

ILS24Health Care Limited

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Inspection report

Mabgate Business Centre
93-99 Mabgate
Leeds
West Yorkshire
LS9 7DR

Tel: 07478283274
Website: www.ils24healthcare.co.uk

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27 September 2018

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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

This inspection took place on 23 August and 13, 24 and 27 September 2018. On 23 August and 13 September 2018, the visits were announced. On 24 and 27 September we made telephone calls to people who used the service, relatives and staff.

At the last inspection in August 2017 we rated the service as Requires improvement. At that inspection we found the provider was in breach of Regulation 19, Fit and proper persons employed, of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when to improve the key questions Safe and Well-led to at least good. During this inspection we found improvements had been made and recruitment was now managed safely; with systems in place to monitor this.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older adults and younger disabled adults. On the first day of our inspection, there were 31 people using the service. On the second day there were 25 people.

There was a registered manager in post. 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 told us they felt safe with staff and the care they were provided with. They said they received a good standard of care. There were enough staff to support people safely. Staff had received appropriate safeguarding training and risk assessments had been developed when needed to reduce the risk of harm occurring. We did however find that some risk assessment records needed to be strengthened.

Systems for managing medicines safely were overall, effective. The registered manager responded swiftly to some issues we identified with the records of medicines support to ensure safe medicines management. Staff understood their role and responsibilities for maintaining good standards of cleanliness and hygiene.

Training records showed staff had completed a range of training and staff spoke highly of the training they received. Staff told us they received support, supervision and appraisal to help them understand how to deliver good care and records we looked at confirmed this.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice. However, we recommended the provider reviewed the records of capacity assessments and decisions made in people's best interests to ensure people's rights were fully upheld. Staff understood their roles and responsibilities to seek people's consent prior to care and support being provided.

People received support from health care professionals where they needed this to keep well. Where needed, people who used the service received support from staff to ensure their nutritional needs were met. Staff were trained to respond to emergencies and said they felt confident to do so. There were systems in place to make sure managers and staff learnt from any accidents and incidents.

People spoke positively about the caring nature of staff and the support they received. People told us they were treated very well. Staff showed a good knowledge of the people they supported and understood how to maintain people's privacy and dignity. It was clear they had developed positive relationships with people and encouraged their independence.

People's care and support needs were reviewed regularly. However, some people's care plans did not always contain sufficient detail about their needs. The registered manager took action at the time of the inspection to rectify this.

The provider had systems in place that were effective in assessing and monitoring the quality of the service provided. People, staff and relatives spoke positively about the management team.

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.

Overall, systems to ensure the safe administration of medicines were effective. However, some records regarding medicine's administration and risk management needed to be strengthened.

People were cared for by sufficient staff who knew them and their needs well. Safe recruitment procedures were in place.

People were protected from abuse and told us they felt safe using the service.

Is the service effective?

Good ●

The service was effective.

Overall, people's rights were protected under the Mental Capacity Act. However, records did not show how decisions had been made in people's best interests.

Staff told us they received good training and support to carry out their role. Records we looked at confirmed this.

People were supported to maintain their health and wellbeing and their nutritional needs were met.

Is the service caring?

Good ●

The service was caring.

People told us staff were kind and caring.

Staff understood how to treat people with dignity and respect and were confident people received good care.

Staff were committed to promoting people's independence and supporting them to make choices.

Is the service responsive?

Good ●

The service was responsive.

Overall, people received care and support in accordance with their needs and preferences. Some people's care plans did not always contain sufficient detail about their needs.

Staff supported people who were on an end of life pathway to remain comfortable in their home with additional support from other health professionals.

There were systems in place to manage complaints and concerns.

Is the service well-led?

Good ●

The service was well led.

Everyone spoke positively regarding the registered manager and their commitment to, and management of the service.

The registered manager knew people's needs well and was fully involved in the day to day running of the service.

Management and quality assurance systems were in place to drive continuous improvement in the service.

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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.

This announced inspection site visit activity started on 23 August 2018 and ended on 27 September 2018. It included visits to the location and telephone calls to people who used the service, relatives and staff. We gave short notice of the inspection as the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection was carried out by one inspector.

