

Qualities Services Ltd

# Qualities Services Ltd - 17 Kings Road

## Inspection report

17 Kings Road  
London  
SE25 4ES

Tel: 02087784848

Date of inspection visit:  
13 December 2021

Date of publication:  
14 February 2022

## 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?

Good ●

# Summary of findings

## Overall summary

Quality Services Ltd is a residential care home providing personal care for up to ten people living with autism, complex learning disabilities, epilepsy and behaviours that challenge. At the time of the inspection the service was supporting ten people.

People's experience of using this service and what we found:

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right Support, right care, right culture is the statutory guidance which supports CQC to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting some of the underpinning principles of Right Support, Right Care, Right Culture.

Right Support:

- ☐ The model of care provision and the care setting maximises people's choice, control and independence

Right Care:

- ☐ Care is person-centred and promotes people's dignity, privacy and human rights

Right Culture:

- ☐ Ethos, values, attitudes and behaviours of leaders and car staff ensure people using services lead confident, inclusive and empowered lives.

Medicines administration records [MARs] were completed but we found two unexplained gaps in the records for one person on one occasion. The registered manager took immediate action to introduce a new auditing tool. This will help to ensure that records are maintained accurately, and people receive their medicines safely and as prescribed.

People told us they were safe and were protected from the risk of abuse. The service had safeguarding procedures in place that staff were well aware of. Staff received training on safeguarding people. Risk assessments and risk management strategies were in place as part of the assessment and support planning process. This meant risks to people and to staff were minimised.

There were robust recruitment practices in place and sufficient staff levels to meet people's needs.

The provider ensured that all their staff received appropriate training and support to understand and to

manage COVID-19. This included best practice for infection control and the use of PPE. Staff also received appropriate guidance on how to support people with dementia to understand the pandemic and COVID-19. The provider made appropriate support services available to staff in order to support their mental wellbeing through the pandemic and if they became unwell and when they returned to work.

There were systems in place to ensure that accidents, incidents and risks were appropriately recorded and included details of preventive strategies used by the service to reduce the likelihood of events occurring in the future.

Assessments were thorough and expected outcomes were identified. Support plans were reviewed and updated as people's needs changed. People were supported by staff who knew them well and were able to identify people's likes and dislikes. They were supported to eat and drink according to their dietary requirements taking into consideration people's preferences.

Staff received comprehensive training in all the necessary areas of their work. Staff had regular supervision with the registered manager, and they told us they felt supported.

People told us they were treated with dignity and respect. This was echoed by people's relatives. They told us staff had the right skills to deliver appropriate care and support. Staff were able to communicate with people well. Information was provided in various formats where required.

People and their relatives were confident that any feedback whether this was positive or negative would be addressed appropriately and resolved by the registered manager. They told us the registered manager welcomed feedback and they said complaints were dealt with swiftly and professionally.

People told us they thought the service was well led and that they were very happy with the support they received.

There were effective systems in place to monitor the quality of the service provided to people which ensured good governance. Technology was used effectively by the provider to ensure people were informed promptly about potentially missed or late calls. The service had systems in place to notify the appropriate authorities where concerns were identified. The culture of the service was positive, open and person centred.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update:

This service was registered with us as a new provider on 13 February 2020 and this is the first inspection.

Why we inspected:

This was a planned inspection based on the length of time since the service was registered with the CQC under a new provider.

Follow up:

We will continue to monitor information we receive about the service and we will re-inspect when we feel it is necessary.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

## 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.

Details are in our safe findings below.

### Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

### Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Qualities Services Ltd - 17 Kings Road

## **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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

This inspection was completed by one inspector.

#### Service and service type

Quality Services Ltd is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection. 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. We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used this information to plan our inspection.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We spoke with the registered manager, the operations director who is also the deputy manager and three members of staff. We inspected three people's care files and four staff files. We also reviewed a variety of records relating to the management of the service. As people were not able to tell us of their experiences, we observed their interactions with staff and the support staff provided.

