in their home.

Staff we spoke with told us people's complaints would be taken seriously and they would report any dissatisfaction to the registered manager or director. Staff were familiar with the complaints procedures and understood people's rights to complain.

We saw the service had systems in place to deal with concerns and complaints. There had been no complaints at the time of inspection. The registered manager said they would learn from any concerns or complaints that came through and discuss this with the staff team. The provider had a complaints policy in place, a copy of this was on the notice board in the office.

Is the service well-led?

Our findings

At the time of our inspection the service had a registered manager who worked alongside staff providing support and guidance where needed. We found the registered manager had knowledge of all of the people who used the service and was able to describe in detail their specific needs and preferences. The registered manager worked and supported staff in people's homes. The registered manager told us that this was a good way to keep updated with what was happening in the service. They also said they enjoyed building a good relationship with people and their relatives.

People we spoke with thought the service was well run. One relative said, "Yes, they're doing a good job. I would recommend them." Another relative told us, "Yes, I'm very pleased."

Staff spoke positively about the management team and said they found them approachable. Comments included; "They are approachable. When you talk to them you do not fear them. They encourage me, we have an open culture." "I get on well with all the staff I have no problems. Managers are approachable and friendly", "Very happy registered manager is approachable very happy working for them." Staff told us they were encouraged to speak up at any time if they had any issues and report these to the registered manager or director. Staff told us they had regular monthly staff meetings where they discussed items such as people who used the service, care plans, working practice and communication. Staff confirmed they were supported in their role and were aware of the registered manager's 'open door' policy.

People who used the service could express their views. We saw the provider conducted a questionnaire which was completed in August 2015. Four out of the eight people who used the service sent this back to the provider. Overall, this showed people were happy with the service they received. Comments from the questionnaire included; 'Very happy with the care, staff are all caring and hardworking, excellent service', 'My carer always gives me excellent service and is always polite'.

The registered manager and the director had an effective on line audit system in place which covered care plans and reviews, training, missed call log, spot checks, medication and any complaints or compliments. The registered manager and director looked for any trends. There was none identified at the time of inspection.

We looked at the way accidents and incidents were monitored by the service. Any accidents and incidents were monitored by the registered manager and the director to ensure any trends were identified. At the time of the inspection there had been two accidents and five incidents. The registered manager had completed all relevant paperwork and the outcome was recorded in accordance with their policy.