

Quality Care Services (Derbyshire) Limited

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Inspection report

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Tel: 01332691000

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

Quality Care Services (Derbyshire) Limited is a domiciliary care agency providing personal care to 161 people across Derbyshire. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service:

Risk assessments associated with people's care were in place; however, they were not always sufficiently detailed to provide staff with the guidance needed to reduce the risk to people's health and safety.

Environmental risk assessments were in place, but these did not include how to make people safe in an emergency.

People told us they felt safe with staff; however, some raised concerns about staff punctuality. The provider ensured the local authority were notified of any concerns about people's safety. People's medicines were managed safely. The risk of the spread of infection was safely managed. The provider had systems in place to help staff to learn from mistakes.

Quality assurance processes were in place; however, these were not always effective in highlighting and addressing the concerns we have raised during this inspection. The registered manager and registered person had limited knowledge of the regulatory requirement to report safeguarding concerns to the CQC. People's views were requested and used to improve the quality of the service provided. Some people felt office-based staff did not always communicate effectively with them. When people had met or spoken with the registered manager, they found her to be supportive and approachable.

We have recommended that the provider reviews the CQC guidance for the reporting of notifiable incidents and ensures these processes are understood and followed by the registered manager.

People received care in line with their assessed needs. Most staff training was up to date and staff received supervision of their practice. 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 support this practice. People received the support they needed to maintain a healthy diet. People had access to other health and social care agencies where needed.

People and relatives found the staff to be kind and caring. People felt they were treated with dignity and respect, especially when personal care was provided. People were encouraged to do as much for themselves as possible. People were able to make decisions about their care and they felt staff acted on and respected their wishes. People's records were stored securely to protect their privacy.

People's care records contained guidance for staff on how to support them in their preferred way. However, some records were more detailed than others. People were provided with information in formats they could understand, this reduced the risk of people being discriminated against because of a disability or sensory

impairment. Complaints were responded to in line with the provider's complaints policy. People were not currently receiving end of life care. End of life care was to be discussed with people during reviews of their care.

Rating at last inspection and update: The last rating for this service was Good (published 16 January 2017). The service's rating has now changed to Requires Improvement.

Why we inspected

This was a planned inspection based on the previous rating.

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?

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 Safe findings below.

Good ●

Is the service caring?

The service was caring.
Details are in our Safe findings below.

Good ●

Is the service responsive?

The service was responsive. .
Details are in our Safe findings below.

Good ●

Is the service well-led?

The service was not always well-led.
Details are in our Safe findings below.

Requires Improvement ●

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 an inspector, an assistant inspector and two Expert by Experiences. 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:

This inspection was announced. Inspection activity started and finished on the 29 August 2019. We visited the office location on 29 August 2019.

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, Healthwatch and professionals who work with the service. 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 25 people and five relatives and asked them about the quality of the care provided to them or their family members. We spoke with four care staff, a care coordinator, registered manager and registered person.

We reviewed a range of records. This included all or parts of records relating to the care of eight 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 policies and procedures and 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.

Assessing risk, safety monitoring and management

- ☐ The risks to people's safety had been recorded during people's initial assessment prior to them starting to receive personal care. Records showed some of the 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.
- ☐ However, we did note that where risks to people's health and safety had been identified some risk assessments were brief and did not always include guidance for staff to inform them of how to reduce the risk to people. For example, one person had been identified as a risk of falling, but the risk assessment did not provide enough detail on how staff should support the person safely to limit this risk. We found other similar examples in other people's care records. This could place people's safety at risk. The registered manager assured us that people were provided with safe care; however, they acknowledged that some people's records did require more detailed guidance for staff to reduce the potential impact of known risks. After the inspection we were provided with examples of more detailed risk assessments and these will form the basis of a review of all risks associated with people's health and safety.
- ☐ 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. However, plans were not in place to guide staff on how to make people safe in an emergency if staff were present at their home. People's needs varied; some would be able to leave their home when needed, with others, due to limited mobility, being less able. This could place their safety at risk. The registered manager told us they would amend this process to include a procedure to ensure people were safe in an emergency. After the inspection we were forwarded a revised home environment risk assessment which had now addressed this issue.

Staffing and recruitment

- ☐ People gave mixed feedback when asked if staff arrived on time. Some people felt staff arrived at the time they expected them; others, raised concerns that staff were not arriving at the time they expected.
- ☐ We checked the staff arrival times for five people who used the service. We found these times were, in most cases, within the agreed leeway period of half an hour.
- ☐ The registered manager told us that they carried out regular telephone interviews with people and punctuality was discussed with them. They told us that people were normally satisfied with the punctuality of staff. The registered manager also stated the local authority also carried out random reviews of punctuality through a 'mystery shopper' process and no concerns had been raised with them following this process
- ☐ However, no formal analysis of staff punctuality took place. The provider relied on feedback from people, staff and the local authority to help them monitor staff punctuality. The registered person told us they would consider the use of an electronic monitoring system or more detailed punctuality analysis which would

enable them to review arrival times and the length of time staff stayed at people's homes. This will be completed with the aim to continue to improve the quality of the service people received.