Before the inspection we reviewed all the information we held about the service including statutory notifications. Notifications are changes, events or incidents the provider is legally obliged to tell us about within required timescales. We contacted relevant agencies such as the local authority commissioners, safeguarding 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 information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually 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 the registered manager, the office administrator, assistant office administrator, the administrator with an information technology role and four staff. We spoke with one person who used the service and four relatives.

We spent time looking at documents and records that related to people's care and the management of the service. We looked at four people's care records and three people's medicines records.

Is the service safe?

Our findings

At the last inspection in August 2017 we rated this key question as Requires improvement. We found the provider was not carrying out appropriate checks before staff were employed. We found at this inspection, systems had been put in place to ensure recruitment was now managed safely. We reviewed four staff's recruitment records which included application forms, full employment histories, interview notes, references, personal identification checks and a Disclosure and Barring Service (DBS) check. The DBS assist employers in making safer recruitment decisions by checking prospective staff members are not barred from working with vulnerable adults or children. Staff told us their recruitment process had been thorough.

We looked at three people's medication administration records (MARs). These had been completed fully to show the medicines people had received. One person's MAR had not been completed in full to show the dose of medicine administered. The registered manager agreed to review this with staff to ensure all records were correct. Person centred care plans were available to support staff to give people their medicines according to their individual preferences. Some people were prescribed 'as and when required' medicines or creams. We found some guidance for these medicines was in place but this needed more personalisation regarding people's individual needs for these medicines. On the second day of our inspection the provider commenced the completion of documentation to ensure this. Staff who administered medicines received training and their competencies were assessed regularly to make sure they had the necessary skills. People told us they had no concerns about how their medicines were managed.

We found some risk assessments had been carried out to reduce risk. For example, the need to administer creams to ensure skin integrity and the need for constant supervision to ensure a person's safety. Not all risk assessment records had detailed information to guide staff. One person was noted to be at risk from sliding to the side in their seated positioning. There was no record of what staff did to keep the person safe in this circumstance. Staff were able to describe the action they took to prevent falls for this person. The registered manager agreed to review risk assessments to ensure they were more detailed and meaningful. Prior to the commencement of the service environmental risk assessments were undertaken of the person's home to make sure it was a safe environment for staff to work in.

People who used the service and their relatives told us they or their family members were safe when using the service. Comments we received included; "Very safe, no concerns in that department" and "I feel safe with all the girls."

Staff demonstrated their understanding of safeguarding procedures to ensure people were protected from any harm. They told us they would have no hesitation in reporting concerns and felt confident the registered manager would act on any concerns raised. Staff were aware of the provider's whistleblowing policy. Staff completed training on how to recognise and report abuse to help ensure they kept people safe.

People and their relatives told us they were provided with consistent regular staff who were punctual. Staff told us they worked in small teams to provide the care people needed. One staff member said, "I like that we have the same staff going to people as we can get to know them well." Staff told us they had enough time to

meet people's needs. We looked at how staff rotas were managed by the service. We saw people's call times were well spaced out; giving enough travel time between calls to ensure people received their calls on time. One relative told us they would like a rota sent out in advance so they knew who to expect. They told us they had recently raised this with the registered manager and were hoping it could be resolved.

Personal protective equipment was held at the office and made available to staff on request. Gloves and aprons were worn when undertaking personal care tasks to ensure infection control procedures were followed to keep people safe. Staff told us they received training in infection control and prevention during their induction and records confirmed this. People who used the service and their relatives told us staff followed good hygiene practices.

Accidents and incidents were recorded and were reviewed by the registered manager to identify any patterns and triggers. This meant the registered manager had oversight on how to safely manage any risks and prevent re-occurrence of incidents.

Is the service effective?

Our findings

People who used the service and their relatives told us staff were trained to meet their or their family member's needs. People's comments included; "The girls are very well trained, they know what they are doing" and "I feel I am in good, safe hands." One relative told us of an incident where a staff member had difficulties with the moving and handling equipment for their family member. They said they had reported this and the staff member received further training.

There was an induction programme that was completed by all new staff on commencement of their employment. We looked at records of induction training and saw this included 'shadowing' experience where staff worked alongside an experienced staff member to get to know the needs of the people they were supporting. We saw staff were working towards the care certificate and some staff had completed this. The care certificate sets out common standards for social care staff. Staff spoke highly of their induction. One staff member said, "It was brilliant, very thorough, I got a great start."

