

ILS24Health Care Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

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

Summary of findings

Overall summary

This was an announced inspection carried out on the 7, 10 and 17 July 2017. This was the first inspection of the service since they became a newly registered service, due to a change of address in May 2016.

ILS24Health Care Limited is registered to provide personal care to people in their own home.

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 and associated Regulations about how the service is run.

The registered provider did not always take appropriate action to follow safe recruitment practices. We found appropriate checks had not always been carried out before employing workers.

We identified some potential risks with how medicines were being managed and the registered manager responded swiftly and took action to make sure appropriate arrangements were put in place.

Some risk management plans lacked detail and did not give full guidance on how risks were to be managed. We recommend risk management plans are reviewed to ensure full guidance is available to staff on how to minimise risks to people.

Relatives of people who used the service told us they were happy with the support their family members received from the service. They said they felt their family members were safe, received a good standard of care and they would recommend the service to others.

Staff showed a good understanding of promoting choice and gaining consent from people. The registered manager and staff we spoke with had an understanding of the principles and their responsibilities in accordance with the Mental Capacity Act (MCA) 2005.

Arrangements were in place to make sure any dietary requirements were met and a range of other professionals were involved to help make sure people stayed healthy.

There were sufficient numbers of staff to meet people's needs and keep them safe. People's relatives told us staff arrived on time and they had a regular team of familiar staff to provide the care and support. We saw people were provided with care and support by staff who had the appropriate knowledge and training to effectively meet their needs. Staff told us they felt well supported and received regular supervision.

People who used the service and their relatives were involved in planning the care and support received. They told us they felt fully involved and listened to when discussing care needs. People's relatives told us they felt theirs and their family member's views on how care was to be delivered were fully respected.

Care records did at times lack detailed guidance for staff to follow which meant there was a risk people's needs would be missed or overlooked. However, staff were very knowledgeable on people's care and support needs. It was clear they had built positive relationships with people and could describe people's individual needs well.

There were systems in place to monitor and improve the quality of the service provided. However, these were not always robust enough; our concerns regarding recruitment had not been identified through the checks in place.

We found a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see the action we have told the provider to take at the end of this 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?

Requires Improvement 

The service was not consistently safe.

Recruitment practices were not always robust.

We identified some potential risks with the management of medicines. However, action was taken at the time of our inspection to ensure medicines were managed safely.

Staff were knowledgeable in recognising signs of potential abuse and said they would report any concerns. Some risk management plans lacked detail and did not give full guidance on how risks were to be managed.

People told us staff were reliable and flexible and they were provided with safe care from consistent staff.

Is the service effective?

Good 

The service was effective.

Staff had received appropriate training and were supported through regular supervision and appraisal.

Staff knew to offer people choice and what to do if they refused care.

People were supported to maintain good health and had access to healthcare professionals and services. Staff encouraged and supported people to have meals of their choice.

Is the service caring?

Good 

The service was caring.

Staff knew people well and supported them to maintain their independence.

Privacy and dignity was respected and people's equality, diversity and human rights were met.

People were treated in a kind and compassionate way and were

included in making decisions about their care.

Is the service responsive?

Good 

The service was responsive.

People's needs had been assessed and care plans had been developed from these. Some plans did not give the full detail of how care needs were to be carried out. The provider introduced changes after our inspection to rectify this.

The service had systems in place to manage complaints and we saw these complaints were responded to properly. People we spoke with were aware of how to make a complaint or raise a concern.

Is the service well-led?

Requires Improvement 

The service was not consistently well- led.

There were systems in place to monitor and improve the quality of the service provided. However, the systems were not sufficiently robust to fully ensure safety and quality.

Staff were supported by the registered manager and gave positive feedback on the support they received.

People who used the service and their relatives were asked for their views about the care and support the service offered. People described the service as being well managed.

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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 inspection took place on 7, 10 and 17 July 2017 and was announced. On day one we visited the provider's office and on days two and three we made telephone calls to staff and relatives of people who used the service. The provider was given short notice of the inspection as we needed to be sure key members of the management team would be available at the office.

