

Quality Care Providers Limited

Quality Care Providers (Domiciliary Care)

Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

This inspection took place on 31 March and 1 April 2016 and was announced. We gave the service prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. We last inspected the service on 4 March 2014. At that inspection we found the service was compliant with the essential standards we inspected.

Quality Care Providers (Domiciliary Care) provides personal care to adults living in their own homes. The people they support have varying needs including physical disabilities, mental health, sensory impairment, learning disabilities and/or autistic spectrum disorder. At the time of our inspection there were seven people using the service. Of those, six people lived in shared accommodation in supported living facilities. The remaining person lived with their family. The organisation also provides day services at the same address. However, this report only relates to the provision of personal care to the seven people using the service in their own homes. The day opportunity services fall outside the regulatory remit of the Care Quality Commission (CQC) and were not assessed as part of this inspection.

The service had a registered manager. A registered manager is a person who has registered with the CQC 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 manager was not available during this inspection. The service manager was managing the service in the absence of the registered manager and assisted us on both days of the inspection.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. Staff had the knowledge and confidence to identify safeguarding concerns and acted on these to keep people safe.

People were treated with respect and their privacy and dignity was promoted. They were treated with care and kindness and they were supported to be as independent as possible. People said their care and support workers were kind and supported them in the way they wanted them to. Staff were responsive to the needs of the people they supported and enabled them to improve and maintain their independence with personal care. Risks to people's personal safety were assessed and plans were in place to minimise those risks.

People received support that was individualised to their specific needs. Their needs were monitored and care plans reviewed and updated as changes occurred. People's rights to make their own decisions, where possible, were protected. People confirmed they were involved in decision-making about their care and support needs.

There were safe medicines administration systems in place and people received their medicines when required. People's health and wellbeing was monitored and prompt action was taken to deal with any problems as needed.

People were supported by sufficient staff to meet their individual needs. Safe recruitment practices were followed before new staff were employed to work with people. Checks were made to ensure staff were of good character and suitable for their role.

People received effective care and support from staff who were well trained and knew how people liked things done. Staff received effective supervision and their work was reviewed in yearly appraisals.

People benefitted from receiving a service from staff who worked well together and felt management worked with them as a team. Quality assurance systems were in place to monitor the quality of service being delivered and the running of the service.

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 were protected from abuse and supported to make their own choices. Risks were identified and managed effectively to protect people from avoidable harm.

People were protected because recruitment processes ensured staff employed were suitable to work with people who use the service.

Is the service effective?

Good ●

The service was effective. People were supported by staff who received induction and training suitable for their roles. People benefitted from staff who were supervised and supported in carrying out their work.

Staff promoted and encouraged people's rights to make their own decisions. The service manager had a good understanding of their responsibilities under the Mental Capacity Act 2005.

People were supported to eat and drink enough and staff made sure actions were taken to ensure their health and social care needs were met.

Is the service caring?

Good ●

The service was caring. People benefitted from a staff team that was caring and professional. People were treated with kindness and respect.

People's rights to privacy and dignity were upheld and people were supported to be as independent as possible with their personal care.

Is the service responsive?

Good ●

The service was responsive. People received care and support that was personalised to meet their individual needs.

The service was responsive in recognising and adapting to people's changing needs. People's right to confidentiality was

protected and they were made aware of how to raise concerns.

Is the service well-led?

The service was well-led. People benefitted from a service that was managed well and had strong leadership.

Effective systems were in place to enable the service to monitor the quality of care and support that people received.

People benefitted from personal records that were up to date and reflected their needs and wishes. People benefitted from a staff team that worked well together and felt supported by their managers.

Good ●

Quality Care Providers (Domiciliary Care)

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 31 March and 1 April 2016. It was carried out by one inspector and was announced. We gave the service prior notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. We were assisted on the days of our inspection by the service manager.

Before the inspection the service 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 PIR and at all the information we had collected about the service. This included previous inspection reports and notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

We spoke with three people using the service, three relatives, the service manager, a team leader, a senior support worker and a support worker. We sought and obtained feedback from two social care professionals. We observed people and staff working together during the two days of our inspection.