#### After the inspection

We spoke with four relatives on the telephone about their experience of the care provided. We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This was the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- Medicines administration records [MARs] were completed. There were two unexplained gaps in the records for one person on one occasion. We spoke with the member of staff who was on duty at the time. They explained they were distracted by another person's behaviour and therefore did not sign the MAR as required on that occasion. We undertook a stock check of stored medicines and we found stored medicines matched the recorded levels on MAR sheets thereby indicating the person concerned had received their medicines. This indicated the error was a recording issue.
- The registered manager agreed to take immediate action to introduce a new auditing tool to ensure the administration of medicines were checked by senior staff on a daily basis and by the registered manager weekly. The registered manager acknowledged the importance of completing MAR sheets accurately and said the matter would be discussed in individual staff supervisions and team meetings. This should ensure that records are maintained accurately.
- The registered manager told us only staff who completed training in the safe administration of medicines were allowed to assist people with their medicines. Staff told us they had been trained in the administration of medicines which they said had helped them to administer medicines safely to people. We saw certificated evidence that supported this.
- The provider's policies and procedures for medicines helped to ensure people received them safely and as prescribed. Staff were required to read these policies and procedures and to sign to agree to work within them.

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

- Up to date policies and staff procedures were in place which helped to safeguard for safeguarding adults from abuse. Systems for reporting and acting on concerns were robust. Staff received appropriate training and knew the procedures to follow. This meant staff had the skills and knowledge to identify safeguarding concerns and to act on them appropriately ensuring people were protected and safe. No concerns of abuse had been raised since the service was registered.
- People and their relatives told us they felt safe and staff were very supportive. One person said, "I like it here. It's nice and the staff are kind to me. I feel safe here." A relative commented, "[My family member] is the happiest I have ever seen them, the staff are excellent, and I have no fears about their [family member's] safety." Other relatives expressed similar views and confirmed they felt their family members were safely cared for.
- Information on safeguarding was on display within the home including easy to read versions for people, staff and visitors' reference.

### Assessing risk, safety monitoring and management

- People's needs were assessed on referral to ensure the placement would be suitable. Information we reviewed from referring agencies was comprehensive. Risks associated with people's needs were identified, assessed and regularly reviewed to avoid possible harm.
- Staff told us risk management strategies supported them effectively to manage identified risks whilst ensuring people's rights and independence were promoted and respected. Positive risk taking was supported and encouraged in line with the principles of Registering the Right Support to help people learn new skills and to enjoy accessing community services. For example, with maintaining interest in hobbies and activities when out in the community.
- There were arrangements in place to deal with foreseeable emergencies and to maintain the safety of the premises. People had individual emergency evacuation plans in place which highlighted the level of support they required to evacuate the building safely in the event of an emergency.

#### Staffing and recruitment

- There were enough staff to meet people's needs and staff were recruited safely. Employment checks were completed before staff started working with people, including gaining references and an employment history. Disclosure and barring service (DBS) checks were completed. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.

#### Preventing and controlling infection

- We were assured that the provider was preventing visitors from catching and spreading infections.
- We were assured that the provider was meeting shielding and social distancing rules.
- We were assured that the provider was admitting people safely to the service.
- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.
- We were assured the provider was facilitating visits for people living in the home in accordance with the current guidance.

#### Learning lessons when things go wrong

- Staff understood the importance of reporting and recording accidents and incidents and lessons were learnt to prevent the risk of reoccurrence.
- Records showed staff identified concerns and accidents and took appropriate action to address them. Where appropriate accidents and incidents were referred to local authorities and the CQC and advice was sought from health care professionals.
- Incidents and accidents were reviewed as a means of learning and improving safety for people and staff. Investigations and actions taken were shared with the staff team at meetings.



# 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.

This was the first inspection for this newly registered service. This key question has been rated Good. 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

- Assessments of people's needs, and preferences were completed before they moved into the home. This ensured the service's suitability and that people's needs and preferences could be appropriately met.
- Relatives confirmed they were involved in the assessment process and with reviewing their family member's care where appropriate. One relative commented, "Staff provide the best care and they are so good with [family member], we couldn't ask for more. Another relative said, "The manager always involves us, as and when necessary."
- Assessments were used to produce individualised care plans which provided staff with information on how best to support people to meet their needs. Assessment included areas such as an individual's personal history, their preferences and consent.

