Quality Care Solutions Limited

Quality Care Solutions Limited

Inspection report

Phoenix House
Phoenix Industrial Estate, Rosslyn Crescent
Harrow
Middlesex
HA1 2SP

Tel: 02038652536

Date of inspection visit:
29 May 2018

Date of publication:
11 December 2018

Ratings

Overall rating for this service	Inspected but not rated

Is the service safe?	**Inspected but not rated**
Is the service effective?	**Inspected but not rated**
Is the service caring?	**Inspected but not rated**
Is the service responsive?	**Inspected but not rated**
Is the service well-led?	**Inspected but not rated**

Summary of findings

Overall summary

Quality Care Solutions are registered to provide a range of services to people in their own homes including personal care. At the time of our inspection the service was supporting one person. This person was mainly provided with personal care on short visits during key times of the day. This included help with getting up in the morning, going to bed at night and support with meals. The service advised us that they were planning to provide care to more people and were in the process of liaising with local authorities for future referrals.

Due to the number of people supported by the service we were not be able to award a rating because we did not have enough evidence.

There was a registered manager in post at the time of our inspection. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There were systems and processes in place to minimise risks to the person receiving care. We were reassured by relatives' feedback that the person receiving care was safe. The service had safeguarding systems and processes to support care workers to protect the person from avoidable harm. Care workers were aware of how to raise concerns. They had undergone appropriate recruitment checks prior to working at the service. There was an adequate number of care workers deployed to meet the person's needs. However, the service required more care workers to cover for emergencies. The service was actively recruiting for more care workers. The person received help with medicines. They were supported to take their medicines by care workers who had been trained in doing so.

The person's relative commented on how well the person's individual needs were met. The person had a care plan that described the type of support required and how this was delivered. The service worked alongside other professionals, including social workers and GPs. The person's capacity to make choices had been considered in line with the Mental Capacity Act 2005 (MCA). We saw evidence from the person's care records that care workers asked for permission before attending to the person's needs. Care workers were supported to have the skills and knowledge to carry out their role. Care workers had received regular training and support.

Feedback from relatives showed the person was treated with respect. Their privacy was maintained. The person's individual preferences were respected. Care workers had a good understanding of protecting and respecting the person's human rights. They were aware of the importance of respecting the person's values, beliefs and cultures.

The person received person centred care. They had been involved when their care plans were written. By involving the person, the service could deliver care that met their preferences. We discussed with the registered manager that the person's care plan could be more detailed. There was a complaints procedure

in place. Following our inspection, the registered manager told us they had commenced work to comply with the requirements of Accessible Information Standards.

Whilst audits had not been completed, there was a policy in place and a plan to complete audits once the service had more on-going activity. Due to the size of the service, we found the registered manager and the care worker to be well-informed on on-going improvements required. However, quality monitoring systems needed to be fully developed to ensure the registered manager had proper oversight of the quality and safety of the care agency.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Inspected but not rated

The service was safe.

The person's care plan contained risk assessments which identified the risks and how these should be minimised.

Care workers had been recruited safely. They underwent appropriate recruitment checks before they commenced working at the service.

There were enough care workers to support the person in their homes safely. However, the registered manager acknowledged more care workers were required to provide cover in emergency situations.

The person was supported with their medicines in a safe way by care workers who had been appropriately trained.

Is the service effective?

Inspected but not rated

The service was effective.

The person's needs were met. Their needs had been assessed prior to using the service. The person had a care plan that described the type of support required and how this was delivered.

The person had access to healthcare services and were supported to maintain good health. The service worked alongside other social and healthcare professionals to deliver care.

The person's capacity to make choices had been considered in line with the Mental Capacity Act 2005 (MCA).

Care workers received regular training to help ensure they had up to date information to undertake their roles.

Is the service caring?

Inspected but not rated

The service was caring.

Care workers were kind and compassionate. This was confirmed in relatives' feedback.

The person was treated with respect. Their privacy was maintained.