The inspection was carried out by one adult social care inspector and an expert-by-experience who had experience of domiciliary care services. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Before our inspection, we reviewed all the information we held about the service, including previous inspection reports and statutory notifications sent to us by the service. We contacted the local authority, other stakeholders 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.

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.

At the time of the inspection, there were 12 people receiving the regulated activity of personal care from the service. During our inspection we spoke with eight relatives, three staff, the registered manager, the provider, the quality and training manager and the human resources manager. People who used the service were not available to speak with us.

We spent time looking at documents and records related to people's care and the management of the service.

Is the service safe?

Our findings

Staff we spoke with told us they had gone through a formal recruitment process, which included completing an application form, providing reference details, attending an interview and applying for a Disclosure and Barring Service (DBS) check. They said all checks had been carried out before they started work at the service. The DBS is a national agency that holds information about criminal records. We looked at six staff files and found proof of identity and an interview assessment had been completed for each candidate. However, we found there were gaps in the pre-employment checks for five of the six staff. This meant we could not be sure the right staff were recruited to keep people safe.

Five of the six staff had a DBS check completed prior to working in the service. However, one staff member had commenced working without this. There were no references available for three staff to show evidence that previous conduct in employment had been checked. Another staff member had references provided but not from their last employer and another staff member had references from a person who could only comment from knowing them for one month. The manager said there had been difficulties in obtaining references but acknowledged they had not documented all their efforts to do so. We also found there was no system in place to assess risk if staff had previous criminal convictions. The manager explained what they did to reduce any risks to people who used the service if these circumstances arose. This had not been documented to show how people were protected.

We concluded the registered person was not operating a robust recruitment procedure, including undertaking all relevant checks. This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. Fit and proper persons employed.

After the inspection the manager provided us with a checklist they were going to introduce at the service to ensure recruitment was more robust.

Relatives of people who used the service told us they or their family members received safe care. One relative told us; "They checked everything before they started; emergency exits, kitchen equipment, I feel involved, absolutely, every day the girls ask about how I am." Another relative said, "Yes I feel my [family member] is safe, no problem all the carers are very good." Everyone we spoke with felt confident about the service being provided.

Staff told us they had received safeguarding training and training records we reviewed confirmed this. Staff said they were confident the manager would respond appropriately and promptly to any reported concerns. One staff member said; "I know [name of manager] would do everything she could to make sure people are alright; she is very caring." Staff were able to describe the different types of abuse and understood how to report any concerns. Staff were also aware of the provider's whistleblowing procedure.

People's relatives told us their family members received their medicines as prescribed and had no concerns about how this was managed. One relative said, "They help with the medicines, they do it properly." We

looked at four people's medication administration records (MARs) and found these were completed in full with no gaps which indicated people received their medicines as prescribed. Most medication was administered via a monitored dosage system supplied in blister packs directly from a pharmacy. The manager said the MARs reflected the contents of the blister packs and were checked each time they were delivered to ensure they were correct.

Some medicines were not supplied in blister packs and had been added to the MARs. We found for one person the MAR stated 'nebuliser'. It did not say what the medicine was that went in the person's nebuliser. (A nebuliser is a device that allows you to breathe in medication through a mask or mouthpiece.) The manager made immediate arrangements to review and update this person's records to give full details of the medicine that went in the nebuliser. We also saw another person was prescribed pain relief patches. The MAR instructions did not say what the pain relief patches were or how frequently they were to be renewed. The detail of this was in the person's care plan and the MAR showed they received the pain relief patch as prescribed. The manager agreed to ensure the MAR reflected the full name of the pain relief patch in future to ensure a fully accurate record of the medicine prescribed was made.

Records showed staff had completed training in the safe handling of medication and their competence was assessed regularly. A staff member told us the manager carried out spot checks and had assessed them when providing support with medicines. One staff member said, "She [registered manager] is very particular on this."

