

Your Quality Care Services Limited

# Your Quality Care Services Limited (Lime Tree)

## Inspection report

Cawston House  
Cawston Lane, Cawston  
Rugby  
CV22 7SA

Tel: 01788816210

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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

### About the service

Your Quality Care Services Limited (Lime Tree) is a domiciliary care agency which provides assistance with personal care to people living in their own homes. At the time of the inspection they were providing support to eight people.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People received care and support from a consistent staff team who were familiar with their needs. Staff knew about risks to people's health and wellbeing and understood the importance of keeping people safe from harm. Accidents and incidents were monitored by the provider to mitigate future risks and encourage learning.

Staff provided effective care because they had regular training to keep them up to date with best practice. Observations of staff practice ensured staff followed the provider's policies and procedures, such as when giving medicines. Staff worked with other professionals to ensure people had access to the right healthcare support and encouraged people to eat and drink well. 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; the policies and systems in the service supported this practice.

People spoke positively about caring and compassionate staff who understood their needs and abilities. Care plans were person centred and staff ensured people received the support they needed whilst maintaining their dignity and promoting their independence. People and their relatives were positive about the service they received and felt it improved outcomes for people.

People and their relatives were involved in the assessment and planning of care to ensure people's needs were met. People's care was responsive to changes in their physical and mental health. People knew how to raise a concern and felt listened to. Information was available in different formats to make it accessible.

The provider had a quality assurance system which ensured people's views were heard. The provider's audits and checks identified when improvements were required to improve the quality of service provided.

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

This service was registered with us on 29 January 2019 and this is the first inspection.

### Why we inspected

This inspection was carried out in accordance with our methodology for newly registered services.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## 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 safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-Led findings below.

Good ●

# Your Quality Care Services Limited (Lime Tree)

## **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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

#### Inspection team:

The inspection team consisted of two inspectors. One inspector carried out the site visit and a second inspector spoke with people over the telephone.

#### Service and service type:

Your Quality Care Services (Lime Tree) is registered as a domiciliary care service. It provides personal care to older people living in their own homes within Lime Tree village in Rugby.

The service did not have a manager registered with the Care Quality Commission. A manager was going through the registration process at the time of our inspection visit. This means that they and the provider will be legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection:

We gave the service 72 hours' notice of the inspection site visit. This was because it is a small service and we needed to be sure that the provider or manager would be in the office to support the inspection. The inspection was completed on 16 January 2020.

#### What we did before the inspection:

We reviewed information we had received about the service since it became registered. We sought feedback from the local authority and the local Healthwatch. Healthwatch is an independent consumer champion

that gathers and represents the views of the public about health and social care services in England. This information helps support our inspections.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with one person who used the service and four relatives about their experience of the care provided. We spoke with the manager, the care co-ordinator, the provider's clinical director and two care workers.

We reviewed three people's support plans, including medicines records, one staff recruitment record, records of accidents, incidents and the provider's quality assurance checks.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives felt they received a safe service. One relative told us, "I am never worried about the care and would say [name] is safe in their hands." Another said, "I have absolutely no worries about [name's] safety. I have peace of mind."
- The provider had a safeguarding policy and procedure to protect people from harm. This included safeguarding training for staff, so they knew how to protect people from abuse.
- Staff had a good understanding of what constituted abuse and their responsibility to report this to the registered manager to keep people safe. One staff member told us, "I would report it to the manager and we have a safeguarding number on the wall in the office we can phone."
- Staff were aware of the provider's whistleblowing policy and knew they could share concerns about other staff's practice or about their work place in confidence.

Assessing risk, safety monitoring and management

- Risks to people's safety and wellbeing were identified, assessed and managed. Each person's care plan informed staff of the actions they needed to take to keep people safe and reduce the risks of harm.
- Staff knew about risks to people's health and wellbeing and understood risk management was an important aspect of their day to day responsibilities. One staff member told us, "We are always visual about what they have got around them such as rugs where the corner is coming up. We reduce the risks around the house and prompt them to walk with walking aids if they have them."
- People's home environment was assessed to identify safety risks to both people using the service and the staff supporting them.

Staffing and recruitment

- There were enough staff to ensure people's needs were met. People received care and support from a consistent staff team who were familiar with their needs. A relative commented, "We always has the same staff and I think they really know [name] which means they notice any changes."
- People told us staff arrived when they expected them to and completed all their care tasks without rushing. One relative told us, "They have never left us in the lurch. I don't recall them ever being late."
- The care co-ordinator knew people well and was available to cover any unexpected staff absence.
- Staff had been recruited safely. All required pre-employment checks had been carried out including Disclosure and Barring Service [DBS] checks and obtaining references from previous employers.

Using medicines safely

- Where people required assistance with medicines, this was clearly recorded in their care plan.

- Staff were trained to administer medication and regular competency checks were carried out to ensure they remained safe to do this.
- Staff recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. Medicines records were checked regularly to make sure there were no mistakes.
- One person was on a medicine to be given 'as and when required' for anxiety (PRN). Whilst the provider had a policy for giving PRN medicines, there were no guidelines which informed staff when this specific medicine should be given. The manager subsequently sent us confirmation the person's care plan had been updated with the relevant guidance.