The person's individual preferences were respected. Their care plans contained detailed information so that care workers could understand their preferences.

Care workers had a good understanding of the need to protect the person's human rights. They had received equality and diversity training.

Is the service responsive?

Inspected but not rated

The service was responsive.

The person's care plan gave an account of their needs and actions required to support them. However, we discussed improvements to the current care plans to ensure they were much more person-centred plan.

The person's care plan reflected their social needs. They were supported to take part in meaningful activities that were socially relevant and appropriate to them

Improvements were required to meet the requirements of Accessible Information Standard (AIS).

The service had a complaints procedure. We saw evidence that the policy had been shared with relatives.

Is the service well-led?

Inspected but not rated

The service was well-led.

Relatives' feedback indicated the service was well-led.

There was a clear management structure in place. Care workers understood their roles and responsibilities.

The service sought the person's views on the service to monitor quality.

Quality monitoring systems needed to be fully developed to

ensure the registered manager had proper oversight of the quality and safety of the care agency	

Quality Care Solutions 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 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.

This inspection took place on 29 May 2018 and was announced. The provider was given notice because the service provides care at home and we wanted to make sure the manager and staff would be available to speak with us.

Before the inspection, we checked for any notifications made to us by the provider and the information we held on our database about the service and provider. Statutory notifications are pieces of information about important events which took place at the service, such as safeguarding incidents, which the provider is required to send to us by law.

The person using the service was not able to express themselves verbally because of complex needs. We were also not able to speak to their relatives because they were not available. However, we were able to see their feedback about the person's experiences of the service.
We spoke with the registered manager, and one care worker.

We examined records of one person using the service. We also looked at personnel records of one care worker, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including staffing rotas and quality assurance processes, to see how the service was run.

Inspected but not rated

Is the service safe?

Our findings

Although the person using the service was not able to verbally communicate with us, relatives' feedback provided reassurances that the person was safe.

There were appropriate procedures in place to ensure the person was protected from the risk of harm and abuse. There was a safeguarding policy so care staff had access to important information to help keep the person safe and take appropriate action if concerns about a person's safety had been identified. A care worker we spoke with understood the procedures needed to follow to ensure the person receiving care was safe. The care worker described the different ways that the person might experience abuse and the correct steps to take if there were concerns that abuse had taken place. The care worker was aware that they could report allegations of abuse to the local authority safeguarding team and the Commission if management staff had taken no action in response to relevant information.

There was a system in place to minimise risks to the person receiving care. Risk assessments had been carried out and recorded in care records. The assessments covered a range of areas, such as the physical environment, safety and security at home, moving and handling, and risk of falls. Copies of risk assessments were kept at the person's home to ensure care staff could access them as required.

The service had arrangements for health and safety checks of the person's home to ensure care staff were working and caring for the person in a safe environment. Care staff told us it was their responsibility to report any health and safety concerns to the person and to the office so that action could be taken to remedy any faults. These procedures helped to ensure the safety of staff and the person in their home.

We checked recruitment records to make sure care workers had all the appropriate checks prior to starting work with the service. We saw that care workers had undergone appropriate recruitment checks before commencing to work at the service. Checks included, at least two references, proof of identity and Disclosure and Barring checks (DBS). The DBS helps employers make safer recruitment decisions and prevent the appointment of unsuitable people. This helped to ensure that only people deemed to be suitable by the agency were employed to work within the service.

We spoke with a care worker about staffing levels and we were told that there were no issues. We read feedback from a survey that was carried out in March 2018. A relative said, 'time keeping is really good. The care worker is reliable and helpful'. The service employed one care worker to provide three hours of care per day. We saw from records that the person's needs were generally met. However, the staffing levels were not sufficient to ensure there was sufficient cover when the only care worker was absent through sickness or annual leave. The registered manager told us they were in the process of recruiting and that she was available to cover shifts in times of emergency.

