

# UK Instant Services Ltd

# Leicester

## Inspection report

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## Ratings

### Overall rating for this service

Inspected but not rated

Is the service safe?

**Inspected but not rated**

Is the service effective?

**Inspected but not rated**

Is the service caring?

**Inspected but not rated**

Is the service responsive?

**Inspected but not rated**

Is the service well-led?

**Inspected but not rated**

# Summary of findings

## Overall summary

Leicester, is a domiciliary care agency providing personal care to people living in their own homes. older people and younger adults in their own homes across. The agencies office is in the City of Leicester. At the time of the inspection, the service was providing support for one person and employed two members of staff who provided personal care and support.

Leicester had a registered manager, however the person had resigned their position as manager. The registered manager has not submitted an application to cancel their registration with the Care Quality Commission (CQC). The CQC will take the appropriate measures to address this. The current manager of the service has applied to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The registered person is the manager for the service.

This is the first inspection of the service, Leicester since its registration with CQC on 26 January 2018.

The service whilst being inspected has not been rated because at the time of the inspection there was only one person receiving personal care and they had done so for a very short period of time. We therefore had insufficient information to determine the level of care and support received.

We could not be confident that the service currently received would be sustainable should the service expand to provide care for additional people.

A family member spoke positively of the service provided to their relative. They said staff were confident in what they did and were caring and attentive towards their relative.

There was no effective governance of the service; systems to monitor and promote the quality and safety of the service provided were not in place or fully understood. The manager was not aware of any policies and procedures in place. Records were not readily accessible, which meant it was difficult to find out the information to evidence how the service operated.

People could not be confident that the provider had followed safe staff recruitment and induction. We found a lack of information to evidence that all staff had undertaken training in the safe management of people's medicine, which has the potential to put people at risk.

A family member spoke positively of the service provided to their relative. They said staff were confident in what they did and were caring and attentive towards their relative.

People's needs were assessed prior to their using the service, the information gathered was used to develop care plans, which contained information as to how the person's needs were to be met, consistent with their

wishes.

Staff spoke positively of the training they had received. Staff told us they had worked alongside the manager for several days in the delivery of the persons care to ensure they received the appropriate care and support.

We found one breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 relating to the governance of the service.

You can see what action we told the provider to take at the back of the full version of the report.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Systems and processes to ensure people received their medicine as per prescribed were not sufficiently robust.

The recruitment process of staff was not robust.

People were safeguarded from abuse as staff had received training and knew what action to take if they had concerns.

People's safety was monitored, with risk assessments and care plans providing information for staff as to how people's safety was to be promoted.

Protective equipment was used to reduce the potential risk of spreading infection.

**Inspected but not rated**

### Is the service effective?

People and family members were involved in the assessment process. People's needs were met by staff who had been introduced to the person and their family members.

Staff spoke positively about the support they had received from the manager when they started providing care and support.

People's physical health was considered and staff liaised with family members to support this.

People received support from staff to meet their dietary requirements.

**Inspected but not rated**

### Is the service caring?

A family member spoke positively of the approach of staff towards their relative and themselves.

Care plans provided information as to how staff were to promote privacy and dignity when providing care and support.

**Inspected but not rated**

### Is the service responsive?

**Inspected but not rated**

People and family members contributed to the development of care plans. Care plans were understood and followed by staff.

Information about how to complain and raise concerns was available. No complaints or concerns had been made.

**Is the service well-led?**

The registered person was unaware of any policies and procedures, which meant there had been shortfalls in the management of the service.

There was no formal approach as to how the registered person was to monitor the quality of the service being provided and to drive improvement.

Staff and a family member spoke positively of the registered person.

**Inspected but not rated**

# Leicester

## **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.

The inspection site visit took place on 12 September 2018. We gave the service two working days' notice of the inspection as the service provides a domiciliary care service and we needed to be sure that someone would be available at the office.

The inspection site visit was carried out by one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require the provider 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.

