Quality Of Life Homecare Limited

Unit 2 Watling Gate

Inspection report

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21 February 2017
24 February 2017

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

Our inspection of Unit 2 Watling Gate took place on 21 and 24 February 2017 and was announced. 48 hours' notice of the inspection was given because we wanted to be sure that a manager was available when we visited.

We had undertaken a focused inspection of Unit 2 Watling Gate on 2 and 6 September 2016 at which a breach of legal requirements was found. This was because suitable reference and criminal records checks were not in place for all staff members working at the service. Following this inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to this breach.

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During our inspection of 21 and 24 February 2017 we found that the provider had followed their plan and actions to address the breach had been taken.

Unit 2 Watling Gate provides domiciliary care services to people who live in the London Borough of Harrow. At the time of this inspection the service was working with 60 people, some of whom were receiving short term reablement support following a stay in hospital.

The service has a registered manager. 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.

People told us that they felt safe when receiving care. Staff members understood how to safeguard the people whom they supported. There were sufficient numbers of staff employed to ensure that people's needs were met and that there was continuity of care. The provider had carried out checks to ensure that staff members were of good character and suitable for the work that they were engaged in.

Arrangements were in place to ensure that risks associated with the provision of care and support were assessed and managed. Risk assessments were linked to guidance for staff on how to manage risk and had been regularly reviewed and updated where there was any change.

Staff received regular training that covered a wide range of topics which met national training standards for staff working in health and social care services. They were able to describe the training that they had received and tell us about how it helped them to support the people with whom they worked.

Arrangements were in place to ensure that staff were provided with regular supervision by a manager. Supervisions were supported by regular unannounced "spot checks" of care which took place in people's homes.

Care plans were in place detailing how people wished to be supported, and people were involved in making decisions about their care. People and family members told us that they thought that staff who worked with them were professional, caring and respectful. Staff spoke positively about the work that they did and the people whom they supported.

People knew how to contact the office and were confident that the provider would deal with complaints appropriately and quickly. We saw that people's feedback about the service showed high levels of satisfaction with the care and support that they received.

There were effective processes in place to monitor the care and welfare of people and improve the quality of the service. The provider was introducing an electronic quality assurance system to improve the effectiveness of such monitoring.

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. Risk assessments were up to date and guidance in relation to managing risk was provided for staff delivering care was in place for most people who used the service.

Appropriate checks regarding the suitability of staff were carried out prior to commencing work with people.

There were sufficient staff to ensure that people received the care that they required and this was confirmed by people and family members.

Is the service effective?

Good

The service was effective. Staff members had received regular ongoing supervision and training to support them in their roles.

The service had policies and procedures relating to The Mental Capacity Act and information about capacity was recorded in people's care files.

Staff ensured that relevant professionals were informed and involved where there were concerns about people's health.

Is the service caring?

Good

The service was caring. People who used the service spoke positively about staff members' approach to care, dignity and respect.

Staff members that we spoke with spoke in a caring way about the people whom they supported and described positive approaches to ensuring that people's needs were met and respected.

The provider had arrangements in place to ensure that people were matched to appropriate care staff and received continuity of care.

Is the service responsive?

Good

The service was responsive. Care plans were up to date and included detailed information about how and when care should be provided.

Care plans and assessments contained information about people's needs, interests and preferences.

People knew what to do if they had a complaint, and were satisfied that complaints were listened to and acted upon.

Is the service well-led?

Good

The service was well led. People spoke positively about the management of the service.

A range of quality assurance processes were in place and feedback was sought from people regarding their views of the service.

Staff members were kept up to date through regular staff meetings, newsletters and ongoing email and telephone communication.

Unit 2 Watling Gate

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

We visited Unit 2 Watling Gate on 21 and 24 February 2017 The inspection team consisted of one inspector and an expert by experience who conducted telephone interviews with people who used the service. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We used a range of methods to help us to understand the experiences of people who used the service. We reviewed records held by the service that included the care records for eleven people receiving care and support and 6 staff records, along with records relating to the management of the service. We spoke with the registered manager, the office manager and five other staff members. Although we were only able to speak with one person who used the service, we were able to receive feedback from the family members of 11 further people.