We reviewed the training matrix which showed staff had received a rolling programme of training which included health and safety, safeguarding, moving and handling, medicines management, care planning and pressure area care. Specialist training such as percutaneous endoscopic gastrostomy (PEG) feeding (This is where a tube is surgically passed into a person's stomach through the abdominal wall; most commonly to provide a means of feeding) was provided when needed.

Staff told us they were well supported and received good training to ensure they were confident in their role. Staff had regular supervision and annual appraisals were carried out to support staff with their development and any training needs. One staff member said, "We are always asked if we are alright, do we need anything, any time we go to the office. I like that support."

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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. This is called the Deprivation of Liberty Safeguards (DoLS). There was no one subject to a DoLS during this inspection.

We checked whether the service was working within the principles of the MCA. We found records did not show capacity assessments had always been carried out in line with the provider's policy and procedures. Some records noted people did not have capacity but were not decision specific to the decision that was to be made. Following the inspection, the registered manager sent us some new documentation that was to be introduced to record capacity assessments and best interest decisions.

We recommend the provider reviews the records of capacity assessments and decisions made in people's best interests to ensure people's rights are fully upheld.

Staff had received training in MCA and could demonstrate how they put the principles into practice. Staff were clear when people had the mental capacity to make their own decisions, this would be respected. One said, "It's important to ask people what they want and give them time to express their decisions." Staff showed a good understanding of protecting people's rights to refuse care and support.

People received the support they needed with eating and drinking. We saw information about people, such as if they were diabetic or required a special diet, was recorded in their plan of care. Where appropriate, staff recorded when they supported people to eat and drink so that they, or other health professionals could monitor whether the person had adequate nutrition and hydration. Staff were familiar with people's food and drink preferences and told us how they encouraged and supported people who were nutritionally at risk. One staff member said, "I go to one person who needs lots of time and encouragement to get them to eat and drink. Patience and understanding is important."

The registered manager told us they provided support to enable people to manage their health care needs such as contacting GPs. They also told us they liaised with families and other health professionals such as speech and language therapists; to ensure people received the healthcare support they needed.

Is the service caring?

Our findings

People who used the service and their relatives told us staff were kind and friendly. People's comments included; "Very nice, polite people", "Brilliant carers, we have a laugh and get on well" and "Great lasses, love them all." One relative told us how staff managed to get the best out of their family member through a positive and caring approach. People told us they felt comfortable with the staff and that any concerns were listened to. People told us they were treated equally and respectfully.

Staff spoke with warmth and respect about the people they cared for. It was clear they valued people as individuals. One staff member said, "I love chatting with [name] talking about their past and how it relates to mine, we share memories and this raises smiles."

Staff spoke of the importance of encouraging people to be as independent as possible. Staff told us they had enough time to carry out their tasks in a way which promoted and encouraged people's independence. One staff member said, "You try and stand back where you can and let people do as much as they can for themselves but in a safe way." People told us staff respected their privacy and dignity. A relative said, "They [staff] are very good in that respect, speak nicely, explain things, no concerns."

Staff were trained in, and understood the importance of maintaining people's dignity and privacy. People's records were stored securely at the location and access was limited to staff who required the information to carry out their roles.

Staff knew people's needs well and could describe the person-centred care they delivered to people. Staff were aware of people's preferences and how they wished to be cared for. It was clear staff had developed relationships with people and took the time to get to know them individually.

People and their relatives were listened to and felt involved in making decisions about their day to day care. They told us how they were involved in planning their care and were always asked about how they wanted their care to be provided. Records showed people were involved in reviews of their care. People told us they were treated equally and respectfully. We saw no evidence to suggest that anyone who used the service was discriminated against and no one told us anything to contradict this.

The registered manager told us no one who currently used the service had the support of an advocate. They were however, aware of how to assist people to use this service if needed and had done so in the past. An advocate supports people by speaking on their behalf, in their best interests, to enable them to have as much control as possible over their own lives.

Is the service responsive?

Our findings

People who used the service and their relatives told us the staff knew them or their family members well and the service was responsive to their needs. Comments we received included; "They are very responsive; we are asked regularly if there have been any changes, if we want any changes, and they are acted on."

People had their care and support needs assessed prior to using the service. The registered manager ensured any referrals to the service were supported by detailed care plans from the referring professional. The registered manager then completed their own assessment of people's needs and care plans were drawn up from this information. Assessments included the people who used the service and their family, if appropriate.

