

Quay Care (North Devon) Ltd

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## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

Quay care is a domiciliary care agency which provides personal care to people in their own homes. This service provides care and support to people living in one 'supported living' setting, so that they can live in their own home as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support. It also provides an enabling service to some people which we do not regulate. The service covers Barnstaple and Bideford areas. Currently they provide personal care for up to 28 people.

This agency changed location in July 2017, so this was the first inspection report to be completed in this new location. Under their previous location the service had been rated as good in all five key areas inspected. This inspection took place on 7 and 14 September 2018.

The registered provider/manager and staff showed exceptional caring towards people they provided a service for. People who used the service and professionals who commissioned the service spoke exceptionally highly about the caring ethos and understanding of the service. People and professionals consistently gave really positive feedback including "I would not use any other agency. This is the best. They know what real care is about. They go the extra mile." And "I only trust this agency. The carers who come to me are very kind and considerate and know how to help me." Staff were happy to work for the agency and said the caring was extended to them. One said "The manager is so caring. You can go to her about anything. I really feel valued." The agency made sure staff were cared for by investing in a private healthcare scheme which allowed staff to access free or discounted health care and this include counselling.

Staff were committed to ensuring people were given the best service possible, sometimes in difficult circumstances. All staff were particularly sensitive to times when people needed caring and compassionate support. Respect for privacy and dignity was at the heart of the service's culture and values. It was embedded in everything that the service and its staff did. An equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded in the service.

There were sufficient staff with the right skills and understanding of people's needs and wishes to ensure all visits were completed. People said staff were friendly helpful and arrived on time. Staff could describe way in which they respected people's dignity and privacy and worked in a way which showed kindness and compassion. People confirmed this was the case. Comments included "The always show respect and ensure dignity. They are super."

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. People's consent to care and treatment was sought. Staff used the Mental Capacity Act (2005) (MCA) and Deprivation of Liberty Safeguards (DoLS) and understood how these applied to their practice. No one was currently under a community DoLS but care plans included detail of how staff should ensure

people's mental capacity was fully considered. Staff were also aware of where relatives was involved and may need to assist in making best interest decisions.

Care and support was person centred and well planned. Staff had good training and support to do their job safely and effectively. The service had invested in electronic care plans which also included electronic daily records. This had helped to improve the overall quality of record keeping and allowed the registered manager and senior team members to access people records remotely if needed.

Risk assessments were in place for each person. These identified the correct action to take to reduce the risk as much as possible in the least restrictive way. People received their medicines safely and on time. Accidents and incidents were carefully monitored, analysed and reported upon.

People were kept safe because there were effective staff recruitment and selection processes in place. People received the right care and support from staff who were well trained and competent.

People were assisted to enjoy a wide and varied choice of meals where their care plan included this type of help was required.

Quality assurance processes and audits helped to ensure that the quality of care and support as well as the environment was closely monitored. This included seeking the views of people and their relatives.

Further information is in the detailed findings below

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

Medicines were safely managed and recorded.

People were kept safe because recruitment procedures were robust and staff understood what to do if they had concern around abuse.

Risks had been clearly identified and where needed measures put in place to mitigate those risks.

The agency was staffed at an appropriate level to safely meet people's needs.

### Is the service effective?

Good ●

The service was effective.

Staff had support, training and supervision to enable them to do their job effectively.

Staff understood their responsibilities in relation to the Mental Capacity Act (MCA) (2005) and Deprivation of Liberty Safeguards (DoLS). Staff understood how to ensure people had maximum choice in their lives when they supported them.

People were supported to maintain their health and wellbeing and their nutritional needs were well met.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People, relatives and professionals all gave glowing accounts of staffs' caring and compassionate attitude.

Individualised care for people was promoted and embedded into everyday practice. Staff were highly motivated and offered care and support that was exceptionally compassionate and kind.

Staff relationships with people were strong, caring and

supportive. Staff spoke confidently about people's specific needs and how they liked to be supported.

### Is the service responsive?

Good ●

The service was responsive.

Care plans contained information to help staff support people in a person-centred way and care was delivered in a way that best suited the individual.

People were assisted to access the local community

There were regular opportunities for people and those that mattered to them, to raise issues, concerns and compliments.

### Is the service well-led?

Good ●

The service was well led

The registered manager/provider had fostered and embedded a culture of caring and supporting people in a person-centred way.

Staff reported high levels of satisfaction at working for the agency, they felt valued and listened to.

The agency had systems in place to ensure quality audits included the views of people staff in making any improvements.

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## **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.

