Insta Care Ltd

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Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

The inspection took place on 9 February 2016 and was announced. The provider was given 48 hours notices because the location provides a domiciliary care service and we wanted to make sure someone would be available to speak with us.

This was the first inspection of the service since it was registered in August 2014.

Insta Care Ltd is a private domiciliary care agency providing personal care and support to people who live in their own homes. The service was predominately for people who were receiving palliative care or support at the end of their lives. A small number of people with long term care needs also used the service. The majority of people had their care funded or organised by the London Boroughs of Richmond upon Thames and Hounslow and Richmond and Hounslow Clinical Commissioning Groups. Because of the nature of the care offered, the majority of people who used the service required short term care and there were frequent changes in the number of people using the service. At the time of the inspection 13 people were receiving personal care and support.

This was the only location of the provider, Insta Care Ltd. The organisation was run by an occupational therapist who was also the registered nominated individual. This person was involved in the day to day operations of the agency. They also employed a manager who had been in post since January 2016. The manager told us they were in the process of applying to be registered with the Care Quality Commission. 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 and associated Regulations about how the service is run.

People told us they felt safe when they were being cared for.

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

People received the support they needed with their medicines.

There were enough staff to care for people and meet their needs. The recruitment procedures made sure they were suitable.
The staff received the training, support and supervision they needed to care for people.

People had consented to their care and treatment.

The staff worked closely with other healthcare professionals to keep people healthy and meet their health needs.

People and their relatives told us that the staff were kind, caring and polite.

People's privacy and dignity was respected. People had their needs assessed and care was planned to meet these individual needs and respect people's preferences.

People knew how to make a complaint and felt confident that their concerns would be listened to and acted upon.

People using the service, their relatives and staff felt that there was an open and inclusive culture.

There were systems to monitor the quality of the service and capture feedback from others.

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,

People told us they felt safe when they were being cared for.

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

People received the support they needed with their medicines.

There were enough staff to care for people and meet their needs. The recruitment procedures made sure they were suitable to work with people.

Is the service effective?

Good

The service was effective.

The staff received the training, support and supervision they needed to care for people.

People had consented to their care and treatment.

The staff worked closely with other healthcare professionals to keep people healthy and meet their health needs.

Is the service caring?

Good

The service was caring.

People and their relatives told us that the staff were kind, caring and polite.

People's privacy and dignity was respected.

Is the service responsive?

Good

The service was responsive.

People had their needs assessed and care was planned to meet these individual needs and respect people's preferences.

People knew how to make a complaint and felt confident that their concerns would be listened to and acted upon.

Is the service well-led?

Good

The service was well-led.

People using the service, their relatives and staff felt that there was an open and inclusive culture.

There were systems to monitor the quality of the service and capture feedback from others.

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 inspection took place on 9 February 2016 and was unannounced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we wanted to make sure someone would be available.

The inspection visit was carried out by one inspector. Before the visit an expert-by-experience contacted people who used the service and staff by telephone to ask them about their experiences. 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 on this inspection had personal experience of caring for a person who used care services.

Before the inspection we looked at all the information we had about the provider, which included notifications of significant events. We spoke with three people who used the service, six of their relatives (or representatives) and five care workers by telephone.

During the inspection visit we spoke with the nominated individual who we shall refer to as the provider in this report, the manager and an administrator. We looked at the care records for five people who used the service, the recruitment and support records for four members of staff and the provider's records of quality assurance, monitoring and complaints.

Good

Is the service safe?

Our findings

People told us they felt safe with the care workers from the service. The relatives of people who used the service told us they felt confident leaving people in the care of the agency. They said that they ''knew (people) would be well taken care of.''

The risks to people's safety and well-being were appropriately managed. The provider assessed risks, including those related to equipment, healthcare conditions and the person's environment. These were recorded and included actions the staff needed to take to keep people safe. Copies of the risk assessments were left at the person's home for the staff to access when providing care. Information about risks was included in each section of the care plan, for example risks relating to the person's medicines and risks relating to each specific area of care.

The staff told us they had received training so that they knew how to use equipment and how to move people safely. We saw evidence of this training in staff records. The agency had a staff training room which included an adjustable bed and hoist. The staff were trained to use these and their competency had been assessed. The provider told us that the district nursing teams and other professionals provided additional guidance regarding individual equipment at people's homes.

People were protected by the agency's procedures for safeguarding adults. The provider and manager were aware of the local authority procedures and had worked with other professionals regarding concerns about people's safety. They told us that in one case the care workers had identified that a person was at risk. The care worker had discussed this with the provider who reported the concern to the local safeguarding authority. The provider had worked with other professionals to investigate this risk and put in place strategies to help protect the person. In another example, the local authority had contacted the agency with concerns about an incident which they had been alerted to. The provider had worked with the local authority to investigate this and had responded appropriately. The staff told us they had received training in safeguarding adults. They said that they knew what to do if they had any concerns that someone was at risk of being abused.

