

Quil Care Group Limited

# Quil Care Group Limited

## Inspection report

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Date of inspection visit:  
14 August 2018  
15 August 2018  
16 August 2018

Date of publication:  
17 September 2018

### Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

# Summary of findings

## Overall summary

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to older adults and younger disabled adults. At this inspection they were providing personal care for nine people.

Quil Care Group Limited had a manager in post who was present throughout this inspection. The manager had yet to register with the Care Quality Commission. 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 current Manager and Director acquired the ownership and management of Quil Care Group Limited in February 2018.

The inspection activity started on 14 August 2018 and ended on 16 August 2018. This service has not been previously inspected.

The manager had not completed their application to become the registered manager of Quil Care Group Limited since commencing their role in February 2018. The Director had not submitted the appropriate change of details notifications to the Care Quality Commission since taking over the ownership in February 2018. Following this inspections site visit the necessary applications and notification of changes were made.

People were safe as staff members had been trained and understood how to support people in a way that protected them from danger, harm and abuse. People had individual assessments of risk associated with their care and support. Staff knew how to support people in a way that minimised the risks of harm associated with their care. The provider followed infection prevention and control guidance. The provider ensured that the equipment people used, was maintained and kept in safe working order.

People were supported by enough staff to safely assist them and who arrived to provide support at the agreed times. When needed, people received help with their medicines from staff who were trained to safely support them. The provider undertook regular checks to ensure people received their medicines as directed.

The provider completed checks on staff before they started work to ensure they were safe to work with people. The provider had systems in place to address any unsafe staff practices which included disciplinary action or retraining if needed.

People received care from staff that had the skills and knowledge to meet their needs. New staff members received an induction to their role and were equipped with the skills they needed to work with people. Staff attended training that was relevant to those they supported and any additional training needed to meet

people's requirements was provided.

People had their rights protected by staff members who were aware of current guidance informing their practice. Staff received support and guidance from a management team who they found approachable.

People had positive relationships with the staff members who supported them. People's likes and dislikes were known by staff who assisted them in a way which was personal to them. People were involved in decisions about their care and had information they needed in a way they understood.

People had their privacy and dignity respected and information personal to them was treated confidentially. People had access to healthcare when needed and staff responded to any changes in needs promptly and consistently. People were supported to eat and drink sufficient amounts to maintain good health. People were given information in a way they could understand.

The provider regularly met people they supported and worked alongside staff members to gain informal feedback about the service they provided. People felt confident they were listened to and their views were valued. People and staff felt able to express their views and felt their opinions mattered. The provider had good links with community based facilities and worked in conjunction with other health care professionals to promote positive outcomes for people.

## 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.

People were protected from the risks of abuse by a staff team who knew how to recognise signs and knew what to do if they had concerns. People had individual assessments of risk associated with their care and staff members knew how to safely support them. People were supported to take their medicines by staff who were competent to do so. Processes were in place to investigate any incidents or accidents to minimise the risk of reoccurrence. Infection prevention and control measures were in place which staff members followed to reduce the risk of cross infection. People were supported by a consistent staff team who arrived when expected.

### Is the service effective?

Good ●

The service was effective.

People were assisted by staff members who were trained and supported to undertake their role. Staff members received regular support from the management team. People had their rights protected by staff members who were aware of and who followed current guidance informing their practice. People had access to healthcare to maintain wellbeing. When needed, people received support with their diet and nutrition which took account of their personal preferences.

### Is the service caring?

Good ●

The service was caring.

People had positive and empowering relationships with the staff who supported them. People had their privacy and dignity protected when they were assisted. People's diversity was respected by staff members. People were provided with information relating to their care in a way they understood. People's personal information was kept confidential by the staff members supporting them.

### Is the service responsive?

Good ●

The service was responsive.

People were involved in their assessments of care. People received care from staff members who knew their individual

preferences. People and their relatives were encouraged to raise any issues. The management team had systems in place to address any concerns or complaints.

**Is the service well-led?**

The service was not always well-led. The manager and director had not submitted the appropriate notifications or applications regarding changes to the service they provided. The provider had systems in place to monitor the quality of care provided and to drive improvements if needed. People and staff members found the management team approachable and supportive. People were kept informed about the service they received and their views and opinions were valued.