Before our inspection we looked at the information that we held about the service. This included previous inspection reports, notifications, enquiries and other information that that we had received from the service. We also spoke with a professional from a local authority that commissions support from the service.

Good

Is the service safe?

Our findings

People told us that they felt that the service was safe and that they were confident with the quality of care staff. One person said, "The care workers do make me feel safe." Feedback from family members included, "I know what to look for and the care workers are very good," and, "We have had bad experiences in the past and this company is excellent."

During a focused inspection of Unit 2 Watling Gate on 2 and 6 September 2016 we found that there were recruitment failures. The appropriate checks had not been carried out in order to ensure that staff members employed by the service had received checks to ensure that they were suitable for the tasks that they were undertaking. We found that two staff records contained copies of DBS checks obtained by a previous employer and the files for a further two staff members did not contain records of references being obtained.

This was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Following this inspection the provider submitted a plan setting out the actions they were taking in order to improve the service. We used this plan when we reviewed progress on meeting the regulation during our inspection.

The provider had taken steps to ensure that staff members were suitable for the work that they were undertaking. We looked at six staff files and saw that there were two references in place and that satisfactory criminal records checks from the Disclosure and Barring Service (DBS) had been obtained. Where new staff members had recently resided in other European countries the provider had also sought criminal records information from the country of origin and copies of these documents were contained in their staff files. We saw from the records of two recently appointed staff members that they were not assigned to work with people until two satisfactory references and DBS checks had been received. Information in relation to employment history was contained within their files, and any gaps in such were accounted for.We also saw that copies of identification documents and evidence of eligibility to work in the UK were contained in staff member's files.

Risk assessments for people who used the service had been carried out at the point of referral to the service. These included information about a range of risks relevant to the person's needs, for example, moving and handling, mobility, falls, medicine, behaviours and risk within the community. Risk assessments also included information in respect of environmental risk and safety of equipment.

We saw that risk assessments had been regularly reviewed and updated to reflect people's current care and support needs. Guidance had been developed to ensure that staff members had information about managing identified risks to people.

Some people who used the service were receiving short term reablement support following a hospital stay. Reablement packages are designed to support people for up to six weeks, during which time progress in

respect of their recovery is closely monitored in order to assess whether or not they require additional or longer term support. We saw that weekly assessments of risk had taken place for these people and that these were reported to the commissioning local authority. This meant that decisions could be taken at an early stage regarding the closure or extension of any support package.

Staff members were familiar with the principles of safeguarding people who used the service. They were able to describe types of abuse, the signs and indicators that might suggest abuse, and what they should do if they had a safeguarding concern. We saw that training records showed that staff had received training in safeguarding prior to commencing work with people who used the service, and that this training was refreshed on a regular basis. There was an up- to-date safeguarding policy and procedure and we saw that this reflected current best practice guidance and referred to the local authority and multi-agency safeguarding procedures.

We looked at records in relation to medicines. There was a policy and procedure for administration of medicines that reflected current best practice guidance. The training records that we looked at showed that staff members had received training in safe administration of medicines. The service was not working with people who required medicines to be administered by staff. However, people's care plans showed that some people required reminding or prompting to take their medicines. Where this was the case, there were medicines administration records that had been signed to show that medicines had been taken by the person. We saw that these had been audited by the service on a regular basis.

There were sufficient numbers of staff employed to ensure that people's care and support needs were met. Care calls were monitored by the provider on a weekly basis. The service ensured that that staff had sufficient travelling time between care calls to minimise any possibility of lateness. Staff members were allocated to provide support to people within a 'locality area' where possible. We saw from the rotas for the service that travel time between care calls was planned. Family members consistently told us that care staff were rarely late and supported their relatives for the required amount of time. We were told, "Communication is good: they contact us if they are late due to an emergency." Two family members told us that they had concerns about lateness in the past, but this was resolved immediately they had raised these with the service.

The service maintained a 24 hour on-call service that was available for staff and people who used the service to discuss and report queries and concerns. The provider also had an emergencies policy which included, for example, actions to be taken in case of adverse weather and disruptions to public transport.

Good

Is the service effective?

Our findings

People who used the service were positive about the support that they received from staff and felt that staff had appropriate skills and knowledge. One person said, "I need a lot of care and it is always done correctly." A family member told us, "They do a wonderful job. They always give us the assurance they know what they are doing."