We looked at the providers' Statement of Purpose. This is a document providing information as to the aims and objectives of the service, the support and services it provides and to who.

We looked at the information held about the provider and the service including statutory notifications and enquiries relating to the service. Statutory notifications include information about important events which the provider is required to send us. We used this information to help us plan this inspection.

We spoke with a family member about their relative's care by telephone on 14 September 2018.

We spoke with the managing director and manager of the service when we visited the office. We sought the views of two members of staff by telephone on 17 September 2018.

We looked at the care plans and records of the person using the service. We looked two staff records, which included their recruitment, on-going monitoring and training. We looked at records as to how the quality of the service being provided was monitored.

# Is the service safe?

## Our findings

People were at potential risk of receiving care from unsuitable staff, as staff had not undergone a robust recruitment process. Staff records, did not contain satisfactory evidence of the conduct of staff in their previous employment in social care. The registered person/manager did not have evidence as to why staff's previous employment had ended.

Assessments had identified the level of support required with the person's medicine and referred staff to the medicines policy and procedure. Some prescribed medicine could be taken as and when required, however, there was no protocol to instruct staff how often the medicine could be taken or the period of time between doses. We spoke with the registered person, who said they would take action and contact the relevant health care professional for guidance. The family we spoke with, told us they had no concerns as to how their relative's medicines was managed by staff.

The registered person was unable to provide evidence to show all staff had undertaken training in the safe administration and management of medicines. Nor was there any documentary evidence that staff's competency in medicines management had been assessed. This meant there was potential risk of medicine not being managed safely.

Staff had received safeguarding training and other training relating to safety, such as life support and first aid. Staff understood what procedures were to be followed if they suspected or witnessed abuse. This included contacting outside agencies such as the police, CQC and local authority safeguarding teams. A staff member told us, "If I thought something was wrong, I would report it to my line manager or CQC."

Potential risks have been identified and assessed. Plans had been put into place to reduce the likelihood of risks by identifying the action staff should take.

Staff told us how they promoted the person's safety within their home and when accessing the community. The information provided by staff was consistent with the information documented within the risk assessments and care plans.

Staff records did include a completed application form and documentation to confirm their identity. A check with the Disclosure and Barring Service (DBS) had been carried out to check on prospective staff who intend to work in care and support services to help employers to make safer recruitment decisions.

Information as to how to prevent and control infection was included with the person's records, which included the wearing of aprons and gloves when delivering personal care.

## Is the service effective?

### Our findings

An initial assessment of people's needs had been carried out by the registered person/manager, this had involved meeting with the person and a family member. The person had provided information as to the care and support they required and their expectations on how their care was to be provided. We spoke with the person's family and sought their views about their assessment. They told us, "They [manager] were incredibly professional, very considerate in wanting to provide person centred care, getting to know [their relative's] personality and a full evaluation of their routine."

A member of staff told us, they and a colleague had a meeting with the manager prior to their commencing the care of the person, to ensure everyone was aware of the person's needs. The staff member told us, "Before [service users name] was discharged from [health care setting], we had a meeting with the manager to talk about the assistance the person required."

The manager had set up a system to 'spot check' staff to monitor the quality of care being provided. Spot checks had yet to be carried out, as the person had only recently started receiving care and support.

Records showed staff had received two days training when they commenced work, which included a range of topics to support the safety and welfare of people using the service. Records showed a member of staff who had recently commenced their employment had been supervised by the registered person. They confirmed they had received training over, which included working with the manager. They told us, "I spent three days with the manager, the person and their family, working with them."

Information as to people's dietary needs was captured in the initial assessment. A care plan had been put in place, which included information as to the support required by the person, which included information as to the dietary preferences.

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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The registered person was aware of their responsibility in considering people's capacity to make informed decisions as part of the assessment process and on-going review of people's needs.