The first day of the inspection took place on 7 September 2018 was announced. This meant we gave short notice because the agency is small and we needed to ensure there would be someone available in the office. The second day was announced and was spent visiting people in their own home to gain their experiences of using this agency. Both days were completed by one adult social care inspector.

The provider had completed a Provider Information Return (PIR). This is a form we ask the provider to complete at least once a year. It gives us some key information about the service, what the service does well and improvements they plan to make. We looked at other information we held about the service. This included previous inspection reports and notifications. Notifications are changes, events or incidents that the service must inform us about. We contacted the local authority commissioning team, who has responsibility for monitoring the quality and safety of the service provided to local authority funded people. We received feedback from two health care professionals about their experiences of the service provided.

We spoke with six staff and seven people who used the service. We reviewed three care plans and daily notes as well as other records. These included three staff recruitment files, training records and records relating to quality audits.

# Is the service safe?

## Our findings

People said they felt safe knowing staff from Quay Care were providing their care and support. Comments included "I wouldn't want any other agency. I had them for my wife and they were excellent. Now they come and help me each morning. I couldn't do without them." And "The staff help me with anything I need. I feel secure knowing they will help me."

People were protected from the risk of abuse because staff had received training in what to look for and they knew who to report any concerns to. There had been no safeguarding alerts in the last 12 months. The registered manager worked closely with commissioning teams and kept them abreast of possible risks and safeguarding issues. Staff said they would immediately report any concerns, including if someone from Quay Care had placed someone at risk.

Staff recruitment was robust and ensured new staff were only employed once checks and references had been obtained. This included ensuring there were two references and checks with the police.

There were sufficient staff available for the number and needs of the current people receiving care packages. The registered manager said they would only consider taking new packages if they had sufficient staff to cover with some additional hours spare to help in emergencies. The registered manager and deputy both covered care hours when staff were sick or there were more than a few care workers on annual leave. There had only been one missed visit in the last 12 months and this was due to a miscommunication error. The staff member had not realised one person had been put on their rota and the text message from the senior person on call did not fully explain that they needed to cover this visit. Since this error, the service had been clear in ensuring all text messages give a concise but clear message. They were also followed up with phone calls if needed.

People's medicines were being well managed where this was an allocated task for care workers to complete. The service used medication administration records to record when they had assisted someone to take their medicines. These were regularly checked by keyworkers. Following feedback, the service had included checks on medicine records as part of their monthly review. This ensured that there were detailed records of what had been checked and whether they had picked up any errors or issues. People who had support with their medicines said they received them on time.

People were protected from risks as far as possible because risk assessments were completed and reviewed monthly or sooner if needed. For example, risk assessments were completed for safe moving and handling. Where needed this included the equipment needed to safely assist someone to move. Where people were at risk of neglecting themselves, this was clearly identified on people's care plans. Staff had guidance about what to look for and how best to support the person to stay healthy. Staff said risk assessments were an essential part of what they needed to know to keep people safe.

Infection control had been fully considered at each visit to people. Staff were provided with sufficient supplies of gloves and aprons. Staff confirmed these were available in a plentiful supply. In some extreme

instances, masks had been provided, where hygiene and odour? was an issue in individuals homes.



# Is the service effective?

## Our findings

People said staff knew them well and they felt confident they had the right skills to meet their needs. One said, "They are very good, I think they get good training."

Care workers had received training on the Mental Capacity Act (2005) (MCA) which enabled them to feel confident when assessing the capacity of people to consent to treatment. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people were assessed as not having the capacity to make a decision, a best interest decision was made involving people who knew the person well and other professionals, where relevant. Care workers demonstrated an understanding of the MCA and how it applied to their practice. No one was currently under a community DoLS but care plans included detail of how staff should ensure people's mental capacity was fully considered.

People were supported to see appropriate health and social care professionals when needed to meet their healthcare needs. Care records showed evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GP and district nurses. When care workers had identified a change in people's health, they had alerted the office and requested support to share this information with either the person's family and/or relevant medical professionals.

Care workers confirmed they had regular training in all aspects of health and safety to enable them to do their job effectively. They also had regular one to one supervisions sessions where they could discuss their training needs. This was also an opportunity to share best practice, what was working well and what they needed support to enable them to do their job. The registered manager said she was keen for staff to gain qualifications in care and supported staff in various ways to achieve this.

New staff had the opportunity to complete the Care certificate. This is a nationally recognised certificate which followed the core competencies of care work. Staff were also given the opportunity to shadow more experienced staff on visits to people's homes. The keyworker was then asked for feedback about how well the new staff member managed and whether they appeared confident enough to be able to complete home visits on their own. If a new worker felt less confident they were put with people who required two carers so they had support from a second worker until their confidence had increased.