Staff members received induction training prior to commencing work with any person who used the service. The induction included core training and shadowing of experienced staff members. Newly recruited staff members were also required to complete the care certificate for staff working in social care services. The care certificate provides a set of minimum standards that should be covered as part of induction training of new care workers. The probationary period for new staff members was not 'signed off' until the provider was satisfied that they were competent in their role and had successfully completed the care certificate.

Training was delivered via a mix of on-line and classroom based sessions and was 'refreshed' for all staff members on a regular basis. We saw that competency assessments in relation to safe administration of medicines and moving and handling of people had taken place. Staff members that we spoke with were able to list the training that they had received, such as moving and handling, medicines, safeguarding and infection control. One staff member told us, "the training is really good and if I'm not sure about something I can do it again." Another said, "Some training we have to do every year and this helps to remind us and keep us up to date." A new staff member said that they were happy with the induction training that they received from the service. "They cover a lot of things very well."

Staff members had received supervision from a manager. The provider had recently introduced a supervision schedule and we saw that supervisions were taking place at least four times per year or more frequently where there were concerns about performance. In addition, there were records showing that 'spot checks' of care practice had taken place in people's homes. One staff member told us, "We never know when a spot check is happening and this is good because it makes us stay alert to how we care for people."

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. We saw that the provider's policies on MCA were up to date and reflected good practice guidance. Care documents clearly showed whether or not people had capacity to make decisions for themselves. Staff training records showed that training in relation to MCA and DoLS was provided to all staff members. The care plans that we looked at for people who used the service clearly showed whether or not they had capacity to make decisions about aspects of their care, and provided guidance for staff about how they should support decision making.

We saw that people had signed to show that that they had consented to the care that was being provided by the service. Where people were unable to do so, we saw that family members had been asked to sign on their behalf.

Care staff were involved in meal preparation for some people, and we saw that care plans and risk assessments for people who were being supported with eating and drinking provided guidance for care staff about how to prepare and deliver food as people required. This included information about preferred food and drink, offering choice, and when and how people should be supported.

People were supported to maintain good health and wellbeing and we saw that information about people's health and medical needs and histories were contained within their care documents. The daily care notes that we looked at showed that staff members had liaised with professionals such as GPs and community nurses where they had concerns about people's health.

Good

Is the service caring?

Our findings

People told us that they felt that the service was caring. A person said, "The care workers always give me dignity and respect. I am very, very happy with the care I receive." Family members told us, "They are caring – my relative would definitely speak up if they were not," and, "The carers are considerate- caring- compassionate- they are brilliant."

The staff members that we spoke with talked about the people whom they supported in a positive, caring and respectful way. Staff members told us that, "I really enjoy speaking to my clients when I am working with them. They are so interesting," and "I think that this could be my mother and I want them to have the best care that I would want for a member of my family."

The registered manager told us that, except where there was an emergency, it was important that people were supported by staff members that they were familiar with. We saw from people's care plans and the staffing rotas that care was provided by the regular staff members. Everyone we spoke with confirmed that they received consistent support from the same care staff. Family members spoke highly of the regular carers. One told us, "They have given me as a relative the assurance that they are very well looked after. Due to the trust I have with them and how they treat my relative I can have a life of my own." Another family member said, "My relative has dementia. Routine is important and the same faces are extremely important. We have the same carers."

the service had up to date policies on equality, diversity and human rights. Staff members had received equality and diversity training. The care plans and risk assessments that we viewed included information about personal histories, interests, relationships and cultural and diversity needs and preferences. The service made efforts to ensure that care staff were matched to people on the basis of individual preference and needs. For example we saw that gender specific care was provided where people had requested this. The registered manager told us that a number of languages were spoken within the team and that people were matched with staff able to communicate with them in their first language where possible if required. For example, a staff member who spoke Greek was supporting a person for whom this was the language they were most comfortable with communicating in.

The provider ensured that confidentiality was maintained. Care documents and other information about people were stored in secure cabinets within the service's office, Copies of assessments, care plans and risk assessments were also maintained within the person's home.