People who received support with their medicines told us they were happy with this. The staff had received training in the safe handling of medicines. Their competency was assessed as part of this training and then during on site observations by a senior member of staff. People's medicines needs were recorded on administration charts and within the person's care plan. The staff completed medicine administration charts when they supported people to take their medicines. We saw a sample of these which had been accurately completed. The manager or senior staff checked these records regularly and we saw confirmation of these checks.

There were enough staff employed to meet people's needs. People told us that care workers arrived on time, stayed for the agreed length of time and were always available when they needed them. The agency employed 36 care workers at the time of our inspection, to work flexible hours. The care workers all lived

within the local area where the service was provided. The manager told us that calls were arranged to allow enough travel time between visits and to ensure the care workers were based in one particular area for that day or shift. All visits were undertaken by two care workers. The manager told us that they did not take on new referrals if they could not meet people's needs within the existing staff team. For example, if the person lived a long way from the area.

There were plans to cover staff absences and to provide care in event of an emergency. The manager, provider and field supervisor were all trained to provide care. They told us they visited people in an emergency if care workers were not able to attend a call. They lived locally and told us they could travel to the majority of people who used the service very quickly. There was a 24 hour on call system where a manager or senior member of staff was available for care workers and people who used the service to contact. They told us that they sent phone and text messages to staff to convey emergency information, such as changes to their rota. The staff rota with details of who each care worker was to visit was sent to all staff each day, with any changes to previous arrangements highlighted. At the time of the inspection there was no electronic call monitoring to show managers that the staff had arrived for their visits. They told us that they were introducing this in the future, but at the time of the inspection the service was relatively small. They said that care workers contacted them if they were running late or if their colleague had not arrived for a visit. They told us that people who used the service and their families also contacted them if they were concerned a care worker was late.

There were appropriate procedures for recruiting staff to make sure that only suitable people were employed. These included a formal interview at the office location and a written test. Criminal record, identification, eligibility to work in the UK and references from previous employers were also checked. We saw that not all staff recruitment files contained evidence of reference checks. The provider told us that these had been requested and pursued but they had difficulty obtaining some references. This information was recorded but not in individual staff files. We discussed this with the provider who agreed to record the action they had taken in attempting to obtain references and other action if these were not forthcoming. For example, records of additional checks they had made on staff suitability.

Good

Is the service effective?

Our findings

People who used the service and their relatives told us that they felt their needs were met by well trained and professional staff. They said they thought the staff had the right skills for the job. They said the staff were reliable and could meet their needs.

The provider told us that the staff completed on line and class room based training when they first started working at the service. The agency had their own training room where the staff could learn practical skills. The equipment in the room was regularly serviced and well maintained. The manager monitored when staff training was due for updates. We saw that staff had undertaken a range of training including safeguarding adults, health and safety, safe manual handling, food hygiene, emergency first aid and person centred care.

The staff told us they had taken part in a range of training before they started caring for people. They said that this included moving people safely, safeguarding them from abuse and infection control. They told us the training was comprehensive and helped them to understand their roles and responsibilities. They said that training was continuous and not just offered when they started the work.

The provider told us that the staff worked closely with the local district nursing teams and hospice nurses. They had learnt how to use a range of equipment and meet different medicines needs, through training and also through close working and guidance with these healthcare professionals.

The provider told us that they met regularly with staff who visited the agency offices. They also arranged formal individual meetings to discuss their work. We saw that staff who had been employed for some time had taken part in these meetings but newer staff had not yet had these opportunities. The manager and senior staff also assessed staff in the work place by observing practice and recording their findings. The provider told us that senior care workers regularly worked alongside other staff observing how they worked but these observations were not always recorded.

The staff told us that managers carried out ''spot-checks'' to see how they were performing when they were caring for people. The staff said that they felt supported by the managers and that the information they needed to carry out their roles. They told us that when they were unsure about anything they were able to ask for extra help and guidance. The staff told us they were encouraged to approach senior staff if they required additional training or needed more information about an area of work.

People told us that they were able to make decisions about their care and treatment and that they had consented to this. Relatives told us that where people were not able to make decisions these were made in people's best interests.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to

take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

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

The provider told us that the majority of people were involved in planning their care. People confirmed this however, their consent was not always recorded. The provider told us that because of the nature of the service, some people did not wish to sign records because the care was short term. However they said that people had always given their verbal agreement, or if they were assessed as not having capacity, their representatives had agreed to the plan of care. We discussed the legal requirement to evidence consent or decisions made in people's best interest with the manager. They agreed to record verbal consent where people were unable or did not wish to sign care plans.

People's healthcare needs had been assessed, monitored and met. Care plans included detailed information about people's individual healthcare needs. The contact details for the healthcare professionals who supported people were recorded. The staff monitored people's health and recorded this in the log of the care they had provided. There was evidence that where people's health had changed the staff responded appropriately. For example, on the day of the inspection the care workers contacted the managers to say that they had concerns about someone's health. They called emergency services and stayed with the person until the ambulance arrived. They kept the managers informed about the situation.