Staff support: induction, training, skills and experience

- There were effective processes in place to ensure staff were appropriately supported. Staff new to the home were inducted into the service appropriately. Staff completed an induction programme in line with the Care Certificate, a nationally recognised programme for health and social care workers.
- Relatives commented positively on the skills of the staff. One relative said, "Staff have taken time to develop a good trusting relationship with [family member]. They seem to be well trained and have a good understanding of working with people." Another relative said, "The staff are the best we have had looking after our [family member]."
- Staff received regular supervision, support and an annual appraisal of their practice and development.
- Staff were knowledgeable about the people they supported and had the skills and experience to meet their needs appropriately.
- Staff received training in a range of topics such as, behaviours that challenge, effective communication, autism, epilepsy and person-centred working amongst many others.

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

- People were supported to eat and drink enough to maintain a balanced diet. They told us they enjoyed their meals. A relative told us, "They enjoy it a lot and they are really looking forward to the Christmas lunch." Another said, "They seem very happy with the food provided, I have not had any complaints from my [family member]."
- People helped choose their menus. Staff considered people's specific dietary requirements where they occurred as well as their preferences and dislikes.
- Care plans documented people's nutritional needs, any known allergies or nutritional risks such as choking, weight loss or gain. Good records were maintained that evidenced what people had eaten on a

daily basis.

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

- Staff were well informed about people's healthcare needs. This meant they were able to support people to lead healthier lives. We saw that the registered manager carried out the initial assessments of people's healthcare needs. Care and support plans detailed the expected outcomes which were agreed with people and their relatives.
- People's physical, mental and emotional needs were assessed and documented in their plan of care. Staff monitored people's daily needs and well-being to ensure they were supported appropriately.
- Staff worked in partnership with health and social care professionals to plan, review and monitor people's well-being. Information and guidance provided by social workers relating to people were followed by staff.
- Staff supported people [when required] to accompany them to appointments.
- Records of health care appointments were retained in people's care plans documenting any treatment required or received. This ensured staff were informed of any changes.

Adapting service, design, decoration to meet people's needs

- Wherever possible and according to people's needs, they were encouraged and supported to furnish their rooms with items specific to their individual taste and interests.
- People were mobile and did not require specialist equipment to enable greater independence. We saw their physical and emotional needs were met. Relatives confirmed this when we spoke with them.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised appropriately and whether any conditions on such authorisations were being met.

- Some people using the service with complex needs had been assessed under the MCA and a DoLS put in place. We reviewed these applications and found the process was correctly followed and the conditions met.
- Staff sought people's consent and respected their decisions and rights. One relative commented, "When I visit, I often see staff encouraging people to express their views, whether it be about going for a walk or what they wish to do [in terms of activities]".
- Staff were knowledgeable and aware of the need to assess people's capacity if required to support them to make decisions. Staff had received training on the MCA and DoLS and people's rights were protected because staff acted in accordance with the MCA.
- The registered manager and staff empowered and supported people to make their own decisions wherever possible in order to maximise their independence.



# 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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- We saw people were treated well. Staff had built respectful relationships with people valuing their independence, needs and wishes and demonstrated an in-depth awareness of individual preferences.
- People's relatives were complimentary about staff and the care and support they offered their family members. One relative said, "The staff are lovely, very caring." Another relative commented, "The staff and the manager are very kind. I don't think there is a better place for [family member] to be."
- People were allocated a keyworker to support them to meet their expressed needs and goals. A keyworker is a member of staff who has responsibility for a person's care plan, well-being and progress.
- People's diverse and cultural needs were respected, assessed and documented as part of their plan of care. Care plans included information about people's cultural requirements and spiritual beliefs.
- Staff received training on equality and diversity and worked to ensure people were not discriminated against any protected characteristics they had in line with the Equality Act 2010.

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

- People and their relatives were supported to express their views. They told us they were consulted about the care and support provided. One relative said, "We are invited to review meetings to contribute to making decisions about [family member's] care."
- During our inspection we observed staff communicated effectively with people. Individuals communication needs were assessed and documented in their plan of care ensuring staff could support and engage with people appropriately. For example, staff interacting with people in a kind and calm manner.
- People were provided with information about the service in the form of a service user guide in a format that met their needs, for example, easy to read or large print versions.