- Most people told us they received care from a consistent team of staff. Most people knew who was coming to their home which helped to ensure they received a consistent care.
- There were procedures in place that ensured new staff were appropriately vetted before they commenced their role. This helped to reduce the risk of people being cared for by inappropriate staff.

Learning lessons when things go wrong

- There was a process in place that ensured accidents and incidents were recorded and investigated. Where needed, actions were recommended by the registered manager and then followed up to check they had been completed. We did note that regular reviews of any accidents and incidents were not carried out. These reviews are important to assist the provider in identifying themes and trends which could affect people's safety. The registered manager was confident people were cared for safely and they were aware of any incidents that had occurred but agreed to ensure formal analysis was completed to further improve this process.

Using medicines safely

- People's medicines were managed safely. People told us they received their medicines when they needed them. One person said, "They give me my medication, they always wear gloves and put the tablets into a pot for me as I can't manage the pack thing." Another person said, "Yes they do all my medicines on all of my calls. They get them and give me them with some water to take safely. I get them on time and they do wear gloves when doing it."
- Staff had received training on how to ensure people were supported safely with their medicines. They received an annual competency assessment which assured the registered manager that staff practice remained safe and in line with current best practice guidelines and legislation.
- Two medicine managers were in place. It was their role to review all medicine administration records to help them to identify any errors and to act on them. This could be to offer guidance to staff, re-training or carry out observations of their practice. Errors were reported to the registered manager so that they were aware if there were any concerns with staff performance or if there were any themes developing that needed to be addressed with all staff. These processes helped to ensure safe medicines practice.

Systems and processes to safeguard people from the risk of abuse

- People felt safe when staff were in their home and when they received personal care. One person said, "I do feel safe I couldn't do without them. They help me shower, wash my hair and get me dressed and I can't do that on my own. They safely support me when doing this, so no harm done."
- 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 the registered manager.
- The provider had the systems in place to ensure the local authority 'safeguarding team' were notified of any allegations of abuse or neglect.

Preventing and controlling infection

- People did not raise concerns with us with regards to staff practice and reducing the risk of the spread of infection. Staff were aware of the actions needed to prevent the spread of infection and this included having access to and using personal protective equipment. This meant the risks associated with the spread of infection were reduced.

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

This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- ☐ People's physical, mental health and social needs were, in most cases, assessed and provided in line with current legislation and best practice guidelines. Where people needed support with specific health conditions, staff had acted to support people with their health needs.

Staff support: induction, training, skills and experience.

- ☐ Most people told us they were supported by staff who appeared well-trained and understood how to provide care in a safe, person-centred way. One person said, "Very good all of them. I would say they are all well trained in what they must do. I have a manual hoist to lift me and they are well versed in how to transfer me safely."
- ☐ Staff felt well trained, supported and received regular supervision of their practice. Records showed staff had completed all training deemed mandatory for their role. Most had completed refresher training to ensure their skills and knowledge were up to date. However, some staff did require refresher courses to be completed. The provider had identified these areas and told us any gaps in training would be acted on and staff held to account for their completion.

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

- ☐ People told us, when needed, staff assisted them with their meals and maintaining a healthy and balanced diet. One person said, "They will make me breakfast or a sandwich at lunch if I want. They always ask what I fancy. They will do a ready meal too if I ask them."
- ☐ The provider had measures in place to ensure that people were encouraged to store their food safely. Where food was stored in the fridge, with people's consent, regular temperature checks of the fridge were recorded to ensure foods continued to be stored safely.
- ☐ There was information in people's records about how to support people with their diet if they had a specific diet related health condition. We did note that some records lacked a detailed nutritional risk assessment if people were at risk of harm from foods that could affect their health, such as diabetes. The registered manager told us that a review of people's nutritional health risks would be conducted alongside the review of other risk assessments as referred to in the 'Safe' section of this report.

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

- ☐ People had access to their GP and other healthcare agencies to help them lead healthier lives. Where

needed, staff supported people to attend health appointments which helped people to receive effective and timely care. People's day to day health was recorded in daily running records. These records were reviewed to ensure that if needed, referrals were made to other agencies for guidance with specialised issues that could affect people's health and safety.

- Staff understood how to identify when people needed intervention from a health or social care team. Records showed people received support from other agencies and then staff continued to support people in line with the recommendations and guidance provided. Records showed regular reviews of people's care were conducted with social workers and other relevant agencies to ensure people continued to receive a consistent level of care that met their current needs.