## Is the service caring?

### Our findings

Families told us they were happy with the staff who supported their relative. They told us, "My [relative] has settled to the care they receive, which is helped with the continuity of two carers (staff). The staff are amazing, they meet [my relative's] emotional needs. They have slotted in really well, they're lovely to have in the house. Very confident in what they do and follow the routine they are responsible for." The family member went on to say about the staff, "The carers (staff) are wonderful, very compassionate. My [relative] was apprehensive about returning home, this has been helped by staff who are able to do their job."

A member of staff told us how they were developing a positive relationship, by taking time to talk about issues that were important to those they care for. A staff member told us, "[person's name], like to talk, they're very interesting to talk with, they talk about their trips overseas and about their health."

A member of staff told us, how they ensured doors were closed when providing personal care, to ensure the privacy and dignity of people was respected.

The care plans included information as to how the person's privacy and dignity were to be maintained and it was recorded that the person preferred female staff, which was supported.

## Is the service responsive?

### Our findings

The care plans provided information and guidance for staff to enable them to respond to people's needs, which included their physical health, socialisation and activities of day to day living, such as support with cooking and cleaning. Staff confirmed care plans were an accurate reflection of the support and care they provided.

Organisations that provide publicly-funded adult social care are legally required to follow the Accessible Information Standard (AIS) which says services should identify record, flag, share and meet information and communication support needs of people with a disability, impairment or sensory loss. We found the registered person/manager was aware of the AIS and discussed how to ensure this is consistently considered when assessing people's needs to ensure care plans include information as to people's communication needs. The assessment we viewed had considered how the person communicated.

The Statement of Purpose, contained information as to how complaints and concerns, including timescales, would be responded to. In addition, the document provided information as to external agencies, including contact details, such as the Local Government Ombudsman (LGO), where complaints could be referred to.

The registered person confirmed the person using the service had not raised any complaints or concerns, this was confirmed by the family member we spoke with.

## Is the service well-led?

### Our findings

Leicester, had a registered manager, however the person had resigned their position as manager. The registered manager had not applied to cancel their registration with the Care Quality Commission (CQC). The CQC has taken measures to address this.

The current manager of the service has applied to become the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run. The manager had been in post since August 2018. The manager of the service is also the registered person.

The registered person informed us that policies and procedures were not in place at the time of our site visit. We found examples of where the lack of policies and procedures had meant people were potentially put at risk. Staff records did not include all the information required to ensure they were suitable for the post they had applied for, such as satisfactory references. There was no process or evidence to support the induction of staff to ensure they had the necessary skills and competencies to carry out their role.

The registered person was unable to provide documentary evidence confirming staff employed had undertaken training and had their competence assessed to support people with their medicines. This was contradictory to information contained within the Statement of Purpose, (This is a document providing information as to the aims and objectives of the service, the support and services it provides and to who), which stated staff would be provided with training and have their competency assessed.

We received an e-mail from them the registered person the following day informing us that policies and procedures were provided by an external organisation, whom they had a contract with. They were not aware of this at the time of our site visit.

A policy and procedure as to how the registered person would assess the quality of the service provided and drive improvements through consultation was not available at the time of our site visit.

These are breaches of Regulation 17 of The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Good governance.

At the time of our inspection two staff were employed, one of whom had recently commenced employment. Therefore, the opportunity for staff to influence and comment upon the service had not arisen, for example through staff meetings. Staff we spoke with were aware that they could contact the registered person, if they had any queries or concerns, which included out of office hours. A member of staff said of the manager, [manager's name, is very help. Very conscious about our (staff's) and the client's safety, any issues or concerns." The member of staff went onto say that the manager contacted them daily by phone, to check as to their welfare.

The family member we spoke with expressed satisfaction with the service provided to their relative. They shared with us comments about the registered person. They told us, [name] is very passionate and genuinely caring."

We found questionnaires sent out to people who had previously used the service had been completed, which sought their views as to the service they had received.

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 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had failed to ensure policies and procedures were in place and adopted to both ensure and promote the safety and quality of the service for people using the service and staff.</p>