#### Preventing and controlling infection

- Staff had completed infection control training and followed good infection control practices.
- People confirmed staff used personal protective equipment (PPE) to help prevent the spread of healthcare related infections.

#### Learning lessons when things go wrong

- Staff completed reports when a person had been involved in an incident or accident. These were checked by senior staff to ensure appropriate actions had been taken.
- Trends were monitored by the provider to mitigate future risks and encourage learning. This included shared learning with other services in the provider group.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs were assessed so the provider could be assured they could meet the needs of people who were new to the service. One relative told us, "They came out and assessed [name] in the care home and really took the time to understand his mobility."
- Where people had complex medical conditions, the provider's clinical director, a registered nurse, supported the assessment of needs. They liaised with other healthcare professionals to develop the person's care plan based on best practice and current guidance.
- People's diverse needs were considered during the assessment process.

Staff support: induction, training, skills and experience

- People told us staff knew how to meet their care and support needs effectively. One relative told us, "All I can say is I have been very impressed with all of them."
- Staff completed regular training to keep them up to date with best practice. The provider designed their own training courses which met all legislative and regulatory requirements and incorporated the company's policies and procedures.
- Staff were happy with the quality of the training which gave them confidence in their role. One staff member told us, "They take time to make sure you have understood everything and taken it all in and are happy to answer questions or go through anything we are having problems with."
- Where necessary, the provider ensured training was available to meet specific healthcare needs. For example, a staff member told us, "One person had a back brace and we went for training in the hospital, so we knew how to put the back brace on safely."
- Senior staff completed regular 'spot checks' of staff practice to ensure they effectively implemented their training when delivering care and support.
- Staff felt well supported and had regular supervision with their managers to discuss their training and developmental needs.
- New staff completed an induction and worked alongside experienced staff until they felt confident to work alone and unsupervised.

Supporting people to eat and drink enough to maintain a balanced diet

- Where people required support to eat and drink, information about their needs and preferences were recorded in detail in their plans.
- Where people were at risk of not eating and drinking enough, staff sat and ate with people to encourage

them to eat and drink well. One relative explained how this had improved their family member's health and told us, "Since this care package, he has improved no end as he is eating properly. They (staff) encourage fluids and they do so by sitting with him which encourages him."

Ensuring consent to care and treatment in line with law and guidance

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 take decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the MCA.

- At the time of our inspection, every person receiving support had the capacity to make their own every day decisions about their support needs.
- Staff had received training on MCA and understood the importance of ensuring people's rights were protected.
- People were asked if they had given authorisation to any other person to make decisions about their care in the future, for example by making a Lasting Power of Attorney (LPA).
- Managers understood their responsibilities under the MCA if it was felt people's capacity to make decisions impacted on the support they required to keep them safe.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Staff worked with other professionals to ensure people had access to the right support and help.
- When staff had concerns about people's health or wellbeing, they ensured people received the medical care they required. One relative told us, "The staff can 100% recognise if [name] is unwell. One time a member of staff was worried about a rash he had, and she rang the emergency doctor and waited with him. She didn't tell us to do it, she did it. She was worried and rightly so as the doctor arranged hospital admission."
- People's oral health needs and the support they needed were considered as part of care planning.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives all spoke very positively about the caring and compassionate staff who provided their care and support. Comments included: "The carers are really good with [name]. The general approach is just brilliant, they are calm, patient and encouraging", "[Name] thinks they are good company and looks forward to them coming" and, "They are lovely people and I am very happy to have their help."
- People received continuity of care from staff who knew about their needs and abilities. Staff told us they visited the same people regularly and understood the importance of developing positive relationships with people and their families. One staff member told us, "You can spend time with people, get to know them, get to know the things they like and improve their life."
- Relatives spoke of staff taking time with people and doing extra tasks that made life easier for them. For example, staff had reorganised one person's cupboards because they recognised the person was struggling to reach things independently. One relative explained, "I know full well they do extra things like checking the bins. It isn't technically what they should do but they are very proactive."
- Relatives told us they were kept informed of anything relating to their family member's care. One relative commented, "There have been occasions when [name] has had a bad night and is a bit confused in the morning and I have had calls about that."
- Staff had been trained in equality and diversity. People were treated as individuals and their protected characteristics, such as their age, gender and lifestyle choices, were recognised and supported.
- Staff were motivated because they felt valued and cared for by the managers. One staff member told us, "They (managers) are always saying you are appreciated and everyone will go that extra mile to make it easier for people in their homes."

Supporting people to express their views and be involved in making decisions about their care

- People's care plans evidenced their involvement and information was recorded around how people liked to be supported with their daily needs.
- Staff listened to people's views to ensure people's wishes and choices were respected. One relative told us, "If staff ask, 'what would you like to do' [name] struggles with that, so he needs things communicating in a special way, and they do that."