We saw from records that the person received help with medicines in the way they wanted and relatives were happy this was working well. They were supported to take their medicines by care workers trained in medicine administration. There was a policy in place for their reference. When a medicine was administered

or prompted this was signed for by the care worker.

The person was protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection. Care workers told us they were supplied with appropriate personal protective equipment (PPE), including gloves and aprons, when they supported the person receiving care. We saw stocks of PPE at the offices of the service.

Inspected but not rated

Is the service effective?

Our findings

We saw from a survey that was carried out in March 2018 that relatives of the person using the service had commented on how well the person's individual needs were met. Asked what had impressed them most about the service, a relative highlighted 'staff experience'.

Care workers were supported to have the skills and knowledge to carry out their role. Care workers had completed an induction programme according to the Care Certificate framework. 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.

Care workers had regularly attended training to ensure they had the knowledge and skills to undertake their role. Training records showed that care workers had completed core training and specialist training such as epilepsy. They confirmed there was good access to training opportunities and personal development. Regular competency assessments were undertaken to ensure care workers provided safe care to the person; for instance, in medicine administration. Records confirmed that care workers were up to date with their training.

Care workers told us that although the person receiving care was from a Christian background, there were no specific needs relating to faith. Care workers also confirmed there were no specific needs relating to gender, and ethnicity. However, they were aware of the need to respect people's diverse needs and choices.

The person's needs had been assessed in areas such as, personal care, food and fluid intake, medical need and medicines administration. Care plans included guidance about meeting these needs. The service worked with a range health and social care professionals. We saw evidence that care workers accompanied the person or arranged visits to hospitals and appointments with GPs.

The person receiving care had their rights protected because the service ensured that the requirements of the Mental Capacity Act (MCA) 2005. The 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 take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

The person was supported to participate in their care and to make decisions about their day to day lives. We saw from review meetings that the service consulted with the person and their families. We examined the person's records, which confirmed that decisions had been made in their best interests and by whom. Care workers were aware of the need to assess capacity to make specific decisions. Where appropriate they had involved family and professional representatives to ensure decisions made were in the person's best interests.

Care workers told us they felt well supported by the management. They told us that they received

appropriate on-going or periodic supervision in their role. However, there was no record of this. This was mainly due to the size of the service and the fact that there was regular communication between the registered manager and the care worker. However, the registered manager acknowledged the need to formalise the process of supervisions.

Care workers told us that the person's relatives normally prepared their meals. However, where required, care workers supported the person to prepare and eat their meals. Care records highlighted the support that the person required with food and drink. Care workers were aware of action to take if there were significant variations in the person's weight. They told us that they would report any concerns to the manager or the person's GP.

Inspected but not rated

Is the service caring?

Our findings

Care workers were friendly and pleasant. This was confirmed in the feedback from relatives that had been completed earlier in the year.

The person's privacy and dignity were promoted and respected. Care records referred to the importance of ensuring the person's privacy and dignity were respected. Care workers described how they ensured privacy was maintained. They told us they made sure the person was covered as much as possible when attending to their personal care.

Equally, care workers recognised the person's rights to confidentiality. We saw that care records were stored securely in locked cabinets in the office. However, the service had not updated its confidentiality polices to comply with the new General Data Protection Regulation (GDPR) law. The GDPR law came into effect on 25 May 2018. It is Europe's new framework for data protection laws. It replaced the previous 1995 data protection directive. The registered manager told us, this was work in progress.

The person was involved in decisions about their care and treatment. We saw from speaking with care workers and viewing the person's records that they received care and support based on their individual needs. Care records contained information relating to the person's preferences and identified how the person or their representatives preferred care and support to be delivered.

The service provided the person with regular carers so care workers could get to know their needs and develop positive caring relationships. The registered manager told us that at present they only supported one person who had a regular care worker. It was their intention to follow the policy to ensure that people were attended to by regular care workers to ensure consistency.

