

Quality Care (Staffordshire) Ltd

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Inspection report

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Date of inspection visit:
30 November 2016

Date of publication:
03 January 2017

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 was announced and took place on 30 November 2016.

Quality Care (Staffordshire) Limited provides personal care for people in their own home. At this inspection they were providing care and support for 74 people.

The registered manager who was also the registered provider was present during our inspection. 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 felt safe with the service provided to them and staff were aware of how to protect them from the risk of potential abuse. People were protected from the risk of harm because staff were aware of their responsibility of identifying possible risks and to avoid them happening. There were enough staff to ensure people's needs were met and to support them to take their prescribed medicines.

People were cared for by staff who were skilled and who received regular one to one [supervision] sessions. People's human rights were protected because staff applied the principles of the Mental Capacity Act in their care practices.

People were supported to eat and drink sufficient amounts to ensure their health. People were supported by staff to access relevant healthcare services.

People were cared for by staff who had a good understanding of their care and support needs. People were encouraged to be involved in planning their care which was delivered in a way that promoted their rights to privacy and dignity.

People were involved in their assessment of their care and support needs and were encouraged to share any concerns they had with staff. Complaints were listened to and acted on.

People were aware of who was running the agency and their views about the service provided were explored by the provider. The provider's governance was effective in driving improvements and quality.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

People felt safe with the service provided to them and staff knew how to protect them from the risk of potential abuse. Risk of harm to people was reduced because staff knew how to keep them safe. There were enough staff recruited to meet people's care needs and to assist them to take their prescribed medicines.

Is the service effective?

Good ●

The service was effective.

People were cared for by staff who were skilled and supported in their role. People's human rights were protected because staff included the principles of the Mental Capacity Act within their work practice. People were supported to eat and drink sufficient amounts. People were assisted by staff to access relevant healthcare services.

Is the service caring?

Good ●

The service was caring.

People received care and support by staff who were aware of their needs. Care was provided in a kind and caring manner. People were involved in planning their care which was delivered by staff in a way that respected their privacy and dignity.

Is the service responsive?

Good ●

The service was responsive.

People were involved in their care assessment and staff were aware of their care needs and things important to them. People knew how to share their concerns which were listened to and acted on.

Is the service well-led?

Good ●

The service was well-led.

People were aware of who was running the agency and their views about the service provided was explored by the provider. The provider's governance was effective in driving improvement and to promote quality.

Quality Care (Staffordshire) Limited

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.

We carried out an announced inspection on 30 November 2016. The inspection team consisted of 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.

We gave the registered provider 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people in their own home and we needed to be sure that someone would be available in the office.

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.

We looked at the information we held about the service and the provider. We asked the local authority if they had any information to share with us about the care provided by the agency. We used this information to help us plan our inspection of the agency.

We spoke with five people who used the service and four relatives who advocated for people who were unable to talk with us. We spoke with four staff members, the registered manager and one of the registered providers. We looked at three care plans and risk assessments, medication administration records and quality audits.

Is the service safe?

Our findings

People told us they felt safe and protected when staff assisted them. One person said, "I trust the staff and that makes me feel safe." We spoke with another person who told us, "The staff talk nicely to me and show me respect." Another person informed us, "I feel safe, the staff are respectful and they are also nice to my family."

The staff we spoke with had a good understanding about various forms of abuse. They told us if they had any concerns about abuse or poor care practices they would report this to the registered manager. Staff were aware of other external agencies they could share their concerns of abuse with. The registered manager said all staff received annual safeguarding training and staff confirmed this. This ensured staff were aware of their responsibility of protecting people from abuse. Discussions with the registered manager confirmed their understanding of when to share information about abuse with the local authority to protect people from the risk of further harm.