We looked at three people's care plans, daily records and medication administration records. We also looked at the recruitment files of four care staff and staff training records. We saw a number of documents relating to the management of the service. For example, quality audits, quality assurance surveys of relatives, complaints records and incident and accident reports.

Is the service safe?

Our findings

People were protected from the risks of abuse. People told us they felt safe and relatives told us they felt their family members were safe with the staff. One relative commented: "Absolutely, no worries at all." Social care professionals felt the service and risks to individuals were managed so that people were protected.

Staff had received safeguarding training and knew what to do if they suspected one of the people they supported was being abused or was at risk of abuse. Staff were aware of the organisation's whistle blowing procedure and said they would feel confident to use it should the need arise. Staff told us they would be comfortable approaching management with any concerns and were sure their managers would support them if they did.

We saw from the service's safeguarding records that any allegations or incidents were taken seriously, reported to the local authority safeguarding team and also notified to the Care Quality Commission as required. The records contained details of actions taken by the service to reduce or prevent a recurrence, as well as the outcome of any investigations.

Risk assessments were carried out to identify any risks to people, or the staff, when providing the package of care. Identified risks were incorporated into the care plans and included guidance to staff on what to do to minimise any identified risk. For example, one care plan described how someone could hurt themselves or staff when they became anxious. Guidance was provided for staff to follow should the person become anxious, reducing the risk of harm to the person or staff. At the time of our inspection there was no system in place for risk assessing the premises or surroundings of people's homes to make sure there were no environmental risks to staff when providing the care package. This was discussed with the service manager who planned to source and implement such a risk assessment.

Staff had a good understanding of their responsibilities for reporting accidents, incidents or concerns. When people or staff had accidents or incidents these were recorded and monitored to look for any developing trends.

People were protected by appropriate recruitment processes. Staff files included the recruitment information required of the regulations. For example, proof of identity, employment histories, evidence of conduct in previous employment and criminal record checks. On the first day of our inspection we found two of the four recruitment files we looked at had some unexplained gaps in employment. Two had no verification of the applicant's reasons for leaving previous employment with vulnerable adults and there was a discrepancy on someone else's disclosure and barring service certificate. The service manager was able to obtain the missing information before the end of our inspection and told us they would review the recruitment policy and amend it as necessary.

People told us staff were always available when they needed them. One relative commented: "I am very happy with the amount of support [Name] gets. They [staff] do a very good job."

People's medicines were handled safely. Only staff trained and assessed as competent were allowed to administer medicines. Staff confirmed they had received training and that their competence had been checked. Staff training records confirmed that all staff had received the training before handling medicines. Medicines administration record sheets were up to date and had been completed by the staff administering the medicines. People told us they received their medicines when they should.

Is the service effective?

Our findings

People received effective care and support from staff who knew the people well and were well trained. The service did not use staff from external agencies. People were always supported by staff they knew, new staff always worked alongside established staff during their induction. People were included in the recruitment of new staff and their feedback and opinions were taken into account when deciding whether or not to offer applicants a position.

People were protected because staff had received training in topics related to their roles. Staff training records showed people had received induction training when first starting employment with the organisation. The service manager was developing a new induction training programme for all new staff which was based on the requirements of the Care Certificate from Skills for Care.

We saw staff had received induction or update training in topics such as first aid, health and safety, fire safety and moving and handling. Other training routinely provided included medication, safeguarding adults and the Mental Capacity Act 2005. Additional training had been provided and included autism spectrum awareness, epilepsy awareness and putting dignity into action. Staff felt they had been provided with the training they needed to enable them to meet people's needs, choices and preferences. People felt the care workers had the skills and knowledge to give them the care and support they needed. One person told us: "Staff know me and how to support me" and another said: "They know what they are doing." Relatives told us staff had the training and skills they needed when working with their family members. One relative told us: "The way they treat [Name] is very good." Social care professionals felt the staff had the knowledge and skills they needed to carry out their roles and responsibilities. One professional commented that the care staff who worked with their client: "know her well and have the skills to ensure she has the service she needs to keep her safe." Another told us staff provided care to the best of their knowledge and skills, and that the service requested support and guidance when required.