Respecting and promoting people's privacy, dignity and independence

- The service applied the principles and values of 'Right support, right care, right culture' and other best practice guidance. These ensure that people who use the service can lead a full a life as possible and achieve the best possible outcomes that include control, choice and independence. Staff directed these principles through offering and empowering people to make choices about their everyday lives, by observing and recognising when people were happy or unhappy and by implementing change when required.
- Care plans were person centred and focused on what people could do for themselves and areas they felt they needed support with. Positive risk taking was safely encouraged by staff with empowering respectful support offered if required.
- People were supported to maintain relationships that were important to them and staff recognised the

significance of this on individual's well-being. For example, supporting and enabling people to visit relatives and friends. A relative told us, "We live some distance away and are therefore not able to visit as we would like, however I speak with [family member] regularly."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. 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

- People's care plans contained information about their life history, their social, cultural and spiritual preferences and the interests and activities they enjoyed. This meant staff had personalised information about people, which helped them to deliver care in a person-centred way.
- People's care plans were reviewed regularly to ensure they remained accurate and reflected people's needs. Daily records were kept, and they contained information about what people had done during the day and their physical and emotional well-being. This information was used to handover to staff when shifts changed.
- People could choose how they wanted to receive their care and support. We observed a member of staff asking a person what they wanted to do on the day. The person replied, "I'd like to go for a walk". The member of staff then supported the person and they both went out for a walk together. The person's choice was respected.

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.

- People's communication needs had been assessed and recorded and their care plans included detailed personalised information for staff about how to communicate with them in a person-centred way.
- Staff gave people information in pictorial and large print formats when needed and people had their own individual communication systems in place where necessary.

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

- Staff encouraged people to follow their interests and participate in activities. People were supported to engage in a range of activities and maintain relationships important to them.
- During the Covid-19 pandemic restrictions people still had visits and also stayed in touch with their families using video calls.
- Relatives told us people's activities were wide and varied. Comments included, "There are plenty of activities for people", "Staff support them to do lots of things such as swimming, cycling, going for walks and to the cinema", and "They spend a lot of time doing activities".

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and procedures. People had been given information about how to make a complaint and how it would be dealt with by the provider, including the time frames involved. Complaints had been recorded and investigated and the provider had responded to people and taken action to resolve issues and improve people's care.
- People and their relatives said they were satisfied complaints would be fully addressed. A relative told us, "I am confident the manager would address any problems quickly and then do what they could to put it right".

#### End of life care and support

- At the time of our inspection no one was receiving end of life care. However, the registered manager told us they would work closely with the person, their relatives, the local hospice and others involved in their care.

# 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.

This was the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager understood their duty of candour responsibility to notify CQC appropriately of significant incidents including allegations of abuse and serious injuries.
- People's relatives spoke positively about the service they received. They said staff were committed to providing good, high quality care. Comments we received reflected this. "We are very happy with the care, no complaints at all," and "Our [family member] is doing so much better than ever before and their health has improved too" and "We've had no problems since he's been there, the staff really do care and that provides us with great confidence," We found there was an open and transparent culture at the service that met the needs of the people staff supported.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager showed they understood their role and responsibilities, as did the staff. The registered manager kept themselves up to date by attending regular courses on key topics.
- The provider had a robust auditing system to check all aspects of service delivery, ensuring the quality of care was a good standard, checking the daily logs, other documentation and staff training.
- Staff were well supported with good training and one to one supervision.

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

- Staff spoke with people and their relatives to ensure they were happy with the service they received.
- Relatives told us they were fully involved in making key decisions about their family member's care. They said any special requests or needs were taken seriously and where appropriate integrated into their care plans.
- They said staff communicated very well with them but also said they were able to contribute suggestions as how the service could be improved. They told us they felt listened to.
- Relatives told us their family members received good support from staff who were happy and committed to their work. They said there was an open and friendly culture. One staff member told us, "It's a good service, well managed and the staff team is supportive." Staff told us the registered manager dealt effectively with any concerns when they were raised.



Working in partnership with others

- The registered manager worked positively with external professionals to achieve positive outcomes for people. Feedback we received was positive.