One person told us of an incident that occurred whilst staff assisted them with their mobility which placed them at risk of harm. The registered manager was aware of this incident and had taken the appropriate action to avoid it happening again. We looked at how the provider managed reports of incidents and accidents. The registered manager informed us that all accidents were recorded and monitored for trends and we saw this. Records showed a monthly analysis of accidents was carried out and the registered manager confirmed there were no specific trends identified. The registered manager said where necessary other agencies would be involved to reduce the risk of accidents. For example, the occupational therapist to review people's walking equipment and the GP to ensure accidents were not due to the person's health. The registered manager said where necessary the person's risk assessment would be reviewed. This would ensure all staff had access to up to date information about how to safely support the person.

People were protected from the risk of harm because staff were aware of the importance of identifying risks in their home. One staff member said they would encourage people to secure trailing wires to reduce the risk of trips and falls. They told us any concerns that placed people at risk would be reported to a senior staff or the registered manager who would act on this. Staff told us they had access to risk assessments that supported their understanding about how to keep people safe in their home. We spoke with another staff member who told us about the importance of checking lifting equipment and slings to ensure they were safe to use. They said, "I check that equipment is up to date with servicing and safety checks." They told us that any concerns would be shared with senior staff who would take the appropriate action to reduce the risk of harm.

People were cared for by appropriate numbers of staff to meet their care needs. All the people we spoke with said they had never had a missed call and staff stayed their allocated time. Staff confirmed there were enough staff available to care for people. One staff member said, "There is usually always enough staff and if staff are on leave a senior staff would help out." The provider informed us that staffing levels were determined by people's assessed care and support needs and this was routinely reviewed to ensure people's needs were met.

People were cared for by suitable staff. All the staff we spoke with confirmed that before they started to work for Quality Care, safety checks were carried out. These included a request for references and a Disclosure Barring Service [DBS] check. The DBS helps the provider make safer recruitment decisions to ensure the suitability of people to work within people's home. We looked at three staff files that confirmed these checks had been carried out.

People were supported by trained staff to take their prescribed medicines. The registered manager said staff had received training about how to manage people's medicines safely and staff confirmed this. Staff said they had access to information relating to people's prescribed medicines within their care records and the medication administration record [MAR]. A MAR is a record of people's prescribed medicines that staff sign to show when medicines have been given to the person. A staff member said, "People require different support to take their medicines, some just need prompting."

Is the service effective?

Our findings

People were cared for by staff who were skilled and who received one to one [supervision] sessions. One person said, "The staff are nice and appear to know what they are doing." Another person told us, "The staff that visit me are trained." We spoke with a relative who said, "The staff are trained for the care they give." All the staff we spoke with confirmed they had access to routine training. A staff member told us they had received moving and handling training. They said, "This taught me how to use various hoists and slings safely." They said, "Access to the Mental Capacity Act training gave me a better understanding about the importance of giving people the opportunity to make their own decision." Another staff member said their training had equipped them to care for people properly. The registered manager told us they carried out routine spot checks and staff confirmed this. This was to ensure staff put into practice what they had learnt to ensure people received a better service.

We spoke with staff about the support they received to carry out their role effectively. A staff member said, "Discussions in my one to one [supervision] sessions highlights what I am doing well and where improvements are needed." Another staff member told us that during their supervision sessions they could highlight things they were unsure of. They said, "The registered manager always gives me the opportunity of further training to enhance my skills." This ensured staff had the necessary skills to provide people with an effective service.

We looked at how new staff were supported in their role. All the staff we spoke with confirmed they had an induction when they started to work for the agency. One staff member said during their induction they received training. They told us they worked alongside an experienced staff member until they felt confident to work alone. Another staff member said their induction included training, which enabled them to understand specific health conditions and how to care for people. They said, "The training was a refresher on what I already knew."

The Mental Capacity Act 2005 [MCA] provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that as far as possible people make their own decisions and are helped to do so when needed. When they lack mental capacity to make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

We checked whether the service was working within the principles of the MCA. The people we spoke with told us they were able to make their own decisions about their care and treatment. We spoke with a relative who said, "[Person] is able make their own decision and would say if things were not right." Another person confirmed they made their own decision and staff respected this.