We viewed information that was provided to people who used the service, copies of which were kept in their own homes. This provided clear explanations of the care and support that was being provided. People told us that they were satisfied with the information that was provided by the service.

Good

Is the service responsive?

Our findings

People told us that they were pleased with the support that the service provided. We were consistently informed that the service had responded immediately and to people's satisfaction when any requests or concerns had been raised. Family members said, "They acted on an issue I raised straight away," and, "they do listen to us when we have issues."

The care plans that we saw were up to date and ensured that care staff had appropriate information and guidance to meet people's needs. The care plans contained information about people's living arrangements, family and other relationships, personal history, interests, preferences and cultural and communication needs. Plans also contained information about how people wished to be supported along with information about other key professionals providing services or support to the person.

People's care plans and risk assessments were clearly linked so that it was easy to see how plans were used to manage identified risks. These were up to date and we saw that they had been amended where there had been changes in people's needs. We saw that care plans provided information about each task, along with detailed guidance for care staff about how they should support the person with these. This included, for example, information about how the person liked to be communicated with, how choice should be provided, and how best to support people with their mobility needs, dietary or personal care needs.

Care plans were reviewed on a monthly basis for people receiving longer term care and support. There were weekly reviews of plans for people receiving short term reablement support which highlighted progress and areas of concern. This information was submitted to the local authority reablement team to ensure that plans were developed at an early stage should people require further support at the end of the six week reablement period. Care plans and assessments had been updated where there were any changes to people's care and support needs.

Care staff completed care notes at each visit. These were kept in the person's home and reviewed by the service on a periodic basis. The notes of care that we saw showed that people had received support that was consistent with their plans. These records were clearly detailed and easy to understand. People that we spoke with felt that the care staff were well informed about their needs.

We saw that the service had a complaints procedure that was available in an easy to read format. People told us that they would call the office if they had a complaint. Two people that we spoke with told us that they had made complaints in the past, and that these had been responded to quickly and appropriately.

The record of complaints, concerns and compliments maintained by the service showed that complaints had been dealt with in an appropriate and timely manner, and people's satisfaction with the outcomes had been recorded.

Good

Is the service well-led?

Our findings

People spoke highly about how the service was managed. One person said, "Everything is working very well. We are very, very happy with this company." A family member told us, "It is very hard to hand over the care of your relatives to a care place. This company has been amazing and they have changed my life as well for the better." Another family member said, "They left no stone unturned to ensure my relative was totally comfortable. The plan changed many times but the management never complained."

Staff members that we spoke with were positive about with the management of the service and how they were supported. One staff member said, "I can contact the manager any time and they will always take time to discuss and act on what I tell them." Another said, "The managers are great. They have helped me a lot."

The care files that we viewed showed that quality assurance processes such as on-site spot monitoring, and telephone checks with people who used the service to assess their satisfaction with their care took place. Records of care calls were monitored weekly, and we saw that there were regular audits of, for example, care files, daily care notes and medicines records. The provider had recently carried out a full review of all staff records and care documents to ensure that they were in order and up to date.

The registered manager showed us a new electronic monitoring system that they would be using to monitor service outcomes. At the time of our inspection this was not yet fully operational, but the registered manager told us that it was designed to set alerts and monitor patterns where actions may need to be taken.

We saw records of team meetings that took place periodically to ensure that staff members were provided with information relevant to the service and enabled to discuss any issues or concerns that they had. Up to four meetings were held on two consecutive days to ensure maximum staff attendance. One staff member said that they valued the opportunity to meet with other team members. Newsletters were sent to all staff every two months. The most recent newsletters contained items on safeguarding, medicines and care records, reporting signs of pressure area breakdown, and what to do if there is no response at a care visit.

Arrangements were in place to ensure that staff received information and training in respect of any change that affected their practice. In addition to the newsletters, staff members were communicated with regularly by email and text message. The staff members that we spoke with were satisfied that they were appropriately informed about and supported with changes to the way the service was delivered. They also confirmed that there was regular face to face and telephone contact and that they valued the information that they received.

The records maintained at the service showed evidence of partnership working with other key professionals involved with people's care, for example social workers, general practitioners and community and specialist nursing services. During our inspection we heard office staff making calls to health professionals regarding the wellbeing of people who used the service.