We reviewed risk assessments for three people who used the service. Risks were identified through assessment and overall showed how the risks were managed to keep people as safe as possible. Some risk management plans lacked detail and did not give full guidance on how risks were to be managed. For example, one person was assessed of being at risk from 'leaning'. The record did not say how staff were to minimise this risk. We recommend risk management plans are reviewed to ensure full guidance is available to staff on how to minimise risks to people.

Records demonstrated that prior to the commencement of the service environmental risk assessments were undertaken of the person's home. A relative confirmed this and said; "They did a full assessment at home to start with. They checked everything the access to the house, any fire risks bed rails, gas and electric, they went through it all."

The manager told us staffing levels were determined by the number of people who used the service and their needs. They said the numbers of people using the service fluctuated so they had to make sure they always had enough staff available to cover this situation. Staff told us they had plenty of time allocated for their visits and were able to meet people's needs in this time. Staff said they did not feel rushed. People's relatives told us staff were prompt with their visits and kept them informed if ever they were running late. They also told us the service was flexible in meeting their family member's needs. One relative said they did not always have consistent staff for their family member's calls and were going to discuss this with the manager.

We looked at accident and incident records and saw these were reviewed by the manager, in a timely way, to establish how to prevent a similar event or identify any learning. Staff were aware of their responsibilities to report any accidents or incidents.

Is the service effective?

Our findings

Relatives of people who used the service said they found the staff to be well trained. People's comments included; "The carers are competent, it's the tiny things that are important", "They are really gentle people, they use gloves and aprons, they know about moving and handling, they use the hoist" and "I think the staff are well trained, they feedback to me how [family member] was in the night, they will offer cups of tea for [family member] and myself."

Staff told us they received good training and support during their induction. They said they completed a programme of training and shadow shifts with experienced colleagues or the manager to get to know people's needs. We saw the provider had introduced the Care Certificate for new staff. The Care Certificate is an identified set of standards that health and social care workers adhere to in their daily working life.

We looked at staff training records which showed staff had completed a range of training. This included; first aid, health and safety, moving and handling, safeguarding and food hygiene. Refresher training was completed on an annual basis to ensure staff's skills and practice remained up to date. The provider had a matrix which identified when training updates were due.

Staff told us they were well supported by the manager. They said they received regular supervisions and appraisals were completed in line with the provider's policy. Records we looked at confirmed this. This gave staff the chance to discuss their role, concerns and opportunities for development. One staff member told us of their ambitions to undertake a nursing course and how they felt supported by the manager in their efforts to achieve this in the future.

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, 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.

Staff we spoke with were able to give us an overview of the MCA; its meaning and how they assisted people to make choices and decisions to enhance their capacity. The manager told us they assumed people who used the service had capacity to consent to their care and support. The manager said if they had any concerns in relation to a person's capacity they would inform the person's social worker or health care professional. We were told, where necessary, other professionals involved in their care would undertake assessments in relation to mental capacity and any decisions would be made through best interest decision making.

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. For people in the community who need help with making decisions and deprivation of liberty safeguards (DoLS), an application should be made to the court of protection. We checked whether the service was working within the principles of the MCA. At the time of our inspection no

one who used the service was being deprived of their liberty.

Relatives of people who used the service said staff always asked for people's consent when providing care to their family member. Comments we received included; "They always to talk to my [family member] before they do anything", "They (the staff) are so good with [family member] and explain I'm going to do this now, I'm going to move you" and "They listen to my [family member].They give choice." Staff showed a good understanding of protecting people's rights to refuse care and support. They said they would always give people time, explain why care was needed but they would respect people's rights to make their own decisions. One staff member said, "You can't do anything without people's consent; it's their right." A relative told us; "They talk to [family member] before they do anything, when he said he did not want them, they understood him. They did not continue if he said no."

The manager told us they liaised with families and professionals to ensure people received the healthcare support they needed. In the PIR, the manager said, 'We work with other health professionals and we are able to direct people or make appointments for their health needs (district nursing, occupational therapist, GPs, dentist or hospital appointments.)' Staff told us they would have no hesitation in calling a doctor or district nurse if they had any concerns about the health of people who used the service.

