

Mrs Kelly Marie Murray

# Quality Care @ Home

## Inspection report

Unit 4 & 5 Pineapple Place  
135 Widemarsh Street  
Hereford  
Herefordshire  
HR4 9HE  
  
Tel: 01432639736

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

About the service:

Quality Care @ Home is a domiciliary care service that provides personal care to people in their own homes. Not everyone using the service receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, 73 people were using the service.

People's experience of using this service:

People's medicines records were not always completed in line with good practice guidelines. The provider had not always informed CQC about safeguarding issues involving the people who used the service, in accordance with their registration with us. Although prospective staff underwent pre-employment checks, these did not include a review of any gaps in their employment. The provider needed to improve the effectiveness of their quality assurance systems and processes.

People were protected from harm and abuse by staff who received training and support from the provider to enable them to work safely. People received a consistent and reliable service from the provider. Risks associated with people's individual care needs were assessed and plans put in place to manage these. The provider took steps to protect people, staff and others from the risk of infections.

New staff received an effective induction to help them understand and settle into their new roles. People's needs and wishes were assessed before their care started and then kept under regular review. The provider worked proactively with a range of community health and social care professionals to achieve positive outcomes for people. Staff sought people's permission before carrying out their care and supported their decision-making.

Staff approached their work with kindness and compassion, and treated people with dignity and respect. The provider encouraged people and their relatives to share their views on the service, and listened to these.

People's care and support was adjusted to their individual needs and requirements. Staff read and followed people's care plans. People and their relatives knew how to raise any concerns or complaints with the provider.

The provider promoted a positive and inclusive culture within the service, based upon open communication with others and respect for their views. Staff felt valued, well-supported and were clear what was expected on them at work. The provider sought to involve people, their relatives and staff in the service.

We found the service met the requirements for 'Requires Improvement' in two areas, and 'Good' in the remaining three areas. 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:

At the last comprehensive inspection, the service was rated 'Good' (inspection published on 12 November 2016). At this inspection, the overall rating of the service was 'Requires Improvement'.

Why we inspected:

This was a planned inspection based on the service's previous rating.

Enforcement:

We have identified a breach in relation to the provider's failure to tell us about two safeguarding issues involving the people who used the service.

Please see the action we have told the provider to take at the end of this report.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our inspection programme. If any information of concern is received, 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 not always safe.

Details are in our Safe findings below.

**Requires Improvement** ●

### 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 not always well-led.

Details are in our Well-led findings below.

**Requires Improvement** ●

# Quality Care @ Home

## **Detailed findings**

### Background to this inspection

The 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 checked 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.

Inspection team: The inspection was carried out by 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.

Service and service type: Quality Care @ Home is a domiciliary care agency. It provides personal care to people living in their own homes in the community.

The service is not required to have a manager registered with the Care Quality Commission, as the provider is an individual. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

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

What we did when preparing for and carrying out this inspection:

Before the inspection, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We sought feedback on the service from the local authority and local Healthwatch.

Prior to our inspection, 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 took this information into account during the planning of our inspection of the service.

During the inspection, we visited the provider's main office to review documentation and speak with staff and management. Following this office-based inspection visit, the Expert by Experience contacted people and their relatives by telephone to obtain their feedback on the service.

We spoke with five people, three people's relatives, two community health and social care professionals and the provider. We also spoke with the provider's human resource manager, three senior care staff and two care staff.

We reviewed a range of records. These included seven people's assessment and care records, accident and incident records, complaints records, medicines records and three staff recruitment records. We also looked at selected policies and procedures, staff training records and records associated with the provider's quality assurance activities.

# Is the service safe?

## Our findings

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

At our last inspection on 29 September 2016, we rated this key question as 'Good'. At this inspection, we found the provider needed to make improvements in the service.

Requires improvement: 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

- The provider had systems and procedures in place designed to ensure people had the level of support they needed to manage and take their medicines safely. However, these systems and procedures were not sufficiently effective or robust. We found people's medication administration records (MARs) had not always been fully and accurately completed. This included a number of unexplained gaps in recording to confirm whether people had received their medicines as prescribed. There was also a lack of clear written directions on the expected use of people's topical medicines. The term 'topical medicines' normally refers to medicines applied directly to a person's skin, such as creams and ointments. In addition, the medication stock count recorded on people's MARs had not been consistently completed by staff. We discussed these issues with the provider who assured us they would address these as a matter of priority.
- People and their relatives were satisfied with the level of support staff provided with medicines. One person told us, "I am able to take my own [medicines], but they [staff] do prompt me when they come."
- Staff received training in the provider's medicines procedures, and their competence in handling and administering medicines was checked during regular unannounced spot checks.