The registered manager said during the assessment of people's care needs it would be identified if the person had capacity to consent to their care and treatment. At this assessment the appropriate care and treatment would be identified in the person's best interests and an application made to the Court of Protection if necessary. This would give the provider legal authorisation to provide care and treatment. The

registered manager said people's capacity to give consent was reviewed and where concerns were identified this would be shared with the relevant professionals. For example, the GP and social worker, action would be taken to ensure the care and support provided to the person was in their best interests.

The provider said staff had received MCA training and staff confirmed this. Staff were aware of the importance of people making their own decisions about their care and treatment. All the staff we spoke with confirmed they always encouraged and supported people to make their own decisions. A staff member said one person found it difficult to talk. They said "You just need to be patient to allow them to speak and to point at what they want." One staff member said, "I always assume a person has capacity to make a decision." Another staff member said, "I always ask for people's consent before I support them." This ensured people maintained control over their life.

People were supported by staff to eat and drink enough to maintain their health. One person told us, "The staff do my breakfast and they always make me a drink." We spoke with a relative who confirmed staff prepared meals for their relative. Staff were aware of suitable meals for people in relation to their health condition, likes and dislikes. People's specific dietary needs and food preferences were recorded in their care records. Discussions with the registered manager and a care record we looked at confirmed one person had a poor appetite. We spoke with a staff member who was aware of this and the importance of maintaining a record of what the person ate. They said any further concerns would be shared with the GP or the dietician to ensure the person was appropriately supported.

People were supported by staff to access healthcare services when needed. The registered manager said arrangements were in place to assist people to attend their medical appointments and this was confirmed by staff. A staff member said one person required support to attend their medical appointments. They said rotas were reviewed to ensure staff were available to support them. Discussions with the registered manager and the care records we looked at identified one person required support with their mental health. The registered manager said the person was often supported to access their community psychiatric nurse when needed and the care records we looked at confirmed this. On the day of the inspection a staff member contacted staff at the office to share concerns about a person's health. The provider told us they had made arrangements for a GP visit.

Is the service caring?

Our findings

People were cared for by staff who were caring and attentive to their needs. One person said, "The staff are caring." We spoke with another person who said, "The staff are very caring to me and I wouldn't change a thing." A relative informed us, "I have used this agency for my relative for years and I am happy with the care provided."

People were involved in planning their care. One person said, "I do make decisions about my care." "I tell staff if I want a bath or a shower." We found that staff were aware of people's diagnosis, their past medical history and the support they needed to live a fulfilled life. For example, discussions with a staff member identified they saw the person first and not their disability. They were able to tell us about the person's character and things important to them. Staff told us it was important not to rush people and to provide them with the time they needed to ensure their wellbeing. For example, one person told us staff always found the time for a chat and have a laugh. A staff member said one person had difficulty with talking. They said, "You just have to be patient with them and allow them to talk at their own pace."

Staff had a good understanding of people's care and support needs. One staff member said, "I always ask people about the support they need." They said they also had access to people's care records that provided them with information about how to care for them. We spoke with another staff member who had a good understanding about a person's health condition and the support required to enable them to mobilise safely. They told us the person's health had declined and they shared this information with the registered manager. They said the registered manager was very quick to review people's needs to ensure they receive the necessary care and support.

People told us staff respected their privacy and dignity. One person said, "When Staff assist me to the toilet they always ask if they should wait outside to give me some privacy." Another person told us, "Although staff have access to the key to my home, they always knock the door before entering." A relative told us, "I feel the staff treat [person] with dignity and we wouldn't change the staff."

All the staff we spoke with were aware of the importance of respecting people's rights to privacy and dignity. A staff member said, "I always ensure the curtains and door are closed when I assist people with their personal care needs." Another staff member said, "I always explain what I intend to do before I assist people." We spoke with another staff member who informed us, "When I assist people with their personal care needs I encourage them to do as much for them self to promote their dignity and independence."

Is the service responsive?