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

- The application of the MCA was effective. Where there were concerns with people's ability to make decisions for themselves, input from social workers was provided to ensure that decisions continued to be made in people's best interest. When family members or another relevant person were involved with making decisions about people's care, their legal right to do so was recorded. This will ensure that people's rights were respected.

- People's care records also contained examples where people had signed to give their consent to certain elements of care provided. This ensured people's right to make their own choices about their care was sought and acted on, protecting their rights.

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

This meant people were supported and treated with dignity and respect; and involved as partners in their care

Ensuring people are well treated and supported; equality and diversity

- ☐ People felt staff were kind and caring. One person said, "They are caring and compassionate, we know one another well, we are used to one another, I think you could say we are comfortable with one another. They support me to live in my home." Relatives agreed; some comments included, "All are very caring and friendly, I am happy with them all." and "The carers are excellent, competent and efficient."
- ☐ People felt well treated by staff, they received the care they wanted, and they enjoyed the time spent with the staff. One person said, "They are helpful, polite and caring people, and I am not just saying that, they really are. We have a laugh and a joke at times, and you need that, don't you?" Another person said, "They are very caring and lovely. I am sometimes in stitches having a laugh and joke with them."
- ☐ People's diverse needs were discussed with them when they first started to use this service. Where people had expressed their chosen religion, this was recorded within their care records to ensure staff were informed. Staff rotas were amended to ensure that people received the staff they wanted and from those who could support them to follow their chosen religion or had a better understanding of their cultural background.
- ☐ Care records contained guidance for staff on how to communicate with people. All staff had completed dementia awareness training which gave them the skills to communicate with people living with dementia. This meant people were not discriminated against because of a disability or health related condition.

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

- ☐ People felt able to make decisions about their care and felt staff respected their wishes. One person said, "I decide if I want a shower or wash or anything else." Another person said, "Yes, I am quite capable of making my own decisions, for example, if I don't feel like having a shower I won't have one!"
- ☐ People's care records contained examples of people signing their care plans to say they agreed to the content. When changes were agreed with people, such as call times, these were recorded in people's records and their agreement also recorded. People took part in regular telephone calls to enable them to give their views on the quality of the service provided. This helped to ensure that people were able to express their views and make decisions about their own care needs.
- ☐ A service user guide was provided for people to inform them about the services available to them and the quality of care they should expect to receive. Contact details were available for people to contact the provider's office should people feel the need to discuss their care needs outside of normal care reviews.
- ☐ Information about how people could access an independent advocate was provided in the service user

guide. Advocates offer guidance and support for people who are unable to make decisions for themselves and may not have an appropriate family member or friend to speak on their behalf. This ensured that people were offered further support with having their voice heard.

Respecting and promoting people's privacy, dignity and independence

- ☐ People felt staff treated them with dignity and respect. One person said, "They are most respectful when washing or bathing me. The door is closed, and they hold a towel up for me." Another person said, "They give me a body wash, but I am always kept covered up and they are most respectful."
- ☐ People's independence was encouraged and promoted. People told us staff did all they could to support them with doing as much for themselves as possible. One person said, "I don't consider them to be carers, they are like daughters to me. We get on well and they do anything I need. They support me to stay as independent as possible."
- ☐ People's care records were treated appropriately to ensure confidentiality and compliance the General Data Protection Regulation. This is a legal framework that sets guidelines for the collection and processing of personal information of individuals within the European Union.

Is the service responsive?

Our findings

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

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

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences.

- ☐ Before people started to use the service, an assessment was carried out to ensure people could receive the support they needed. Once it was agreed that people's needs could be met at the service, detailed support plans were then written to ensure staff had the guidance they needed to support people safely and to enable them to respond effectively to their health needs.
- ☐ People told us they were aware they had a care plan, understood its contents and discussed their on-going wishes with staff to ensure they continued to receive a personalised service. One person said, "My care plan is up to date; I did it with them [staff] and it is here [their home]." Another person said, "[Name of staff member] comes occasionally to assess everything and listens to everything I need." Some people did feel that they would like reviews of their care to be carried out more often as some were unsure whether their current care plan reflected their needs. We were informed by the registered manager that each person had a review of their care within the required timeframe, but they would advise people they could request a review of their care at any time they wanted.
- ☐ People's care records contained some personalised information about how they would like their care to be provided. This included their preference for a male or female member of staff, the time they would like to staff to visit their home and the level of support they wanted with their personal care. Some records were more detailed than others. The registered manager assured us staff understood people's wishes but they would ensure all records were completed more thoroughly to formally reflect people's wishes.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- ☐ Some care packages included domestic and social calls as well as personal care. People were able to visit local amenities such as shops and cafes with staff if this formed part of their agreed care package. This also helped to reduce the risk of people experiencing social isolation.