### Systems and processes to safeguard people from the risk of abuse

- Staff had received training in, and understood, how to recognise and report abuse involving the people they provided care to. They told us they would report any witnessed or suspected abuse to the provider without delay.
- Staff members' understanding of their role in protecting people from abuse was checked during regular supervision meetings with the provider's human resource (HR) manager.
- The provider had systems and procedures in place designed to ensure the relevant external agencies were notified of any abuse concerns involving people who used the service. We found that whilst the provider had raised appropriate alerts with the local safeguarding adults team, and had acted to keep people safe, they had not always told us about abuse concerns as they are required to do.

### Staffing and recruitment

- People and their relatives told us they received a consistent and reliable service from the provider. One person told us, "They [staff] are usually on time ... If they are going to be a bit late, they let me know. They never miss a call."
- The provider had a system in place to track staff's movement and ensure they arrived punctually for people's care calls and stayed with them for the agreed amount of time.

- Staff confirmed they were given adequate travel time between people's care calls, and praised the provider's hands-on approach in helping to cover people's calls during unplanned staff absences.
- The provider carried out pre-employment checks on prospective staff to ensure they were safe to work with people. These included requesting employment references and an enhanced Disclosure and Barring Service (DBS) check. However, the provider did not obtain details of job applicants' full employment histories, in order to explore any gaps in employment with them. We discussed this issue with the provider, who assured us they would adjust their recruitment procedures accordingly.

#### Assessing risk, safety monitoring and management

- People and their relatives felt staff provided safe care and support in their homes. One person told us, "They [staff] use the hoist to move me to my wheelchair and I always feel safe with them." A relative said, "They [staff] make sure [person] is safe going upstairs, if that's what [person] wants to do."
- The provider had procedures in place enabling them to assess, record and review the risks associated with people's care and support needs. This included an assessment of people's home environment, their mental health needs, their mobility and the risk of skin breakdown.
- Plans had been developed to address identified risks and keep people safe. For example, where people were at risk of pressure sores, staff applied barrier creams, provided support with repositioning and monitored the condition of their skin, as appropriate.
- Staff showed good insight into the risks to individuals. They confirmed they read and referred back to people's risk assessments and care plans to understand these risks.
- Staff told us they were kept fully up to date with any changes in people's needs and the risks associated with their care. This was achieved, amongst other things, through use of a secure group messaging application, staff communication books in people's homes, and regular phone or email updates from the provider.

#### Preventing and controlling infection

- The provider had taken steps to protect people, their relatives and staff from the risk of infections.
- Staff were provided with appropriate personal protective equipment (disposable gloves and aprons) to reduce the risk of cross-infection. People and their relatives told us they made consistent use of these.

#### Learning lessons when things go wrong

- The provider had systems and procedures in place to enable staff to record and report any accidents or incidents involving the people who used the service. The staff we spoke with were aware of these reporting procedures.
- We saw the provider monitored these reports and acted to prevent things from happening again.



# 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

At our last inspection on 29 September 2016, we rated this key question as 'Good'. At this inspection, we found people continued to receive effective care and support that achieved positive outcomes for them.

Good: 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 and their relatives commented positively on the overall standard of care provided.
- Before people's care started, the provider met with them and, where appropriate, their next of kin to assess their individual needs and requirements and ensure the service was able to meet these.
- Staff underwent regular unannounced spot checks to ensure they were delivering care in line with the provider's procedures and expected standards.

Staff support: induction, training, skills and experience

- People and their relatives had confidence in the competence of staff. One person said, "I think they [staff] are [well trained], but, more importantly for me, their attitude to their work is excellent." A relative told us, "They [staff] are all well trained and know [person] very well now."
- New staff completed the provider's induction training to help them settle into and understand their new roles. As part of this, they worked alongside ('shadowed') more experienced staff to learn from them. Staff spoke positively about their induction experience. One staff member said, "It [induction] was really good. I had as much time as I needed to feel comfortable before I went out on my own. The person I shadowed went through all I needed to know, and I did all my training beforehand."
- Staff received ongoing training to give them the knowledge and skills they needed to work safely and effectively. Staff felt their training needs were fully met. One staff member told us, "It [training] is very good. It's very informative and we are learning new things all the time. [Provider] keeps us updated."
- Staff had regular one-to-one meetings ('supervisions') with the HR manager, during which they could raise any work-related issues or training requests, and received constructive feedback on their work.