**Requires Improvement** 

# Quil Care Group Limited

## **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 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.

The inspection activity started on 14 August 2018 and ended on 16 August 2018. It included telephone interviews with people who used the service and their relatives. We visited the office location on 15 August 2018, to see the manager and to review care records and policies and procedures. This was an announced comprehensive inspection completed by one inspector and an expert by experience. An expert-by-experience is a person who had personal experience of using or caring for someone who uses this type of care service.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

Before our inspection visit, 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 also reviewed information we held about the service in the form of statutory notifications received from the service and any safeguarding or whistleblowing incidents, which may have occurred. A statutory notification is information about important events, which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection. We used this information as part of our planning. Local authorities together with other agencies may have responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care services.

We spoke with four people, four relatives and the manager, two staff members and the director. We looked

at the care and support plans for three people including assessments of risk and guidance for the use of medicines. We looked at any records of quality checks and incident and accident reports. We further confirmed the recruitment details of two staff members.

# Is the service safe?

## Our findings

People were protected from the risks of abuse and ill-treatment whilst receiving care and support from Quil Care Group Limited. Everyone we spoke with told us they felt safe and protected when receiving care and support. One person told us, "Oh, I love them (staff member's name). I'm absolutely safe. Should I have any worries at all I'd say something. But I never do." The staff members we spoke with told us they had received training and knew how to recognise the signs of abuse and ill treatment. One staff members said, "If I suspected anything I would talk with my manager. This could be something as little as a person becoming withdrawn or isolated. I know I can always phone the local authority or the police if needed. However, I have full confidence anything passed to the manager would be seen through." The manager had systems in place to identify and respond to any concerns or allegations which included contact with the local authority to keep people safe. However, up to the date of this inspection they had not needed to make any such referrals or alerts. We saw there was information available to people, relatives and staff members on what to do and who to contact if they ever had any concerns.

People told us they were safely supported when receiving care and assistance from Quil Care Group Limited. One person said, "They (staff) talk to me and calm me when I am feeling 'wobbly'. They're very reassuring and they listen so well." One relative told us, "[Person's name] uses a wheelchair and the staff are so relaxed when supporting them. That helps [Person's name] to relax and they know exactly how to move and support them. They talk and reassure them all the time." Staff members we spoke with told us they had received information and training on how to safely support people. This included moving and handling and environmental risk assessments involving people living at home. For example, the manager undertook assessments to identify the risk of fire and what equipment was needed to minimise the risk of harm, like smoke alarms and emergency electricity and gas shut of switches. One person told us about the environmental risk assessment completed at their home address. They said, "Everything was fine and there was nothing I needed to get done."

We saw people had individual assessments of risk associated with their personal circumstances which included diet and nutrition, mobility and skin integrity. Staff members we spoke with told us they were aware of such risks and knew what to do to minimise the potential for harm. For example, one staff member told us how they supported someone with their personal care. They said, "We support [Person's name] to have a shower as this is what they like. We have a shower chair in place where they can sit and relax when we support them. This minimises the risk of them falling. We could remove the risk completely by just giving them a wash but this is not what they want and they like a shower."

The manager had systems in place to ensure any equipment used was safe and suitable for those they supported. For example, the manager told us that they checked the stair lift and wheelchair for two people. Although the people themselves had responsibility for maintaining their own equipment the manager ensured they were safe and maintained in a working order before staff members assisted people.

People told us that staff members followed safe and effective infection prevention and control procedures when assisting them with their personal care. One person said, "Staff always use apron and gloves and I



have a supply here for them to use." One staff member told us that each person they support has their own individual supply of personal protection equipment which they use. If they are running short the manager will re-stock them before they run out. The staff members we spoke with told us they received infection prevention and control training as part of their introduction to working at Quill Care. Access to this training ensured that staff had the skills to reduce the risk of cross infection.

People told us that staff members arrived on time and stayed for the agreed period to provide the care and support they needed. One relative said, "[Relative's name] has got to know the carers as they see them regularly. They arrive on time and phone them if they are running late. They have not missed any calls and they do stay the full time they are meant to." The staff members we spoke with told us they are allocated traveling time between calls to ensure they arrive when they are expected. One staff member told us that in the event of an emergency and they have to stay with someone longer they will always phone their next call to explain that they might be delayed. The manager had effective systems in place to schedule staff members to attend people at a time that suited their needs.