People confirmed they were asked to consent to care and support before this was delivered and care records recorded this consent was being gained. People were happy with the support they had to eat and drink. The support people received varied depending on people's individual circumstances and contract arrangements. Some people lived with family members who prepared their meals. Others had plans which included detailed instructions about what meals care workers should prepare for people to maintain good health. Care workers purchased some people's meals and ensured they had a balanced diet. Where care workers were responsible for providing meals, they recorded and monitored the person's food and fluid intake. The service recognised the importance of meals being a social time and for some people it was important that the care worker sat with them and ate. One person said "They leave me a marmalade

sandwich, wrapped up and leave it next to me to have later. They make sure I have a hot drink and that everything is within easy reach."

# Is the service caring?

## Our findings

People who used the service and professionals who commissioned the service spoke exceptionally highly about the caring ethos and understanding of the service. One person said "I waited to have this service as I knew them from caring for my wife. They were exceptionally kind to both my wife and myself so I was prepared to wait until they had a spot for me. They always go the extra mile. They stay longer than they should to make sure they spend time chatting. They are the best!" Another person who lived in a supported living house where the agency provided care said "I have lived in many places but this is the best I have experienced. The staff are very caring. They do look after us well. I am treated as a person, I am given respect and that's important."

There was a strong, visible person-centred culture. The service ensured that staff in all roles were highly motivated and offered care and support that was exceptionally compassionate and kind. They did this via training and modelling a person-centred approach. The registered manager and deputy worked alongside staff to model their caring attitude. Staff were encouraged to discuss even the smallest changes to people's needs. Their views were listened to and where changes had occurred, the care plan was adjusted accordingly. They cared for individuals and each other in a way that exceeded expectations. For example, staying extra time to talk to people when they were low in mood. One person said that the care staff's visits were a highlight to their day. They said the extra time staff spent with them when they may not be feeling well showed they cared. Another person who was living in the supported living house said that staffs' commitment to ensuring they attended their health appointments had impacted significantly on their well-being. Staff demonstrated a real empathy for the people they cared for. For example, ensuring they had extra drinks and snacks available. Popping to the shops for extra shopping to make sure the person had everything they enjoyed.

Staff were committed to ensuring people were given the best service possible, sometimes in difficult circumstances. Some people's homes were chaotic and not always hygienic. Staff provided care and support in a way which did not discriminate and always maintained people's respect. One care worker said "We have to treat everyone as individuals. Even if we don't agree with their lifestyle and way of life, we just go in and make sure they have their needs met. We are sometimes the only person they see so we must make it the best experience and be positive, friendly and kind. Another care worker said "I treat everyone like they were my gran or relative. I always give them a little hug because people get so lonely."

Staff made sure that people got the support they needed and wanted, and were particularly skilled when exploring and trying to resolve any conflicts and tensions involved. This included when they were trying to assist someone who was highly private and was reluctant to accept personal care support. Care workers gained people's confidence and worked in a non-threatening way to assist people in being accepting of them coming in to support them. One professional said "We always call Quay care when we have a person who may have mental health issues or reluctant to accept help. They work well with people and seem to be able to get people to accept their help where others have failed."

All staff were particularly sensitive to times when people needed caring and compassionate support. This

was confirmed by the comments from people using the service. One said "They have been so caring and kind when my wife died. They understood my need to grieve and they were always coming in with a smile and an offer of a cup of tea." Another person said "When I went off the rails, they didn't wash their hands of me like other services have done. They accepted that I had had a blip. The manager said let's put this behind us and move on. I really appreciated that." One professional said, "They have worked very hard with a client and gone out of their way to support them"

Respect for privacy and dignity is at the heart of the service's culture and values. It was embedded in everything that the service and its staff did. People and staff felt respected, listened to, and influential. For example, one person said "I waited to have this service. At first, they could only offer me certain time slots, but they said as soon as they could they would offer me the times I preferred. They listen to you, you are valued, not just a number."

Staff talked about how they ensured people's privacy and dignity always. One care worker said "Even if it's only them and me I still cover them up to protect their dignity. It's very important and it makes people feel valued."

An equality, diversity and human rights approach to supporting people's privacy and dignity was well embedded in the service. Good practice examples showed positive outcomes for people in line with this. One person was returning from hospital but their home was in a poor state. The registered manager/provider spent her own time in ensuring the person's home was cleaned, whilst respecting their need to have certain items and belongings which were important to them around their space. She explained "We really wanted to assist this person to return home because this was their wish, so I needed to ensure it was clean and safe for my staff to work and for the person to be safe when they returned." Another person who had a passion for quizzes frequently rang the office to ask them to google an actors name or a place. The office staff always listened and responded to their requests. They said this was part of their caring service.