People's dietary needs and any related conditions were recorded in their care plans. Where people received support with mealtimes they were happy with this support.

Good

Is the service caring?

Our findings

People who used the service and their relatives told us the staff were kind, compassionate, respectful, friendly and professional. People said that they had good relationships with the staff and that they considered them as friends. They told us that their cultural needs and gender preferences were respected.

People told us that the staff ensured their privacy was maintained when they were supporting them, by closing doors and curtains and by asking them how they wished to be cared for.

The staff told us they wanted to work with people and to help them. They demonstrated an understanding of caring for people in a dignified way and knew how to respect their privacy.

The agency had a collection of cards, letters and compliments they had received from people who used the service and their relatives. The manager told us these were shared with the staff. Some of the comments included, ''I do not know how we would have coped without the dedicated, professional, compassionate, practical and emotional support your excellent carers provided in the final weeks…'', ''We are so grateful that (our relative) had the best possible care'' and ''thank you for making (our relative) comfortable and being there for her right at the end.''

Care plans included information about people's preferences and how they wished to be cared for. The daily care notes recorded by staff showed that these preferences had been respected. The staff recorded how people were feeling and if they were happy with the care provided.

The majority of people were receiving support with personal care at the end of their lives. The manager told us the agency worked closely with the palliative care teams and visiting nurses to make sure the care they provided met people's needs and wishes. The manager told us they provided the level of care which was requested by each individual. They said that some people only wanted short visits from the care workers to carry out the necessary tasks, and others wanted the care workers to stay longer to offer companionship. The manager told us they tried to make sure they provided individualised support which met these requirements.

Good

Is the service responsive?

Our findings

People who used the service and their relatives told us they were involved in making decisions about their care. They said that they had been consulted about what they wanted and how they wanted the service to be provided. They felt involved and said that they could request changes to their care if they needed these.

People said that care was planned around their individual needs and reflected their preferences. They told us that their care was regularly reviewed. They were aware of their care plan and had copies of this at their home.

Following and inquiry or referral to the service, the manager or provider visited the person and met them with their representatives. They carried out an assessment of their needs and risk assessed the environment, the equipment they used and the care which would be provided. A copy of the assessment was left with the person. The agency then created a care plan which described people's needs and how these would be met. The care plans we viewed gave clear and detailed information about people's individual needs and the care the staff needed to give. High risk needs were clearly identified and there were actions for the staff to minimise the risks to the person. The care plans reflected individual interests and preferences. Copies of care plans were kept at the person's home. The staff were sent introductory information about new people who they were assigned to care for.

People told us that when they had raised concerns these had been listened to and responded to. The provider kept a record of all concerns and compliments. The record showed what action had been taken to address these. There had not been any formal complaints at the time of our inspection, however there was a procedure to deal with these. Copies of the complaints procedure were left in people's homes and shared with the staff.

Good

Is the service well-led?

Our findings

People who used the service and their relatives told us that they felt the provider and the manager were very approachable and had a ''hands on'' approach. They said they felt confident speaking with them and raising concerns about the service they received. Some of the things people said about the agency were, '' it is excellent'' and ''the best company I have ever dealt with.''

The staff told us they felt the provider and the manager maintained a high standard of service and they felt supported and happy working for the agency.

The agency was set up and run by a senior occupational therapist. They established the service in 2014 and applied to be registered to provide personal care. This person was the managing director and nominated individual for the organisation. They were experienced at working with people in healthcare services, care homes and in the community. They told us that they had liaised with Richmond and Hounslow Clinical Commissioning Groups because they wanted the agency to provide palliative care and end of life support to people living in their own homes. They told us they had regular steady referrals from these groups. The nature of the care provided meant that the majority of service users did not receive long term care. The nominated individual told us that they worked closely with the local hospices and district nursing teams. They said that these teams had offered support, information and guidance, particularly as people's health deteriorated and their needs changed.

The manager had been promoted to their post in January 2016. They had previously worked as a field supervisor for the agency. They had experience of working for other home care agencies before they worked at Insta Care Limited. They were registering to undertake a management in care qualification.

The provider had developed a number of audits and checks on the quality of the service. For people who used the service for more than three months, their care was reviewed at this time. There were regular checks on staff in the work place, where senior staff observed their practice. The manager recorded and monitored feedback from people who used the service, and people were asked if they wished to complete a feedback questionnaire. The comments from these were recorded and any areas for improvement had been identified and acted upon. We viewed a sample of the feedback forms. All the completed forms indicated that people felt the service met their expectations, they were involved in their care, they were treated with dignity and respect and that they would recommend the service to others.

There were a range of policies and procedures which were regularly reviewed and updated. The staff were given information in a handbook, which included key procedures. Information about the service, including a guide and individual care plans were kept at people's homes.