Care workers had a good understanding of the need to protect the person's human rights. They had received equality and diversity training. The registered manager was familiar with relevant policies, including The Human Rights Act 1998. The service treated the person's values, beliefs and cultures with respect. There were practical provisions for people's differences to be observed. However, none were relevant for the person receiving care but the registered manager reassured us that these would be identified where needed.

Inspected but not rated

Is the service responsive?

Our findings

The relatives of the person were involved in all aspects of care. The service worked with relatives to determine the level of support required. In a satisfaction questionnaire that was completed in March 2018, relatives highlighted that they were satisfied with the care provided.

We reviewed the care plan of one person to check if they received care that was centred on them as an individual. We found that care plans contained information and guidance to make sure that care was provided in a way that met the person's individual needs. Care workers knew the person well and could describe to us how the person liked to be supported. However, we discussed improvements to the current care plans to ensure they were much more person-centred.

The person's care was regularly reviewed to ensure it reflected their changing needs and wishes. For example, we saw minutes of a review that was carried out in November 2017. This was attended by the relatives of the person and members of the multi-disciplinary team. This review identified changing needs in the person's care, with corresponding changes to care plans. For example, it was discussed that the family of the person was unable to provide consistent support regarding health appointments. We saw that arrangements were put in place for the service to facilitate more appointments. We also saw that the service had incorporated recent advice from healthcare professionals regarding management of epilepsy. This ensured that care plans contained up to date information.

We looked at how the service was protecting the person from discrimination in relation to communication. We checked if the service was meeting the requirements of the Accessible Information Standard (AIS). As of 1 August 2016, providers of publicly-funded adult social care must follow the AIS in full. Services are required meet people's information and communication needs. We found that improvements were required. Following the inspection, the registered manager informed us that they had commenced a review of the person's care records to bring them up to date with the policy.

The person's care plan reflected their social needs. They were supported to take part in meaningful activities that were socially relevant and appropriate to them. The person attended a local day centre, where they engaged in a number of activities. This gave the person an opportunity to mix with others socially and reduce the risk of social isolation.

The service had a complaints procedure. The procedure gave details of the process for reporting complaints. There had not been any complaint made since the service was registered with the Commission for the last 12 months. We were not able to confirm with relatives if they were aware of this procedure. However, we saw evidence that the policy was shared with relatives.

Inspected but not rated

Is the service well-led?

Our findings

Relatives' feedback indicated that they would recommend the service and use it again in the future.

We saw from records that the person receiving care, and where necessary, their relatives were actively encouraged to participate in care reviews. They were encouraged to input in their care through a range of ways, including participation in their assessments, and user satisfaction reviews.

There was a management structure in place. This was comprised of the registered manager, and the care worker, who also had administrative duties. Both were aware of their responsibilities and limitations. The care worker told us that they felt supported and could approach the registered manager and that they could contact her at any time.

We spoke with the registered manager about the checks they undertook to ensure the service was delivering high quality care. We saw that the registered manager visited the person to check that the service was meeting their needs. Care workers had received regular 'spot checks' where the registered manager observed them providing care to the person and assessed areas such as their punctuality, the quality of logs, medicines and how they worked with the person. However, no audits had been undertaken.

Whilst audits had not been completed, there was a policy in place and a plan to complete audits once the service had more on-going activity. Due to the size of the service, we found the registered and the care worker to be well-informed on on-going improvements required. However, quality monitoring systems needed to be fully developed to ensure the registered manager had proper oversight of the quality and safety of the care agency

The registered manager was aware of their role in recording, investigating and monitoring safeguarding concerns, complaints, accidents and incidents. However, at this inspection we noted that the service had not received any complaints nor were there any reported incidents.

We checked to see whether there was a record of any staff meeting minutes. We saw that staff meetings were not always recorded. The registered manager and the care worker confirmed this was due to them meeting on a regular basis and the communication just being between the two of them. They communicated through emails, communication book and phone messages. However, the registered manager acknowledged the need to maintain formal records.

There was a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of the person. These addressed topics such as infection control, medicines management, safeguarding and health and safety.