The provider followed safe recruitment processes when employing new staff members. As part of their recruitment process the provider completed a check with the Disclosure and Barring Service (DBS). The (DBS) helps employers make safer recruitment decisions and prevent unsuitable people from working with others. In addition, the provider gained references regarding the suitability of prospective employees. The provider used this information to assist them in making safe recruitment decisions. The provider had systems in place to address any unsafe staff behaviour. This included re-training and disciplinary action if required.

People received help with their medicines by trained and competent staff members. One person said, "I have a few tablets and they (staff) help me to take them. I feel very confident that they know what they are doing and I always get my medicine at the correct time." We looked at the medicine administration records (MAR). We saw the information needed to safely support people with their medicines was contained on these records. This information included, what the medicine was, the dosage, the time and the method of administration. When "as required" medicines were prescribed there was clear guidance for staff members to follow. These included maximum dosages per 24 hour period to safeguard people from accidental overdose. One staff member told us, "I completed the safe handling and administration of medicines and [manager's name] watched me a couple of times. This was to make sure I was competent."

The manager had systems in place to monitor the quality of medicine recording and regularly checked that records were accurate and up to date. When improvements were identified the manager had systems in place to make the necessary changes. For example, following the identification of a missed signature the manager completed checks to ensure this was a recording issue and not an administration issue and provided additional training for the staff member concerned.

## Is the service effective?

### Our findings

People told us that their individual needs had been assessed prior to Quil Care Group Limited commencing their support. One person said, "I told them what I needed when they came around to do the assessment. So far, they are doing everything I've asked for and need." The care and support plans that we looked at reflected the needs and wishes of those receiving care and support from Quil Care Group Limited and followed best practice. For example, when people were at risk of weight loss, malnutrition and dehydration there were care and support plan in place. These included early liaison with other medical professionals to provide a multi-disciplinary approach to support the person's well-being.

As part of the care decision making process the provider had systems in place to identify and support people's protected characteristics from potential discrimination. Protected characteristics are the nine groups protected under the Equality Act 2010. They include, age, disability, gender reassignment, marriage and civil partnership, religion etc. One person said, "I was asked but there is nothing I need from them (Staff)."

People received care and support from a staff team that were trained and knowledgeable. One person said, "I just feel so at home with (staff). They always anticipate what I want and anticipates how I want it. Actually, I feel they are over-trained, I think they are excellent at what they do. Faultless in fact." One relative told us, "They (staff) really do know what they are doing. They clearly have been well-trained." The staff team we spoke with told us they had received the training they needed before supporting people. One staff member said, "I completed my initial training when I first started. I am now working towards completing my care certificate which is supported by (provider)." The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It's made up of the 15 minimum standards that should be covered if staff members are new to care.

In addition to completing the care certificate staff members new to Quil Care Group Limited completed a structured induction to their role. One staff member said, "I completed a number of training sessions in the office and then I worked alongside the manager for a few weeks. This was so I felt comfortable working with people and getting to know them and how they would like me to support them. Staff members we spoke with felt supported in their role by the management team. One staff member told us they received regular supervisions sessions with the manager. A supervision is a one on one meeting with a staff member and a line manager to discuss elements of their work and performance. This staff member told us, "They [manager's name] is very supportive. They listen and guide me in the right direction. I can contact them at any time and never have to wait for a supervision if I need to know something or if I am unsure about anything."

Not everyone we spoke with received assistance with their meal preparations from Quil Care Group Limited. However, when Quil Care Group Limited were involved, people felt that they were supported appropriately and were offered choices of things that they liked. One person said, "I always have cornflakes and a piece of bread and butter with marmalade. I tell them what I want but it's always the same because that's what I like. Then they make me a nice cup of tea. They know how I like it and it's lovely." Another person said,

"Sometimes I don't feel like eating and they (staff) tell me it would be better if I did eat something. They then make me a sandwich and leave it for me to eat when I want." When concerns were identified regarding people's diet and nutrition these were passed to other healthcare professionals for action if it was required. For example, to a dietician or GP.