Staff had one to one meetings (supervision) with their manager every month to discuss their work and training requirements. The log of supervision provided showed staff were up to date with their supervision. All staff had annual appraisals of their work and records showed all were up to date.

People's rights to make their own decisions, where possible, were protected. People and their relatives told us they were involved in decision making about their care and support needs. Staff received training in the Mental Capacity Act 2005 (MCA). The MCA provides the legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make particular decisions for themselves. The MCA also requires that any decisions made in line with the MCA, on behalf of a person who lacks capacity, are made in the person's best interests. The service manager had a good understanding of the MCA and their responsibilities to ensure people's rights to make their own decisions were promoted. Staff confirmed they had received training in the MCA and understood their responsibilities under the Act.

The service manager was aware of the requirements of the Deprivation of Liberty Safeguards (DoLS). The DoLS provide legal protection for vulnerable people who are, or may become, deprived of their liberty. The

service manager was aware that applications must be made to the Court of Protection where people were potentially being deprived of their liberty in their own homes. At the time of our inspection, the service manager was in the process of assessing if any of the people they support were being deprived of their liberty and needed the local authorities to file applications with the Court of Protection.

Where the service provided included responsibility for people's eating and drinking, daily records included how much people had eaten during each day. In the supported living houses people were weighed weekly to monitor for any weight loss or gain. Where people were not eating well staff would highlight that to their line manager and advice would be sought from their GP or a dietitian if necessary. One person told us they enjoyed the food and chose what they had to eat or whether to eat out.

People's health was monitored and routine health check-ups were recorded and appointments booked when routine checks were due. Records showed that any health or welfare needs identified were dealt with swiftly, with input from relevant health and social care professionals as needed. Social care professionals felt the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support. One professional told us: "They work closely with health colleagues and attend all health appointments with the adults they support."

Is the service caring?

Our findings

People were treated with care and kindness. Staff were knowledgeable about the people they cared for, their needs and what they liked to do. Care plans contained details about people's likes, dislikes and personal preferences. People said staff were caring when they supported them. One person commented that staff were: "very caring." Another said staff were: "very nice, just like a family." Relatives told us staff were caring when supporting their family members. One relative commented: "They are so good with her, she gets a lot from them." another relative added: "The way they treat [Name] is very good. She seems very happy and contented."

People benefitted from having staff with an in-depth understanding of their individual needs and preferences. We observed staff working with people using the service during the two days of our inspection. They used their knowledge of individual people to help them communicate and interact with us and help us gain their views. Staff were good at helping people understand why we wanted to talk with them so that they were not anxious or uncomfortable.

People's needs relating to equality and diversity were assessed at the start of the service. Care plans included detailed instructions to staff on what actions they needed to take to meet people's individual and cultural needs. Those instructions included guidance on people's diet, hygiene and dress. Where applicable it was noted in the file that someone should receive care from a member of staff of the same gender. Each person had an assessment of their communication needs in their file. Where some people had English as a second language, there were staff who spoke their first language and rotas were arranged so they worked with the people whenever possible. Where people used other communication such as Makaton, staff had the appropriate skills or received appropriate training.

People were supported to be as independent as possible. Staff were aware of people's abilities and care plans highlighted what people were able to do for themselves and where they needed help. This ensured staff had the information they needed to encourage and maintain people's independence with personal care where possible. One person told us they had become more independent since they moved into their supported living home. They told us how pleased they were that staff had helped them learn how to do their own washing and ironing. One relative told us they thought their relative was talking more, which they were pleased about.

People's right to confidentiality was protected. All personal records were kept securely within their homes, records in the office were kept in locked cabinets. Staff were made aware of the importance of data protection and confidentiality as part of their induction.

People's wellbeing was protected and all interactions observed between staff and the people using the service were calm, caring and professional. Relatives confirmed staff respected the privacy and dignity of their family members. Social care professionals felt the staff were successful in developing positive caring relationships with people and that staff respected their privacy and dignity. One professional told us they had found staff to be: "Very compassionate and understanding towards my client, and always treats her with

respect and dignity." Another told us: "The adults living in the service have close working relationships with the staff."

Is the service responsive?

