

Quality Health & Homecare Services Ltd

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Inspection report

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20 August 2018

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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

The inspection took place on 16 and 20 August 2018 and was announced.

Quality Health and Home Care Service is registered to provide personal care to people in their own homes. Quality Health and Home Care Service is a domiciliary care agency. It provides personal care to people living in their own homes. At the time of this inspection visit, 11 people received personal care.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated regulations about how the service is run.

At the last inspection in March 2016 the service was rated as Good. At this inspection we found the quality of care had been maintained and people continued to receive a service that was well led, providing safe, caring, effective and responsive care and support that met their needs. The rating remains 'Good'.

People felt safe using the service and staff understood how to protect people from abuse and harm. There were procedures to keep people safe and manage identified risks to people's care.

People had a detailed assessment of their health and social care needs before they used the service. Care plans contained detailed information to enable staff to provide people with the appropriate care and support for their needs. People's care needs were regularly reviewed. The care manager maintained regular contact with people, or their relatives, to check the care provided was what people needed and expected. People and their relatives told us staff were reliable and stayed for the time needed. People were treated with dignity and respect.

Where medicines were administered, staff were trained and assessed as competent to do so safely. The provider had a recruitment process that had suitable checks to ensure that prior to staff starting work they were suitable to support people who used the service.

People knew how to complain and information about making a complaint was available for people when they started using the service. There was a system to log and action any complaints or concerns that people had raised.

Staff felt there could be better access to training, although all staff felt they were supervised and supported in their roles. People were assisted to access health services when needed and staff worked well with other health and social care professionals.

The principles of the Mental Capacity Act (MCA) were followed by staff. People's decisions and choices were respected and people felt involved in their care. People were supported to have choice and control of their

lives and staff sought permission before assisting them.

Effective governance systems provided the registered manager with an overview of areas such as care records, medicine records and call times to assure themselves, people received a service they expected.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well led.	Good ●

Quality Health and Homecare Services Ltd

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 gave the registered manager 48 hours' notice that we would be visiting their premises on 16 August 2018 to carry out our comprehensive inspection and we returned announced on 20 August 2018. We gave them notice so they could arrange to be there and arrange for staff to be available to talk with us about the service. The visit on 16 August and 20 August 2018 was conducted by one inspector.

Prior to our inspection visit we reviewed the information we held about the service. This included any information received from local authority commissioners. Commissioners are people who work to find appropriate care and support services for people, and fund the care provided. We also looked at statutory notifications sent to us by the provider. A statutory notification is information about important events which the provider is required to send to us by law.

During our inspection visit we spoke with the registered manager who was also the provider and the nominated individual. We spoke with other staff that included the care manager, a field supervisor and a support worker. Following our visit we spoke with two people who used the service, three relatives and two staff by phone. We reviewed four people's care records to see how their care and support was planned and delivered. We also reviewed records such as staff training records, care call rotas, medicine records, risk assessments, care plans and records associated with the provider's quality checking systems. We used this information to help us make a judgement about the service.

Is the service safe?

Our findings

At this inspection, we found the same level of protection from abuse, harm and risks as at the previous inspection. People continued to be protected from abuse by staff that understood and followed safeguarding procedures. The rating continues to be Good.

People and relatives told us that people were kept safe. One person said, "They [staff] look after me well and I never feel unsafe." Relatives felt confident that the care and support staff gave was safe. Staff demonstrated an understanding of their responsibilities to safeguard people from harm. They knew what to do and who to contact if they had any concerns about a person's safety. The provider and the care manager where needed, took positive steps to work with other agencies to keep people safe. We saw examples in the providers records where the local authority had been contacted with concerns that had been raised by staff supporting people.

People had detailed assessments of their needs and comprehensive care plans and risk assessments to provide staff with guidance about how to reduce risks to the care people required. For example, one care plan we looked at provided detailed information for staff on how to support a person to move safely around their home. Another plan detailed what staff needed to do in relation to ensuring medicines were stored safely in a person's home so that the person remained safe when alone.