Where appropriate, staff recorded when they supported people to eat and drink so that they could monitor whether they had adequate nutrition and hydration. They supported people to have meals of their choice. Staff told us they always left people with a drink in reach at the end of their call. A relative said, "They are very good at getting my [family member] to have a drink."

Is the service caring?

Our findings

Relatives of people who used the service said they found staff to be caring and kind. Comments we received were very positive and included; "I'm delighted with the service", "We would be lost without them", "I am happy with the experienced staff who are caring and considerate", "I can't fault the staff", "I'm happy, they are getting on well with [family member]" and "[Family member] has a very good rapport with the carers." One relative told us how the staff treated their family member as a valued person and said they made their family member laugh each day.

Relatives said their family members were assisted to maintain their independence. One relative said, "They encourage [family member] to brush her own teeth." Another relative told us how staff promoted independence by encouraging and supporting their family member to use a walking aid. Staff were aware of the importance of promoting independence. One staff member said, "It's good to keep people going, doing for themselves as much as they can." In the PIR, the manager told us 'Our service promotes independence and gives the people we support the power to be in control of their own life and make decisions for their care and support.'

Staff we spoke with talked proudly of the care they provided and gave examples of how they ensured people's privacy and dignity were respected. Staff told us they made sure people were comfortable with any care interventions, for example, when using the shower or toilet. They ensured they kept people covered as much as possible and gave people time alone if it was safe to do so. People's relatives confirmed their family members were treated with dignity and respect. Their comments included; "Dignity is second to none", "They have a laugh with [family member]; they treat her as a normal person, not condescending" and "We have regular staff, they are respectful and protect [family member's] dignity."

Staff showed us they knew people's likes, dislikes and preferences. They spoke confidently about the individual needs of people who used the service. It was clear they had developed good positive relationships with people and were committed to providing person centred care. They spoke warmly about the people they supported. A relative told us; "We have the same carers, they know [family member] and her little ways, they are used to her, they have a sing-along with her on a good day." Another relative also told us the staff's attitude was polite and respectful.

People's relatives told us they and their family members were involved in decisions about their family member's care and support. People's comments included; "I felt very involved, we talked to them about what we wanted", "We are involved in decision making and they listen to us", "I feel involved in the care planning and risk assessment" and "I feel very much involved in the care planning; we are expecting another visit as [family member's] needs are changing. We suggest things and it is put in the plan."

The manager told us that no one who used the service currently had an advocate. They were, however, aware of how to assist people to use this service should it be needed.

Is the service responsive?

Our findings

Relatives of people who used the service said the staff and provider were responsive to the needs and changing needs of their family members. One relative said, "They do everything we want, last night [family member] was weak on her legs, I asked them to give [family member] her breakfast and a wash on her bed, they did that and reported back." Another relative said they had asked for a change to the planned care delivery and the service had responded well. A third relative said, "They are flexible, if I need to change the routine for hospital appointments for example."

People's needs were assessed to ensure the service could provide appropriate care and support before people began to use the service. The manager told us they received a care plan from local authority or health care commissioners of the service and they used this to inform their assessment of people. This meant they had checked to make sure they could meet people's needs. This information was used to write a series of care plans to show how care and support needs would be met.

A copy of the person's care plan was kept in the person's home and a paper copy was available in the office. This was so all the staff had access to information about the care and support provided for people who used the service. A relative of a person who used the service said; "The care plan is in place; it's easily accessible and all the documents are there."

Records showed people's care was reviewed regularly or when their needs changed. A relative told us their family member had a review of their needs within weeks of starting to receive the service to check everything was going well. Another relative told us they felt the service needed to be reviewed as their family member's needs were changing. They said they knew how to arrange this and would contact the manager.

We looked at three people's care plans and found some of the plans seen gave clear and person centred instruction on how the needs of people who use the service were to be met. For example, one person's care plan described a person's fears and how their independence skills were variable according to the time of day. However, some care plans did not give the detail of how care needs were carried out. Terms such as 'support with personal care', 'support with continence' and 'assist with dressing' did not tell staff how much support a person needed and could lead to needs being missed or overlooked. After the inspection, the manager sent us a copy of new care planning documentation they were going to introduce to improve the care plan records and ensure a more person centred approach with the records. A sample copy of a care plan was included and this showed a good level of detail on individual needs, likes and dislikes.