We looked at people's care plans to see if the care and support plans gave clear instructions for staff to follow to make sure people had their needs met. Overall, we found there was sufficient guidance on how to support people as they wished. This meant care and support provided was person centred and based on the person's own preferences. Care plans contained details of people's routines and information about people's health and support needs. For example, where a person liked to have their wash and how a person may present if they were anxious. There were some occasions when the care plans were written in a vague manner which could lead to people's needs being overlooked. We discussed this with the registered manager and following the inspection we were sent a care plan that had been updated to show sufficient detail and guidance was now included. Staff gave detailed accounts of the support they provided to people, it was clear they knew people's individual needs.

We looked at a selection of daily notes made at the point of care delivery, and they showed care was given as assessed and planned. There were systems in place to ensure staff received timely information on changes to care needs. A staff member told us, "We are very much kept up to date on changes with people [name of registered manager] and all the office staff are very good at that." One staff member spoke of a person who had complex support needs and said they felt more shadowing should have been in place for them to get to know the person better. They told us they had spoken to the registered manager about this and were satisfied all was now in place to ensure more time was given to staff introduced to supporting this person.

Reviews were held with people who used the service, family members and other social care professionals to ensure people's needs were met and they were satisfied with the service. One person told us, "I am always asked for my input."

The registered managers told us they worked with other agencies to provide end of life care when this was needed. This included district nurses and the palliative care team. Staff spoke of the sensitivity needed when supporting people at the end of their lives. One staff member said, "A hand to hold at that time is important, and I do that where needed."

The registered manager was aware of the Accessible Information Standard. This is a framework put in place

from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us they knew how to access translation services should they be needed.

The provider had a complaints policy in place and there were systems in place to ensure complaints were addressed and given full investigation and explanation. We looked at the complaints procedure, which informed people how and whom to make a complaint to. The registered manager told us this was given to people when they first began to use the service. We reviewed records of complaint received. We saw the service had responded to complaints and concerns brought to them and recorded any actions taken to resolve people's concerns.

Is the service well-led?

Our findings

The registered manager was supported by an office administrator, assistant office administrator and an administrator with an information technology role. We found there was a positive culture of openness, honesty and support. People who used the service, relatives and staff all spoke positively about the management team and leadership of the service. A relative told us, "This is a very good agency; I would recommend to anyone." Another relative said, "Everything is very well organised and nothing is too much trouble." Staff's comments included; "I can get advice any time I need it, there is always someone to help" and "This is a very good company to work for." The management team spoke passionately and enthusiastically about the service and the support they provided to people. It was clear they knew people's needs well and maintained a presence within the service.

We looked at the systems in place to monitor the quality of the service. Procedures and systems were in place to enable the quality of the service to be monitored, assessed and look for any improvements that could be made. A number of audits were completed by the registered manager. These included checks on medicines administration, recruitment and people's care records. We found a small number of action plans did not always clearly show when actions identified had been completed. The registered manager said they would review and improve the records to ensure this was clearly documented in future.

People who used the service and their relatives were asked for their views about the care and support the service offered. The registered manager spoke with people, including relatives and healthcare professionals about their experiences and regularly observed the staff during their duties to check they were working in line with good practice. We saw any actions identified were acted upon. For example, concerns about staff running late were raised and we saw the staff member was advised of the action they needed to take to prevent this in the future.

Staff spoke highly of the support they received, and told us how much they enjoyed their job. One member of staff said, "I love my job, best job ever and best manager. We are treated fairly and with respect." Other staff told us they received the support they needed to carry out their role effectively and found all the management team approachable. They said the management team worked alongside them to ensure good standards were maintained and the registered manager was aware of issues that affected the service. We saw staff meetings took place and staff told us they could contribute ideas or raise any suggestions they may have. Staff told us they felt valued.

Policies and procedures to guide staff were in place and had been routinely updated when required. This ensured staff were following current best practice guidance. There were clear lines of responsibility and accountability within the service. The registered manager was aware of their responsibilities to report accidents, incidents and other notifiable events that occurred within the service to the Care Quality Commission so that any action needed could be taken. The registered manager worked in partnership with other agencies when required, for example healthcare professionals, the local authority and social workers.