We looked at detailed risk assessments that incorporated information gathered from other agencies and people that were involved with the person, including family. Staff told us the information they contained was accurate and up to date. During the inspection visit a member of staff came to speak to the care manager about some concerns they had regarding the mental and physical health of a person they supported. We could see that the care manager took immediate steps to ensure the person was safe including contacting the family and the doctor.

People and relatives told us staff were punctual, and stayed for the expected length of time. The provider told us that they took pride in providing a service that was reliable. The care manager told us that they had complete confidence that staff worked to the times that had been agreed with people. All the feedback we received from people and their relatives demonstrated this. They told us that all staff were expected to record the times they arrived and left on the daily record sheets, which were then reviewed monthly by the care manager.

Staff told us there were enough staff available to cover the daily calls and safely meet people's needs. Senior staff including the care manager were experienced care staff and they told us they would complete care calls to cover for any staff absence that would not otherwise be covered.

There were recruitment processes to ensure that only people of suitable character were employed. This included the gathering of previous employment references and checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. All staff we spoke with confirmed they had been subject to a robust recruitment procedure and that checks had to be clear

before they commenced working alone

We looked at how medicines were managed by the service. People who had medicines administered told us they had their medicines at the times they expected. Staff told us they could only administer medicines once they had been trained and assessed as competent to do this safely.

People and relatives told us medicines were administered as prescribed. Staff recorded in people's records when medicines had been given and signed a medicine administration record (MAR) to confirm this. MARs were reviewed regularly as part of the providers quality assurance systems. Where errors had been identified, for example a missing signature, there was evidence this had been discussed by the registered manager with the staff member responsible. We did not identify any concerns from the records we looked at.

People and relatives told us that they had no concerns with staff cleanliness or how they left their property. Staff told us that aprons and gloves were always readily available for them to collect from the office when needed.

Is the service effective?

Our findings

At this inspection, we found staff continued to have the experience and skills to ensure that people's needs were met as effectively as we found at the previous inspection visit. People were supported with their health and nutritional needs and the rating continues to be Good.

People and relatives were confident in the skills and knowledge of the staff. All new staff undertook induction training when they first started to work for the service and all staff had completed the Care Certificate. The Care Certificate is a nationally recognised set of standards to ensure staff have the right skills, knowledge and behaviours. However, staff felt access to training could be improved. They told us they had completed the basic training needed to carry out their roles but there was no provision for additional training. We found staff did not access regular updates and refresher training in areas that were important to their roles. We did discuss this with the provider who told us that refresher training needed to be recommenced with the local authority. Since the inspection visit, the provider has confirmed refresher training is planned to take place.

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

People and relatives told us that staff respected people's choices. Staff demonstrated knowledge of the principles of the MCA and told us they always provided people with choice and respected their wishes. The care manager demonstrated a good understanding of who to involve when a decision needed to be made in a person's best interests.

People who required assistance with meals and drinks were supported to have what they wanted to eat and drink and to meet their own nutritional needs. People told us that food was prepared how they liked it and at the time they wanted.

People were supported to attend health appointments where required. People's records showed us, the provider, registered manager and staff liaised with a range of health and social care professionals, including doctors, nurses and social workers. Where professionals had requested additional monitoring or observations this had been carried out reliably and professionally. We saw an example where a concerned member of staff was awaiting further contact from the doctor in relation to what they needed to do next to best support the person.

Is the service caring?

Our findings

At this inspection, we found people continued to receive care from a staff team that was kind and that treated them with dignity and respect. The rating continues to be Good.

People and relatives spoke positively about the level of care shown by staff. One person said, "They are the best." A relative said, "I could think of no other agency that could provide the care [person] receives." Staff spoke fondly of the people they supported and demonstrated empathy and kindness in their recollections of the people they supported. It was clear the staff we spoke with cared about the people they supported and that staff took a great amount of pride in what they did.

Staff had good knowledge and understanding of the needs of the people they supported. They knew about people's preferences and told us they treated people with the dignity and respect they deserved and expected. This was confirmed by the people we spoke with. All people's records were personalised containing important information regarding their interests, personal history and needs.

People and relatives felt staff treated them as individuals and all assessments and care plans were individually tailored to their needs. The care manager told us that families often had a part to play in decision making regarding their relative's care. The care manager explained that they always tried to involve the person themselves in the decisions about their care. From the records we looked at and the people we spoke with it was clear that the approach was person centred.