When we spoke with staff they showed an in-depth knowledge and understanding of people's care needs, support needs and routines and could describe the care provided for each person. Records made at each visit also demonstrated person centred care was being delivered to people. Full details of the care provided were maintained.

There were systems in place to deal with concerns and complaints, which included providing people with information about the complaints process. All the relatives we spoke with said they knew how to raise any

concerns and felt confident the manager would address them. People's comments included; "I would raise a concern with the agency but I am happy with what they give", "I would contact the managers if I was not happy, but I don't need to" and "All the information is in the folder; I'd look through that, I would go up the line."

We looked at records of concerns raised and saw there were systems in place to ensure these were responded to in a timely way and acted upon. For example, a person had asked for staff to be provided who spoke their language and this had been provided. Another person had suggested that staff could take a person out on social activities and this had been introduced. The manager said any learning from complaints would be discussed with the staff team to prevent any re-occurrence of issues. Staff told us they were informed of important issues that affected the service delivery. One staff member said, "If anyone isn't happy with something we get told about it."

Is the service well-led?

Our findings

We found there were some systems of audit in place to assess the quality of the service. These included a call monitoring system to ensure calls took place when they were due and for the correct duration. No missed calls had been recorded. Staff also received regular spot checks to ensure they were fulfilling their role properly and people who used the service were satisfied. Records showed any issues raised during spot checks were actioned.

However, we found there was no effective system in place to ensure all pre-employment checks were carried out. The recruitment checklist used had not identified the concerns we raised. Medication audits were not documented to show medication administration had been checked. The manager said they viewed the MARs when they were returned to the office but acknowledged no formal record of this was made. This system of audit was not effective and had not picked up some of the concerns we identified with MARs. The manager agreed to introduce a documented audit of medication.

There was a manager in post who was supported by the provider, a team of care staff, a quality and training manager and a human resources manager. The registered manager was aware of their responsibilities to report accidents, incidents and other notifiable events that occurred within the service.

Relatives of people who used the service told us they thought the service was well-led and they would recommend them. One relative said; "On the whole I think the service is well managed. I would certainly recommend the service." Another relative said, "The service is well run, I haven't had to ring up, I have confidence in them." A third relative told us, "It's a good service, I would recommend it; the little extras make all the difference."

Staff spoke highly of the manager and provider and told us enthusiastically how much they enjoyed their job. One staff member said, "[Name of manager] cares about people very much; she puts them first." Another staff member said, "I love this job; it's the best job I have ever had, I love caring for people."

Staff told us they felt well supported in their role. They said the manager worked alongside them to ensure good standards were maintained. One staff member said, "She (the manager) likes to make sure we are doing a good job." Staff described the manager and provider as approachable and helpful. One staff member said, "They are always there if you need them."

We saw staff meetings took place where staff were able to contribute ideas or raise any suggestions they may have. Staff told us they felt valued and listened to. Staff said communication within the service was good and they were kept informed of any changes through direct contact with the manager or through a text messaging system.

People who used the service and their relatives were asked for their views about the care and support the service offered. The provider carried out regular random telephone courtesy calls to people to gain feedback on the service. We reviewed some of the records of these and saw there was an overall high degree of

satisfaction with the service with most people rating the service as 'good' or 'excellent'. People's comments included; 'My carer gives me excellent service, is always polite', 'The staff are all caring and hardworking' and 'Everything is okay, they know what they're doing.'

The manager said any suggestions made would always be followed up to try and ensure the service was continually improving and responding to what people wanted. We saw one person had asked for consistent carers. The manager said they had been out to talk to the person to discuss these concerns and drawn up a plan to ensure this person had a regular team of only two carers. This action had not been documented. The manager agreed all actions taken would in the future be documented to show how the service was committed to making improvements.

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	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed The registered person had not established or operated recruitment procedures effectively.