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

- People and their relatives told us staff gave people the level of support they needed to prepare meals and drinks. A relative said, "[Person] is not able to cook, so they [staff] will heat meals up for them. They sometimes have to encourage [person] to eat as well."
- Where necessary, the provider sought specialist advice to help them meet any complex needs or risks associated with people's eating and drinking. They also maintained food and fluid records, where appropriate, to assist community professionals in monitoring people's nutrition and hydration.

Staff working with other agencies to provide consistent, effective, timely care

- Staff and management worked effectively with community health and social care professionals to ensure

people received joined-up care. A community professional told us, "They [provider] recognise when someone is in crisis and contact the relevant professionals ... If any interventions are needed, [provider] always works effectively with us." Another community professional said, "They [provider] are really proactive. If they have concerns about people's health or care, they don't sit on things. They contact us or the GP straightaway."

Supporting people to live healthier lives, access healthcare services and support

- Staff monitored people's general health wellbeing and helped them to access professional medical advice or treatment in the event of an emergency or significant deterioration in their health.
- People's care files included information about their medical histories and the impact of any long-term health conditions upon their care needs. The provider made training and fact sheets available to staff to help them understand the health conditions affecting those they supported.

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 particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty to receive care and treatment with appropriate legal authority.

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

- People told us staff asked their permission before carrying out their personal care. One person said, "They [staff] will say what they are doing and ask me if everything is okay for me."
- The staff we spoke with understood people's rights under the MCA, including the need to support and respect people's day-to-day decision-making.
- Whilst decisions made in people's best interests were documented in their care records, we found these, and the formal mental capacity assessments on which they were based, needed to be recorded more clearly. We discussed this issue with the provider, who assured us they would review these records as a matter of priority.

# 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.

At our last inspection on 29 September 2016, we rated this key question as 'Good'. At this inspection, we found people continued to be treated in a caring and respectful manner.

People were supported and treated with dignity and respect; and involved as partners in their care.

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

- People and their relatives spoke positively about the caring attitude and approach staff took towards their work. One person told us, "I never feel just a number with them [staff] ... They treat me like family. If they have time they will sit and chat while I am having my tea." A relative said, "They [staff] are all lovely ... [Person] loves talking to them and they make their day - especially [staff member]."
- Staff and management showed good insight into people's individual needs. They spoke about those who used the service with clear affection and a commitment to people's continued health and wellbeing.
- The provider considered how they could support people's health and wellbeing outside of their care calls. This included organising periodic social events for people at the provider's office and distributing meals to people, who would otherwise not have a festive lunch, on Christmas day.
- Staff and management recognised the need to promote people's equality and diversity as part of their work. Staff spoke positively about the provider's inclusive approach towards these issues.

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

- People and their relatives told us the provider and staff team listened to them and respected their opinions. One person told us, "They [staff] always ask my opinion and take it on board." A relative said, "They [provider] keep me informed of any concerns and will ask my opinion."
- People's individual communication needs had been assessed and recorded to enable staff to promote effective communication with each individual.
- The provider had systems and procedures in place to encourage people and their relatives to share their views and suggestions regarding the service. These included the use of communication books within people's homes to record messages between staff and people's relatives. In addition, the management team distributed regular feedback surveys to people and their relatives, and carried out care reviews with people by telephone.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated people with dignity and respect at all times. One person told us, "They [staff] are always very respectful and never rush me ... They take their time." A relative said, "They [staff] do treat [person] with the utmost respect. Even on [person's] bad days, when they can be difficult."
- Staff recognised the importance of protecting people's rights to privacy and dignity, and gave us examples of how they did this on a day-to-day basis. This included offering people choices and respecting their wishes, protecting their modesty during personal care and maintaining good communication with people.

- The provider had systems and procedures in place to protect people's personal information and staff understood the need to adhere to these.

# Is the service responsive?

## Our findings

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

At our last inspection on 29 September 2016, we rated this key question as 'Good'. At this inspection, we found people continued to receive person-centred care.