We saw detailed communications between staff members, the manager and other healthcare professionals involved in people's care and support. Quil Care Limited had good communication links with others involved in people's care and coordinated services to ensure people received a joined-up approach to their care. One relative said, "[Manager's name] recognised there was a potential issue with [relative's name]. They explained to them what they were concerned about and the need to share this information with the person's doctor. [Relative's name] agreed and asked if they could make the call for them which they did. It is very reassuring to have them involved." The care and support plans that we looked at reflected these conversations and any advice given to maintain people's well-being.

We looked at how people were supported to make choices and decisions about their care and support. The Mental Capacity Act (MCA) 2005 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 make 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.

One person said, "Of course I tell them what I need. If there is something extra or different, I just have to say. It's fantastic, I can't fault it." Another person told us, "I make the decisions. We talk about what I need all the time."

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. When people lacked the capacity to make certain decisions Quil Care Group had systems in place to refer to appropriate agencies to support them through the decision-making process. This included referrals to advocacy groups or the local authority for additional support.

# Is the service caring?

## Our findings

People were supported by a kind and compassionate staff team. Everyone we spoke with provided us with positive examples of kind and caring interactions with members of the Quil Care Group Limited team. One person said, "They are lovely and just like family. They will do anything I ask and sometimes they stay a bit longer just for a chat." Another person said, "We have such a laugh. When the first one arrived (staff member) they said I've heard about you, that you're a lovely lady. It made me feel so good."

People we spoke with described the staff supporting them as, "Kind," "Lovely," and "Great." Relatives told us that their family members were treated as if they mattered to those supporting them and that the support was caring and compassionate. One relative said, "(Staff) always have the time to sit and talk with [relative's name]. They love it and they are never spoken down to. It's a proper conversation."

Staff members we spoke with talked about those they supported with fondness, warmth and compassion. One staff member said, "It's great to have time to really talk with people. When you get to know someone, it is not like work at all. People are so interesting and fun and that's why I like working in care so much."

People and relatives told us that staff members supported them at times when they were upset or distressed. One relative told us how staff members supported them and their relative throughout a difficult time. They went on to say that the staff were very supportive and available at any time that they needed to talk or required any additional support.

People and relatives told us that they were given information and guidance on the care and support they received in a way they found accessible and understood. If it was required the provider referred them onto additional support services for example, advocacy agencies. However, all those we spoke with told us that the manager would readily answer any questions about the care that they needed.

People had their privacy and dignity respected by the staff members supporting them. One person described their morning routine to us. They said that the staff members encouraged them to do as much as they could for themselves and supported them to keep covered throughout. This person went on to say that although no one could see what they were doing they still ensured their privacy was maintained.

Information confidential to people was only accessed by those with authority to do so. We saw information relating to people was stored securely.

People and relatives told us that they were supported to remain independent. One person said, "I want to keep what independence I've got and I told them [manager's name] this. So, when I shower it's arranged that I do everything I can and they (staff) do the rest." Another person told us, "It's important to me that I keep what independence I have. Therefore, (staff members) never do anything for me unless I really can't do it."

## Is the service responsive?

### Our findings

People, and when needed relatives, felt that they were involved in the planning of their care and support. One person said, "If I need help with cream on my legs all I have to do is say can you put cream on my legs as my skin is a bit flaky and they help me. It's never a problem. I make decisions all the time like this. Their response is that they can't do enough to help us."

The care and support plans that we looked at reflected these decisions and gave staff members clear instructions on how to support people as they wished. The staff members we spoke with were knowledgeable about those they assisted. Staff members could tell us about people's care and support needs, their personal histories, their individual likes and dislikes and about those that mattered to them. One staff member said, "I get the time to read people's care and support plans. This gives me the information that I need to support people including all the little things that have happened in their lives. This helps me to have a chat with people and breaks down some barriers."

People told us their needs and preferences were reflected in their care and support plans. One person said, "It's all about my wishes and preferences. For example, (Staff) know I like to have a banana cut up into my porridge. [Manager] has bothered to look at what I like and how to do it." Another person told us, "They never say I should have something different. They know how I like things done and they make sure it's how I like it."

People told us they had information presented in a way that they found accessible and in a format, that they could easily comprehend.