Our findings

People told us they were involved in their assessment and planning their care. One person said, "I decided what I wanted in my care plan." The registered manager said where appropriate people's relative or advocate were also involved in the assessment process. This ensured people received care and support with regards to their preference. The registered manager said they carried out the initial assessment with people. They would arrange to carry out the first visit with the staff member. This gave them the opportunity to introduce the person to the staff who would be working with them and the staff we spoke with confirmed this. The registered manager said they tried to ensure the same staff members worked with the person especially for people living with dementia. This enabled people to become familiar with staff and reduce their anxiety.

People were able to choose who worked with them. One person told us they didn't feel comfortable with a staff member assisting them with their personal care needs. They shared this information with the registered manager and the staff member was changed. During people's assessment they had the opportunity to agree the times of their visits that suited them and their lifestyle.

People were supported by staff who were aware of their care and support needs. Staff had a good understanding of people's history in relation to their health and the things important to them. A staff member said their awareness of people's history helped them to communicate with people and to put them at ease. For example, one person used to breed pigeons and enjoyed talking about this. Another person enjoyed football and had an interest in politics, they enjoyed having conversations about this.

The care provided to people was person centred and staff were aware of people's specific needs. We looked at three care plans that provided staff with detailed information about people's needs and how to support them. For example, one care plan provided information about the support the person required and healthcare professional's involvement. Staff's confirmed access to this information supported their understanding about how to care for the person.

People told us they did not have any concerns about the service they received. They said they would be confident to share any concerns they had with the registered manager. One person said, "If I had any concerns I would talk to the registered manager or the staff in the office." Another person said, "If I had any concerns I would speak to my social worker and then the office staff." "They are very helpful and supportive."

People had access to written information about how and who to share their concerns with. The registered manager said all complaints would be taken seriously and acted on. We saw that complaints were recorded and monitored for trends.

Is the service well-led?

Our findings

People were involved and informed about the service available. One person said, "The manager comes out to see me and ask if any changes are needed." Another person said, "The registered manager visits me to see all is well and to find out if there are any changes to my care needs." We spoke with another person who said, "The registered manager comes out to check on things." This enabled the provider to find out about the quality of service provided to people and where improvements may be needed.

Staff confirmed they had access to meetings with the registered manager. They said issues discussed often related to the rotas. This was to ensure the service was adapted to meet people's needs. The registered manager said routine spot checks were carried out and staff confirmed this. This was to review care practices and to ensure people's needs were met.

People were aware of who was running the agency and confirmed they were happy with the service. For example, a relative said, "We are very happy with the agency and would recommend them." The registered manager was also the registered provider. They routinely undertook training to maintain their skills and had obtained the National Vocational Qualification Level 4 [Managers' Award]. A staff member described the management support as, "Great, they are approachable and they are always at the end of the phone to share your concerns with." Another staff member said, "I am happy to work for the company."

Discussions with the registered manager identified their enthusiasm in providing people with a good service. We spoke with them about their governance. There were various systems in place to drive improvements and quality. For example, they had a system that alerted them when staff required refresher training. This ensured staff maintained their skills to undertake their role.

Measures were in place to ensure visits to people were not missed. Systems alerted staff in the office if a visit had been missed. This would be explored and action taken to ensure the person received the necessary support.

The registered provider had contingency plans in place for bad weather where staff may experience difficulty visiting people. For example, people were risk assessed, where a person had no relatives or access to any other support they were identified as high risk and every effort would be made to carry out the visit to ensure their welfare.

People could be assured that lifting equipment in their home was safe to use. Arrangements were in place to scan equipment to find out when they were last serviced to ensure the safety of people and staff.

Arrangements were in place to ensure staff had access to information about people's prescribed medicines. This supported staff's understanding about how to manage medicines safely. Staff told us the registered manager routinely did spot checks to review and to ensure their medication practices were safe.

Discussions with the registered manager confirmed their awareness of when to send us a statutory

notification about events that occur which they are obliged to do by law.