Good: People's needs were met through good organisation and delivery

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives told us the service provided met their individual needs and requirements. One person explained, "They [staff] are very understanding and know I can only spend a certain amount of time in my chair. They make sure they come to move me." A community professional told us, "They [provider] are absolutely fantastic. They are person-centred and adjust people's care really well to their needs."
- During our inspection, we saw the management team responded promptly to staff concerns regarding one person's changing needs. This involved a concern regarding the safety of their seating.
- People's care plans were individual to them. In addition to clear guidance on people's care needs, they included information about people's personal histories to promote a person-centred approach. Care plans were reviewed and updated on a regular basis to ensure they remained effective.
- Staff told us they read and followed people's care plans. One staff member said, "The way things are set out in the care plans is literally step by step; It's everything you need to know."
- The provider was aware of the requirements of the Accessible Information Standard. The Accessible Information Standard aims to make sure that people who have a disability, impairment or sensory loss get information that they can access and understand. The provider confirmed they had the facility to produce information for people and their relatives in alternative, accessible formats upon request. Currently, they provided large-print materials to one person with a visual impairment.

Improving care quality in response to complaints or concerns

- The people and relatives we spoke with knew how to raise any complaints or concerns with the provider, and felt comfortable doing so. One person told us, "I would if necessary, but have never needed to. I would speak to [provider] if I had any problems."
- The provider had a complaints procedure in place to ensure any complaints received were handled fairly and consistently.

End of life care and support

- At the time of our inspection, the provider was not providing care and support to anyone receiving end-of-life care. The provider assured us they worked with community healthcare professionals to ensure the people's end-of-life care needs were met in line with their wishes.
- We saw the provider worked proactively to identify people's wishes regarding their future care, where assessments indicated these had not been established.

# 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 our last inspection on 29 September 2016, we rated this key question as 'Good'. At this inspection, we found the provider needed to improve the service.

Requires improvement: The provider had not always told CQC about safeguarding issues involving the people who used the service in line with their registration with us.

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

- During our inspection, we met with the provider, who is an individual and oversees the day-to-day management of the service.
- Registered providers are required by law to tell us about certain events affecting the service or the people who use it. These 'statutory notifications' play an important part in our continual monitoring of services.
- During our inspection, it came to our attention that the provider had failed to notify us of two safeguarding issues involving people who used the service. They had, however, reported these concerns, at the time, to the local safeguarding adults team and had taken action to keep people safe. We discussed this issue with the provider who acknowledged they had misinterpreted the requirement to inform CQC about safeguarding issues.

This was a breach of Regulation 18 of the Care Quality Commission (Registration) Regulations 2009.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Continuous learning and improving care

- People and their relatives felt the service was well-managed and said they would recommend it to others. One person told us, "It is very well managed. [Provider] and her team do an excellent job."
- People and their relatives spoke positively about their communication and direct dealings with the provider. One person told us, "I do know [provider] and she is always helpful if I need anything." A relative said, "We know [provider]; she is always very helpful. In fact, she came the other evening as a carer."
- The provider had quality assurance systems and processes in place, designed to enable them to monitor the quality and safety of people's care. These included a monthly audit reviewing key aspects of people's care, including their medicines records, any change in needs or refusal of care, people's falls and any missed calls. In addition, the provider organised regular unannounced spot checks on staff, and monitored any accidents, incidents, complaints or other feedback on the service on an ongoing basis. However, we found the provider needed to review the effectiveness of their quality assurance activities in light of the shortfalls in quality we identified in relation to the support people had with their medicines. The provider assured us they would strengthen their checks on people's medicines records. We will follow this up at our next inspection.

- Staff spoke about people's care and their work for the provider with clear enthusiasm, referring to the strong sense of teamwork within the service. They felt well-supported and valued by an approachable and hands-on provider who listened to their views. One staff member told us, "I love it [my job]. They are a great bunch of people to work with. [Provider] is always fair and she looks after you." Another staff member said, "It's like a big family; we are looked after so well. We can raise issues anytime, it's such a relaxed environment."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People and their relatives described open communication with the provider. Their involvement in the service was encouraged through, amongst other things, regular care reviews and the distribution of feedback surveys.
- Staff felt involved in the service and able to put their views to the provider at any time.
- The provider worked proactively and effectively with community health and social care professionals to promote joined-up care. A community professional told us, "[Provider] is fantastic. She has always contacted me with any concerns. She understands the clients [people] and directs her staff appropriately." Another community professional told us, "[Provider] is very professional and very knowledgeable. We have a good working relationship and I can rely on her."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents  The provider had not always told us about safeguarding issues involving the people who used the service in line with their registration.