

ILS24Health Care Limited

# ILS24Health Care Limited

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

**Requires Improvement** ●

Is the service well-led?

**Requires Improvement** ●

# Summary of findings

## Overall summary

### About the service

ILS24 Health Care is a domiciliary care agency providing personal care to adults with complex health conditions and requiring end of life care, and people with learning disabilities, living in their own homes everyone. During our inspection visit, the service was caring for 32 people.

### People's experience of using this service and what we found

People and relatives told us the service provided safe care and had a positive impact on their lives.

We found some aspects of the management of the service had not always been effective. The provider was caring for people with complex health conditions and some required end of life care and we found inconsistency in the quality of care plans. Quality assurance measures in place had not always been effective in identifying the issues found during this inspection.

Most risks to people's care were well recorded, but we continued to find some risk assessments required further information. Medication was managed well but we found staff's competency assessment records lacked detail. We made a recommendation for the provider to review this area and implement best practice guidance.

The provider was not always recording when equipment used to move people had passed the relevant safety checks. Most areas of staff recruitment were safe, however, we reviewed evidence confirming that staff had started working before the required DBS checks had been completed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests. Improvements were required in how the provider was recording relevant discussions and decisions about the care of people who lacked capacity to make decisions. We have made a recommendation for the provider to always complete these records and to consult relevant guidance and best practice in relation to the Mental Capacity Act 2005.

We received positive feedback from people, relatives and staff in relation to the management of the service and the registered manager.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update

The last rating for this service was requires improvement ( published 28 April 2021)

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found some improvements had been made but the provider remained in breach of regulations.

Why we inspected

We received concerns in relation to recruitment and management of the service. As a result, we undertook a focused inspection to review the key questions of safe and well-led only.

For those key questions not inspected, we used the ratings awarded at the last inspection to calculate the overall rating.

The overall rating for the service has remained requires improvement based on the findings of this inspection.

We have found evidence the provider needs to make improvements. Please see the safe and well led sections of this full report.

You can see what action we have asked the provider to take at the end of this full report.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for ILS24 Health Care on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

Enforcement and Recommendations

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service and will take further action if needed.

We have identified breaches in relation to good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# ILS24Health Care Limited

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

This inspection was conducted by one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 15 November 2022 and ended on 29 November 2022. We visited the location's office on 15 November 2022.

#### What we did before the inspection

Before the inspection, we reviewed all the information we held about the service including information about important events which the service is required to tell us about by law. We requested feedback from other stakeholders. These included the local authority safeguarding team, commissioning team and Healthwatch Leeds. 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 the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. We used all of this information to plan our inspection.

#### During the inspection

During the inspection, we spoke with 1 person who were using the service and 6 relatives of people using the service. We spoke with 5 staff members; this included care workers, the registered manager and human resources manager.

We looked at care records for 3 people using the service including medicine administration records. We looked at recruitment and supervision records for 5 members of staff. We also reviewed various policies and procedures and the quality assurance and monitoring systems of the service.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. This included reviewing information about staff's training and gathering feedback from staff.



# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management; Using medicines safely; Learning lessons when things go wrong

At our last inspection, the provider failed to ensure medicines were managed safely and to ensure risk assessments were in place. This was a breach of regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12, however there were still areas that required further improvement.

- Most risks to people who had complex care needs were being assessed, however we continued to find some areas of risk were not recorded in detail. The registered manager was knowledgeable about risks to people's care and told us how these were managed.
- Several people using the service required staff to use the hoist to safely transfer them and we found the provider did not have a good oversight of when required checks on the safety of the equipment had been completed or were due. After our visit the provider told us this had been reviewed and checks were up to date.
- Staff were aware of risks to people's care and knew how to manage these.
- The registered manager showed us how they recorded the incidents that had happened, the actions taken, and lessons learnt.
- People's medicines were managed safely.
- We reviewed evidence confirming staff had received training in medicines management and the registered manager told us staff's competency to complete this task had been assessed. However, records of these competency assessments did not detail all relevant areas of safe medication administration.