At this inspection Quil Care Group Limited had not needed to present information in any different formats to aid people's understanding. However, the management team recognised that should someone require information in an alternative way for example, large print for someone with restricted sight, this would be provided. The manager was aware of the Accessible Information Standards. The Accessible Information Standards sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of patients, service users, carers and parents with a disability, impairment or sensory loss.

People felt comfortable to raise any concerns or complaints with the management team or with staff members if they felt it was needed. One person said, "I feel very confident to approach the agency about anything. They are very good listeners and better than any agency we've had before. They have demonstrated they can be flexible too. When I requested they could arrive a little earlier they were very good and came when I had requested." We asked another person if they had ever needed to raise any concerns. They told us, "None what so ever. However, all the information is probably in the folder but I haven't looked to be honest. I've got all the phone numbers and email address if I need it."

The manager had systems in place to investigate and feedback any concerns or complaints raised with them. However, at this inspection no one we spoke with told us that they had needed to make a complaint

or raise a concern.

At this inspection Quil Care Group Limited were not supporting anyone at the end of their lives. As a result, we did not assess this element of care provision.

## Is the service well-led?

### Our findings

The manager did not fully understand the providers responsibilities of registration with the Care Quality Commission. For example, since taking over ownership and management of Quil Care Group Limited they had failed to notify us of a change of directorship. The manager had also failed to complete their application to become the registered manager. We spoke with the manager about this. They recognised that they had failed to make the necessary changes and indicated that when they first took over the management their focus was on establishing the care provision and had omitted these notifications. Following the completion of this inspections site visit we received confirmation from Quil Care Group Limited that they had made the required changes and had submitted an application for the manager to be registered with the Care Quality Commission.

People and relatives told us that they had regular contact with the manager. One person said, "I've met them [manager's name]. There are here from time to time and they are very easy to talk to. I have the phone numbers to contact them whenever I need." Another person said, "I met the manager when they came to do a carer session." The manager worked alongside other staff members on a regular basis. They told us they did this to continually assess the needs of people and to see how the staff members performing.

The manager had systems in place to gain the views and opinions of people who received care and support and also those of their relatives. People and relatives told us they had regular conversations where they could discuss the care and support they received and to make suggestions for changes. One person said, "I received a questionnaire which I filled in. They (management team) are really open to feedback and the manager always asks me how I think it's going." We saw the manager had arranged formal feedback to people which they were still in the process of developing at this inspection.

Staff members we spoke with told us they believed that Quil Care Group Limited operated an open and transparent culture. They went on to say that they receive feedback on things that were going well and on how they could improve. The manager undertook regular 'spot checks' with staff members. This was where the manager would arrive at a care call unannounced and work alongside the staff member. Following this the staff member would receive feedback on how the call went and if there were any improvements that were needed. One staff member told us the feedback they received was very positive and supportive. They went on to say that a couple of points of improvement were needed and that they had been supplied with the necessary equipment to make these improvements.

The manager had systems in place to record and investigate any incidents, accidents or near misses. We looked at their recording processes for such incidents but since they took over the management of Quil Care Group Limited there had been no incidents which warranted recording or investigation. We saw details of quality checks completed by the manager. These included reviews of people's care and support plans and checks regarding the recording of medicines. When areas of improvement were identified these were completed by the manager. For instance, the manager recognised that several signatures had been missed from one person's medicines administration record. They acted to rectify this and arranged retraining with the staff member concerned.

Staff members told us that as Quil Care Group Limited was such a small staff team they did not yet have any team meetings. However, the staff members we spoke with told us they had regular contact with the manager and colleagues and felt supported in their role. Staff members told us that they were aware of the relevant policies and procedures that informed their work with people. This included the whistle blowing policy. The staff members we spoke with told us that they believed they would be supported if they ever needed to raise a concern.

The manager kept themselves up to date with developments in adult social care. They told us that they received regular newsletters and information bulletins from organisations such as the Nursing and Midwifery Council (NMC), The Care Quality Commission and from the Health and Safety Executive. They were members of a local providers representation organisation and had completed their professional nursing revalidation. Revalidation is the new process that all nurses and midwives in the UK need to follow to maintain their registration with the NMC.