Meeting people's communication needs.

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

- ☐ The provider had made records available for people in larger font where required. They also were able to

produce records in braille should there be a wish by a person to have their records provided this way. This helped to ensure that people were not discriminated against because of a disability or sensory impairment and would further improve people's ability to understand records that related to them.

Improving care quality in response to complaints or concerns

- ☐ People felt able to make a complaint. They had the relevant numbers to contact if they had any concerns. This included an 'out of hours' phone number if they had any immediate complaints or concerns about their care. One person said, "The office staff are polite and will sort out whatever you need."
- ☐ The provider had the processes in place to act on any complaints that had been received. We reviewed the complaints register and found they had been dealt with in line with the provider's complaints policy.

End of life care and support

- ☐ End of life care was not currently provided. The provider had not yet ensured that when they discussed people's care needs with them, they were also given the opportunity to advise how they would like to be cared for if they neared the end of their life. The registered manager told us that whilst this was a sensitive subject, they would ensure that a discussion was held with people either at their initial assessment when starting with the service; or, if more appropriate, later during a care review.

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 our last inspection on 19 December 2016 we made a recommendation to the provider of this service that they ensured relevant staff reviewed the CQC regulations and guidance relating to incidents that were notifiable to the CQC. The reporting to the CQC of incidents such as allegations of abuse and serious injury are important to ensure that the provider was open, honest and transparent about events that could affect people's health and safety.

- ☐ During this inspection we reviewed various documents which detailed incidents that had occurred since our last inspection. Most of these did not meet the required criteria to require the CQC to be notified. However, one incident did. We discussed this incident with the registered manager and the registered person. Whilst they were aware of the requirement to inform their local authority safeguarding team of concerns, they were not aware of the requirement to also inform the CQC. Both the registered manager and the registered person have agreed to review their reporting processes to ensure that the CQC was always notified of all relevant incidents that could affect the health and safety the people they and their staff care for.

We recommend the provider reviews the CQC guidance for the reporting of notifiable incidents and ensures these processes are understood and followed by the registered manager.

- ☐ It is a legal requirement that a provider's latest CQC inspection rating is displayed at their office where a rating has been given. This is so that people and those seeking information about the service can be informed of our judgments. We noted the rating from the previous inspection was displayed at the office.

Continuous learning and improving care

- ☐ Team meetings were held with staff to ensure they were made aware of any policy changes, risks to people's health and safety or important information about their roles, such as training updates. However, we were told that team meetings were not compulsory and therefore some staff did not attend these meetings. Whilst minutes of the meetings were sent out to staff that did not attend, staff failure to attend these meetings would make it more difficult to ascertain whether they had understood what was discussed. This could affect the quality of the service people received. The registered person told us they would review their team meeting process to ensure that all staff attended.

- Quality assurance processes were in place in most required areas. These helped the registered manager to assess the on-going quality of the care provided for people. However, the audits had not helped to identify the gaps in the assessments of risk to people's safety. Analysis of accidents and incidents was not yet in place. These processes are important to assist the provider in taking action to help them to identify and act on the issues highlighted within this report.

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

- Most people and relatives we spoke with would recommend this service to others. One person said, "I would recommend them. They do everything I ask. They are all pretty good." Another person said, "The carers are wonderful I would recommend them 100%."
- The majority of people found the office-based staff to be helpful and friendly, with many feeling they responded to any concerns they had. However, some did feel that communication could be improved, with some mentioning when they had contacted the 'out of hours' phone number they did not always get a response. We raised this with the registered manager who told us they felt their office-based staff did a good job and communicated with people well. However, they would also ensure the feedback from people was relayed to them to help improve performance.

How the provider understands and acts on duty of candour responsibility which is their legal responsibility to be open and honest with people when something goes wrong

- The provider had the processes in place that ensured when mistakes occurred they investigated them fully and apologised to the people affected. This helped to improve people's experiences of the service and to assure them that the concerns were acted on. Where needed, staff learning and development was implemented to help reduce the risk of incidents recurring.

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

- Most people and relatives knew who the registered manager was and praised their approach in seeking to achieve positive outcomes for people. One person said, "I have spoken to her on the phone and found her to be very helpful." Another person said, "[Name] is very nice and will sort things out for you and would come out to see me I am sure if I asked."
- We saw examples of people being involved with decisions that affected their care. Regular quality assurance phone calls were held with people to gain their views of their care and improvements where needed. Analysis of people's views was completed which helped the provider to identify any themes across the service.
- Staff felt able to raise any issues with the registered manager and that any concerns would be acted on.

Working in partnership with others

- Staff worked in partnership with other health and social care agencies and assisted them in providing care and support for all.