The service had received many compliments and thank you cards which showed they were valued for their caring. These included "thanks so much for all the wonderful work you have done over many years for mum, we really appreciate it."; "To all the carers at Quay care, with grateful thanks for all your help, consideration and love given to x over recent years"; "may I sincerely thank you for the kindness, care and support we have received from your lovely ladies. Their attention to detail has been faultless..."

The agency cared for the staff. The agency made sure staff were cared for by investing in a private healthcare scheme which allowed staff to access free or discounted health care and this include counselling. Staff spoke highly of the caring and supportive nature of the registered manager.

# Is the service responsive?

## Our findings

People confirmed the service was responsive to their needs. One person said, "They do try to be flexible if they can, support me with all the things I cannot do for myself." People confirmed the service was reliable and arrived on time and stayed for the allotted time as indicated and agreed on the care plan.

People's care and support was being well planned. This was because there were clear care plans which instructed staff how to best support someone with their personal care, emotional needs and healthcare needs. Staff confirmed they used plans to help them understand people's needs. Plans ensured people had person centred care because it gave good details for staff to understand their likes, dislikes and preferred routines. The service had moved towards electronic care plans and records. People were sent a letter to explain about electronic records being used and how this was fully protected with passwords and encrypted codes.

It was clear from care plans there was good working relationships with other services such as occupational therapists and speech and language therapists. This ensured that best practice was used in supporting people with complex needs.

We looked at how the provider complied with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. Care plans included where staff needed to consider people's sensory or hearing impairment. The registered manager confirmed their plans could be printed in larger print and in the past, she had recorded care plan information for people to listen to.

People confirmed they were consulted about their care plan, any changes to their package of care and whether they wished their care and support to be delivered in a different way. This enabled people to feel empowered and in control. Keyworkers reviewed care plans each month and this included a discussion with the person and their family if appropriate.

The service had a complaints process and everyone using the service had a copy of this in their care file. Complaints were always fully investigated. For example, one person's family had complained that care workers smoked near to the person's home. The registered manager sent staff a memo asking them to respect people's property and to only smoke well away from their home. Another complaint had been where a person informed the service about a staff member breaking confidentiality. This was appropriately dealt with and the staff member was reminded of policies and procedures and asked to undertake further training on this area.

The service provided end of life care when needed. They worked closely with the GP, community nurses and families to assist people to die in their own home if this was their wish. One family wrote and said "We are writing to express our gratitude for the care our father received during the last week of his life. When he arrived home, his considerable distress was thankfully quickly mitigated and Quay care staff remained

dependable, loving and reassuring presence through his remaining days."

## Is the service well-led?

### Our findings

The registered manager was also the director of the limited company who ran Quay care. 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.

The registered manager was passionate about providing the right service which was person centred and suited the individual. This ethos of caring and being person centred was fully embedded within the service and staff understood and worked in a way which supported these values. One care worker said "Our manager is very caring, she wants the best for people, so do we. This is the best agency to work for."

The provider used various ways to gain the views of people and their families. This included annual surveys, meetings and one to one discussions. Staff meetings were also held to gain their views. Professionals were asked for their views on the service at reviews and via phone calls. One healthcare professional praised the care planning being so person centred. Comments included "They have a very person-centred approach"; "The manager is always available when required and if not, the staff have a good knowledge of their clients." Where people had raised comments, these had been actioned. For example, one person said not all new staff showed their ID badge when visiting people for the first time. The registered manager reminded staff this was essential. Surveys from staff showed that some would like more involvement in the review of their work load. The agreed action was for this to be discussed with them as part of their supervision. We saw evidence of this being actioned within supervision notes for care staff.

There was clear evidence of good partnership working with commissioning teams and other healthcare professionals to ensure the right service was delivered to people. The agency was second tier for Devon Carers which meant if a first-tier service could not provide a care package it got offered to them. (Devon Carers hold the overall contract for Devon County Council packages of care into people's homes). These were usually difficult packages such as for people with complex and challenging behaviours. The registered manager said the commissioning teams knew the agency would take on these more complex cases and had previously had good results with people. This was confirmed by the feedback we received from professionals.

Systems and audits were used to ensure the environment was safe and well maintained; records were kept accurately. Team leaders completed monthly reviews of each care plan with the person and looked at, risk assessments, use of personal protection equipment, if a smoke detector was in place and community alarm if one was being used. Also, they checked nutritional and hydration needs were being met. They checked if care workers were staying for the full visit, that records were up to date. They then also had a discussion with the person to check they were happy with the service they received. The deputy manager reviewed these monthly feedback forms and entered them into a matrix to see if there were any patterns emerging or training issues.