People were supported to be as independent as possible. Care plans described the support and encouragement people needed that continued to promote their independence. Staff told us that they supported people to do certain tasks rather than just doing everything for the person. One person told us how staff encouraged them to participate in aspects of their personal care. They told us this made them feel useful and gave them control over what they could do.

All staff had training in equality, diversity and human rights. Staff demonstrated an approach that was non-discriminatory, and we were assured that regardless of people's abilities, race, culture or sexuality they would be treated equally.

Is the service responsive?

Our findings

At this inspection, we found people continued to receive care that was personalised and responsive to changes in their needs. The rating continues to be Good.

People and relatives told us they continued to feel involved in how their care and support was planned and reviewed. One relative said, "We have contact quite often with [care manager]. They keep us updated and involved." Regular contact was maintained with families and professionals to ensure identified care needs continued to be relevant. Staff demonstrated how they always involved the people they supported in their care.

Staff continued to understand the needs and preferences of the people they supported. Staff explained what actions they needed to take to safely support people with their personal care needs. Where required, care staff followed guidance from health and social care professionals to ensure people's needs continued to be responded to.

We looked at four people's care records. All records had assessments of people's care and support needs. There were regular reassessments of people's needs and these involved the person themselves as well as people important to them including family members.

People and relatives felt the times and length of calls were tailored around people's needs. One relative told us how the care manager had supported them to get appropriate levels of support agreed with the local authority. We could see where this flexible approach had meant that a person that staff had current concerns over had the frequency and length of calls increased so that they could be monitored more closely. There had been examples where immediate arrangements had been made to ensure that a person was not left in a vulnerable state. For example, during the inspection visit the care manager was making calls to the local authority regarding concerns raised from a visit during the morning.

People had been provided with a copy of the complaints procedure and knew how and who to complain to. We saw there was a system to log complaints along with any actions taken. There had been no recent complaints but we could see where complaints had been made in the past these had been appropriately resolved.

No one received end of life care at the time of our visit. The registered manager said they had supported people who were at end of life and followed and respected people's and families wishes. They also told us they followed advice and guidance from other healthcare professionals to make sure people received the right care and support they needed, especially if people chose to stay in their own home instead of moving into a hospital or a residential or nursing home.

Is the service well-led?

Our findings

At this inspection, we found there continued to be good governance and management of the service. The rating continues to be Good.

People and relatives were complimentary about the management of the service. They told us the care manager and management team were approachable. The provider who was also the registered manager, delegated day to day responsibility to the care manager to manage the service. Whilst the provider did not have day to day contact with people and relatives, they maintained regular contact with the care manager. They said this worked well because they were kept up to date with what was happening with staff and the people they supported. They said if any response was needed by them, it could be taken without delay.

The care manager told us they completed regular visits and care calls to people. They told us this was not only to gain feedback from people about their care, but to also gain the staff's experience of providing the care and support. They felt this was invaluable in understanding what they expected from staff.

Staff told us they felt valued and supported by the management team. One member of staff said, "[Care manager] is excellent. So good in their support and understanding." There were regular team meetings and staff received regular supervision which provided them with opportunities to share feedback or issues they had. However, staff did tell us that they were frustrated at the lack of refresher training, but that this had been raised with the care manager, who in turn communicated this to the provider. The provider told us that they were aware of staff frustrations and had started to look at how to recommence the training with the local authority.

There were effective governance systems which enabled the management team to have good oversight and monitoring of areas such as daily records, care plans, risk assessments and medicine records. In addition, there were unannounced spot checks carried out by the care manager and supervisors who told us there were currently no concerns over staff practice.

There was an effective system for monitoring call times. We asked the care manager how they ensured that staff turned up on time, or if a call had been missed. They showed us there was a procedure where staff contacted the on-call person to inform them if they were going to be absent or late. There had not been any missed or late calls. Times of calls were written onto the daily records that were then checked every month. Both the provider and the care manager acknowledged that this system functioned well for a small service but as the service increased in size an alternative system would be considered.

The provider had submitted statutory notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns and can monitor the service effectively.