

Quality Care Services (Derbyshire) Limited

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Inspection report

Unit 4 & 5, 229 Derby Road
Chaddesden
Derby
Derbyshire
DE21 6SY

Tel: 01332691000

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22 September 2020

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18 December 2020

Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

Quality Care Services (Derbyshire) Limited is a domiciliary care agency. It provides care for people living in their own houses and flats. People are supported in their own homes so that they can live as independently as possible. CQC regulates the personal care and support. There were 186 people using this service at the time of our visit.

People's experience of using this service:

People told us they felt safe with staff, however there were mixed reviews regarding wearing appropriate PPE as some people told us that staff wore full PPE and others didn't.

Medicines were not always managed safely. There was a process in place to check MAR charts when they were returned to the office, however, this was not always effective and mistakes in handwritten entries had been missed.

Quality assurance processes were in place, however, these were not always effective in monitoring and managing the service. The provider was unsure of when notifications should be submitted to the Care Quality Commission. We found that some incidents we reviewed on our visit should have been notified through the provider portal. At our last inspection we recommended that the provider looked at the guidance for reporting notifiable incidents.

Staff training was up to date and staff received supervision of their practice, training was carried out by eLearning and staff received practical training on moving and handling on induction. People had access to health professionals when they needed specialist assistance, or their health needs changed.

Management of the service was not consistent in all areas. Managers had responsibilities for specialist areas, but it was not clear how the registered manager had clear oversight of the service.

People's care records contained guidance for staff on how to support them. The care records had been reviewed since our last inspection and had relevant risk assessments in place. Complaints were responded to in line with the provider's complaints policy a copy of which was given to people with other information on the service.

Rating at last inspection and update: The last rating for this service was requires improvement (published 8 October 2019). At this inspection the service had remained the same.

Why we inspected

This was a focussed inspection due to concerns about the service within quality monitoring and management oversight.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection 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?

Requires Improvement ●

The service was not always Safe.

Details are in our Safe findings below.

Is the service well-led?

Requires Improvement ●

The service was not always Well-Led.

Details are in our Well-Led findings below.

Quality Care Services (Derbyshire) Limited

Detailed findings

Background to this inspection

The inspection:

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 was carried out by two inspectors, an assistant inspector and two Experts by Experience.. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type:

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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 48 hours' notice of the inspection. The visit took place on 22 September 2020 at the office location site visit to see the manager and office staff; and to review care records and policies and procedures.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included checking

incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with 13 people and six relatives and asked them about the quality of the care provided to them or their family members. We spoke with nine care staff, three managers and the provider.

We reviewed a range of records. This included all or parts of records relating to the care of nine people as well a range of staff files. We also viewed training and supervision records and records relating to the safety and management of the service.

After the inspection

We asked the registered person to provide us with a variety of additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has changed to Requires Improvement.

This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely

- People's medicines were not always managed safely. MAR charts were returned to the office where a manager checked the entries and kept a record of any errors or omissions. We saw that on several of the sheets, errors had been made and the manager had not picked this up. This meant that the incident was not raised with the staff member responsible and preventative action not taken. This meant that people were at risk of medicines not being administered safely. The provider told us that they would put further checks in place to mitigate the risk.
- Staff have their competencies checked after they have received training in medicines. This checked that staff are sufficiently trained and competent to give people their medicine.

Preventing and controlling infection

- Staff were trained in infection prevention and control, however, people told us that although most staff wore PPE, others did not wear it and some did not change PPE between tasks. This meant that people were not safe from the spread of infection. The provider told us that all staff knew that it was a mandatory requirement and they would follow this up.
- The provider told us that all staff had enough PPE and they had always had enough stock to ensure that staff could change as regularly as they needed to.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong.

- There was no evidence that information had been collated effectively to inform management of future actions. Audits and checks were in place but not managed effectively.
- The risks to people's safety had been recorded during people's initial assessment prior to them starting to receive personal care. Records showed that risks identified had resulted in detailed care plans and risk assessments added to each person's records. This included the support people required with their medicines. These could be developed further as people's needs changed.
- Regular checks of people's home environment were carried out. The regular reviewing of these procedures helped to reduce the risk to people's safety.

Staffing and recruitment

- People told us that staff were pleasant and treated them well and provided them with good care and support.
- The provider did not have a formal dependency assessment to calculate staffing levels throughout the

service. People told us that they felt that there was enough staff to meet the needs of people using the service. Staff told us that they felt that staffing levels were good and that staff were able to manage calls.

- People were happy that they maintained a regular and familiar staff team.
- Staff were recruited safely and checks had taken place regarding criminal records and references had been taken prior to people commencing employment.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the signs of abuse and could explain how they would report any concerns they had and felt these concerns would be acted on by management.
- The provider had the systems in place to ensure the local authority 'safeguarding team' were notified of any allegations of abuse or neglect.

Is the service well-led?

Our findings

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

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has remained the same.

This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- At the time of our inspection the registered manager was not available. We spoke with the provider and managers responsible for different areas of the service. Managers were knowledgeable within their specific remit; however, we could not see how the different areas were overseen to establish a joined-up approach.
- The provider did not fully understand their regulatory requirements and did not consistently ensure that they notified us about events that they were required to by law. We discussed this during our visit to ensure that the provider knew at what stage to submit a notification.
- We saw that there were audits for medicines and the lead for medicine went through the administration sheets when they were returned to the office. However, we did see that the audits were not always carried out thoroughly as some errors in administration had been missed which posed a risk to those having medicine administered by care staff.

Continuous learning and improving care

- At our last inspection we saw that accidents and incidents were not reviewed to identify any themes and trends. There had been no improvement made in this area. Although accidents and incidents were recorded and investigated; the information was still not collated to take any preventative measures should they be required.
- We saw that the provider had a questionnaire which was sent to people and their relatives annually. This enabled the service to obtain feedback from people using the service and the nominated individual told us how this was acted upon and what improvements would be made from the feedback. However, several people told us that they had not received a questionnaire to complete.
- Team meetings were held but there was no evidence to show staff were encouraged to give their opinion or consulted on topics discussed in the meeting.
- Staff told us that managers were approachable, however one staff member said "My only concern is the lack of acting on things when things happen, they don't get addressed. If I report medication hasn't been there, it hasn't been picked up and it wasn't there. It wasn't acted on".

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

- Most people and relatives we spoke to felt they were listened to. One person said "Yes they do listen, and

they said I can always ring, and they always ring you back and they do their best"

- People told us that the staff were helpful and responded to any concerns. One person told us "I did ring and have had managers come out and saw me and talked through things with me".

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 was aware of compliance with duty of candour, however this was not always adhered to. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- There was a clear complaints policy which was in the handbook given to people who use the service. We could see how incidents and accident information had been acted upon. However, there was no evidence to show this information had been collated, so that patterns and trends could be identified.
- The provider was open to suggestions for improvement and having more robust management systems in place.

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

- The provider told us how staff communicated in different ways with people who were unable to speak. We were told that there were applications for mobile phones which were readily available which they used and worked well.
- We were told that information was available in larger print and that it could be available in braille if required. We discussed different formats with the provider and developing information in a pictorial format which they were keen to develop.

Working in partnership with others

- Staff worked in partnership with other professionals and knew who to refer on to. This including district nurses, speech and language therapists, doctors and continence nurse practitioners.