Our findings

People received support that was individualised to their personal preferences and needs. People's likes, dislikes and how they liked things done were explored and incorporated into their care plans. Care plans were geared towards what people could do and how staff could help them to maintain their independence wherever possible. People's abilities were kept under review and any changes were noted in the daily records, care plans were updated if indicated. Where people were assessed as requiring health or social care specialist input, this was provided via referral by their GP.

People's care plans were based on a full assessment, with information gathered from the person and others who knew them well. Each care plan contained a "pen picture" sheet that gave details of things that mattered most to the person. Their usual preferred daily routines were also included in their care plans so that staff could provide consistent care in the way people preferred. The assessments and care plans captured details of people's abilities in their self-care. Staff felt the care they provided was person-centred. They were able to describe their understanding of person-centred-care. People told us staff knew how they liked things done and that staff did things the way they wanted.

Risk assessments were incorporated into people's individual care plans. Actions staff needed to take to reduce the risk had been developed based on the person and the way that worked best for them. People's needs and care plans were regularly assessed for any changes. People's changing needs were monitored and the package of care adjusted to meet those needs if necessary. Staff explained how they would report any changes to their manager. They advised they would write the change in the daily notes and also in the communication book. Staff confirmed they read the communication book at the start of each shift and felt they were always made aware of any changes to people's care. The care plans were up to date and daily records showed care provided by staff matched the care set out in the care plans.

People and their relatives were aware of how to raise a concern and told us they were confident the service would take appropriate action. People were given information about how to make a complaint when they started a package of care and we saw they were confident going to the head office and speaking with staff there. One person told us they would speak to a certain member of staff and that the member of staff always did something about it. Another person said they were always happy by how management acted if they raised any concerns. There had been no formal complaints made to the service in the past 12 months.

Social care professionals thought the service provided personalised care that was responsive to people's needs. Relatives felt their family members received the care, treatment and support they needed in a personalised way. People and their relatives confirmed they had been involved in developing their care plans and deciding how things were done. One relative told us: "I am very pleased with the service. I am glad [Name] is there. I know she is happy."

Is the service well-led?

Our findings

People benefitted from a staff team that were happy and felt they worked in an open and friendly culture. Staff members told us their managers were accessible and approachable and dealt effectively with any issues they raised. They also said they would feel confident about reporting any concerns or poor practice to their managers and were sure the managers would support them. One member of staff said: "I get good support from the managers. If I have a problem I can always ask." Another told us the service manager was: "very straight and supportive."

Staff told us managers were open with them and communicated what was happening at the service and with the people they supported. They told us about the monthly staff meetings and felt they were very useful. Staff said they felt they were kept informed about things they needed to know. One member of staff commented: "I have been supported well to carry out my duties. I keep learning every day."

Feedback on the service provision was sought by the service manager on an annual basis. Questionnaires were sent out to people who use the service, their relatives and care managers. We saw the questionnaires included a question asking respondents to provide any recommendations on how they could improve the service provided. Any issues identified would then be dealt with when received. Staff told us they were asked their opinions on any changes planned and for any ideas for improvement in the monthly staff meetings and in their supervisions.

The two supported living houses each had a team leader, a senior support worker and support workers on the staff team. The managers carried out monthly spot check audits at each house. The audits included checks on petty cash, maintenance, staff recording in care plans, people's finances and staff member's use of personal protective equipment. During the spot check visits the managers also checked for interactions between the staff and people using the service and checked that staff were working to the policies and procedures of the organisation.

All of the service's registration requirements were met and the service manager was aware of incidents that needed to be notified to us. The deputy manager oversaw and monitored staff training and the service manager was aware of what training staff had received or needed to be booked on. Care plans, daily records and risk assessments were reviewed on an ongoing basis, any changes were recorded on the care plans and in daily records. Records were up to date, fully completed and kept confidential where required.

Social care professionals told us the service worked well in partnership with other agencies. One professional told us: "The management always contact me with any health or behavioural issues that they need guidance on, demonstrating the aim to develop high quality person centred care." They felt the service was well managed and delivered high quality care. People and their relatives felt the service was well-managed. One person told us the management: "do a very good job." One relative commented: "The staff are very good. I am more than satisfied and can't fault the service. I give it five stars."