We recommend the provider reviews good practice guidance in relation to assessing staff's competency to administer medication.

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 MCA 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 Mental Capacity Act (MCA). In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS)

- There were inconsistencies in the quality of records related with mental capacity assessments and best interest decisions.
- Some people could not give informed consent for some areas of their care. We did not find evidence that care provided was not in people's best interests and feedback from people and relative confirmed staff asked consent before delivering care. However, mental capacity assessments and best interest decisions were not always decision specific or had not been completed in line with MCA requirements and the code of practice. This was not in line with the provider's MCA policies and procedures.

Systems were not robust enough to ensure consent was recorded in line with requirements. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People and relatives told us staff listened to people, asked for permission before delivering care and were flexible to people's requests. Their comments included, "They do anything I want them to do;" "The carers will respect my choices, for example; I'm going to hospital for an appointment so it was easy to get the carer to come earlier and get me dressed in plenty of time for the ambulance" and "The carers will respond positively to any requests."

#### Staffing and recruitment

- At the time of our inspection, staff were safe to work with people. However, we reviewed evidence confirming staff had started working before DBS had been completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Other aspects of recruitment were managed safely.
- People and relatives told us they were supported by a consistent team of regular carers who were punctual and contacted them if there were any issues with arriving late. Comments included, "The carers keep well to the timings of my medication;" "Most of the time I get the same carers" and "I think they are good timekeepers and I've never had missed calls. "They always communicate well if they are ever late".

#### Preventing and controlling infection

- Infection control procedures were in place. Staff had received training in this area.
- People and relatives confirmed staff used PPE during delivery of care. There was a high supply of PPE in the office.



# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Continuous learning and improving care

At our last inspection, we found quality assurance systems were not always effective to assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- We found inconsistency in the quality of care records. For example, some areas of people's care plans were very detailed and centred around their needs. However, we also saw examples of information being the same in different people's care plans. The provider was caring for people who required end of life care but there was not specific information to people's particular end of life care wishes and preferences; there was generic information about good practice in end of life care. People's communication needs were not always recorded.
- We found examples when the provider had been in contact with the local authority safeguarding team and responded appropriately to safeguarding concerns but did not submit the appropriate statutory notifications to CQC.
- We found management oversight had not always been effective. Quality assurance systems in place did not identify the issues found during this inspection.

Systems were either not in place or robust enough to demonstrate effective oversight and management of the service. This placed people at risk of harm. This was a continued breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- The registered manager told us about their plans to improve the oversight and management of the service.
- People and relatives shared positive feedback about the management of the service. Their comments included, "I have a good bond with the manager;" "The management is very good. You can approach them

easily. They are there to sort out any issues safely and effectively" and "[Name of registered manager] has responded very positively to a few issues in the past and rectified them. I can also contact [registered manager] easily. I think the company is well managed overall."

- Relatives told us they would recommend ILS24 Healthcare to others; "I would recommend the company for positive attitude from management to the carers;" "They are very efficient when doing any job;" "They are very talkative and entertaining when they are there" and "The carers have a friendly personality. One of the things I like as a relative is they are very good listeners".

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People received care which was personalised to their individual needs. Feedback we received from people and relatives showed care delivered had a positive impact on their lives. Comments included, "They take care in all of my needs very well. I think they are co-operative, friendly and treat me with respect and dignity and it comes with the duty of care;" "My relative is happy and safe with the carers here;" "The care of my relative has changed for the better" and "My relative could not do without their support".

- The registered manager understood their responsibilities under the duty of candour and were open about any lessons that needed to be learnt as a result of incidents.

- Staff told us the management were supportive and any issues raised would be acted on timely and appropriately. The registered manager was in regular contact with staff and we saw evidence of regular meetings with staff taking place.

Working in partnership with others

- Health and social care professionals were regularly involved with people's care planning and delivery of care.

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>Records of care were not always complete, accurate or contemporaneous. Quality assurance systems in place had not always been effective.</p>