Respecting and promoting people's privacy, dignity and independence

- People were encouraged to maintain their independence and do things themselves to increase their confidence. One relative told us, "[Name] couldn't walk so needed two people. The staff are encouraging him, and he can walk again now. They get him to walk with his frame."
- Staff ensured people received the support they needed whilst maintaining their dignity and respect and

this was reflected in people's care plans. For example, where people had expressed a preferred name, they were referred to by that name throughout the care plan.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; Supporting people to develop and maintain relationships to avoid social isolation

- People received care that was personalised to their needs because they and their relatives were involved in developing their plans of care. One relative told us, "There is a care plan which I drew up with [name] and [care co-ordinator] and they have fulfilled that perfectly. We have worked together."
- Care plans contained information from the person's perspective and gave staff detailed instructions about what to do on each visit. This ensured people's preferences were met. One staff member told us, "I feel confident enough to go to a new client I know nothing about, I could read the care plan and know what I needed to do."
- Relatives told us staff were responsive to people's changing needs and their physical and mental health. One relative told us, "They said they needed to send two staff to begin with for [name's] safety which we didn't have a problem with. But once he improved they were responsive and changed the staffing levels he needed." Another relative said, "I don't know what it is they have done but there has been a dramatic improvement in mental and physical ability."
- There was information in people's care plans about their background and history. Staff used this information to build relationships and meet people's social needs. One staff member explained, "They all have life stories in their care plans which is great because when you are with a new client they are conversation starters." Another told us, "A lot of people do get lonely as they get older and we do try and take them out, even if it is only a coffee at the garden centre."

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were considered as part of the assessment process and reflected in their care plans.
- Where a need was identified, information could be presented in a different format to aid people's understanding. For example, one person had a sight impairment and their care plan had been produced in a bigger font to make it easier to read.

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and had received one formal complaint in the last 12 months. These had been actioned in accordance with the complaints policy.
- People and relatives were confident if they had any concerns or worries, they would be listened to and

action taken to address their concerns. One relative told us, " I would feel comfortable to complain. I know the manager and I have her direct number. I have absolutely no doubt they would look into any issues we have but we don't have any."

#### End of life care and support

- No one at the service was receiving support with end of life care at the time of our inspection visit. The manager confirmed people could be cared for by the service and staff would work with other healthcare professionals to ensure people could stay in in their own homes at all stages of their lives.
- Some people had Do Not Attempt Resuscitation (DNAR) agreements in place. This information was clearly identifiable to any staff member reading the person's support plan in an emergency.

# 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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People and their relatives were positive about the service they received and felt it improved outcomes for people. Comments included: "The service is fantastic, and I can't praise them enough" and, "They are very compassionate. I know it's a business, but you don't feel like that. You feel like they really care."
- Relatives told us they would not hesitate to recommend the service to others. One told us, "I would recommend it 100%" and another commented, "The way they interact with [name] is so caring and I can recommend them without reservation."
- Staff spoke positively about the management support and team work that enabled them to provide consistent and effective support. One staff member told us, "It is a good company. I think they do care about us and if there are problems we feel comfortable enough to ask them for help or guidance." Another said, "Everybody is great to work with and gets on well. We are a nice little team."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The manager undertook regular checks of the quality of the service. For example, people's daily records and medicines records were checked every month to ensure they accorded with people's care plans. When errors or omissions were identified, care staff were reminded of the importance of accurate recording and given further supervision.
- The provider had systems in place to monitor the quality of the care provided. The provider's clinical director completed regular audits and produced an action plan to address any areas of improvement identified. Actions were signed off once completed.
- The provider understood the legal requirements of their role including submitting certain notifications to us (CQC).

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The provider's quality assurance process included formal and informal opportunities for people to give their views of the service. People were asked about the service they received during reviews of their care and 'spot checks' of staff practice. One relative told us, "[Care co-ordinator] comes round at least once a year to do a review and ask if everything is going the way you want."
- There was a 24-hour on call number for people to call if they had any concerns or issues. This connected people to either the manager or care co-ordinator who dealt with the issue as quickly as possible. One

relative told us, "I can ring them up and have good discussions with them and they want to help us solve any problems we have."

- Staff had opportunities to share their views and opinions about the service provided at regular staff meetings and individual meetings with the manager or care co-ordinator. One staff member told us, "The management are approachable, if you have got a problem you can go straightaway, and they follow things through, so you feel like you have achieved something. If you have brought something to their attention you know it will be dealt with."

Continuous learning and improving care; 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.

- The manager and provider understood their responsibilities to share information under the duty of candour regulations. The provider's clinical director told us, "It is about being transparent with all services, making sure if anything untoward happens that we notify the relevant people to make sure it can be fully investigated and then implementing policies and procedures to reduce the risk of it happening again."
- Learning from concerns and incidents contributed to continuous improvement. For example, in response to a complaint, staff had received face to face training in the importance of accurate monitoring of food and fluid intake.

Working in partnership with others

- Staff liaised with health and social professionals to ensure people's health and social care needs could be effectively met. This enabled people to enjoy healthier lives in their own home.