

## Quality Life UK (Care Services) Limited

# Quality Life UK

### Inspection report

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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

Say when the inspection took place and whether the inspection was announced or unannounced. Where relevant, describe any breaches of legal requirements at your last inspection, and if so whether improvements have been made to meet the relevant requirement(s).

Provide a brief overview of the service (e.g. Type of care provided, size, facilities, number of people using it, whether there is or should be a registered manager etc).

N.B. If there is or should be a registered manager include this statement to describe what a registered manager is:

'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.'

Give a summary of your findings for the service, highlighting what the service does well and drawing attention to areas where improvements could be made. Where a breach of regulation has been identified, summarise, in plain English, how the provider was not meeting the requirements of the law and state 'You can see what action we told the provider to take at the back of the full version of the report.' Please note that the summary section will be used to populate the CQC website. Providers will be asked to share this section with the people who use their service and the staff that work at there.

## 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 kept safe because staff understood their individual responsibilities to act in a way that ensured their safety.

People received their planned care and support from staff who were allocated to work directly with them.

People received the support they required to take their medicines as needed.

### Is the service effective?

Good ●

The service was effective.

People were supported by an enthusiastic staff team who were suitably trained and supported to meet their needs.

People's right to give consent and make decisions for themselves were encouraged.

People were supported to have sufficient to eat and drink. Staff understood people's healthcare needs and their role in meeting these.

### Is the service caring?

Good ●

The service was caring.

People were cared for and supported by staff who respected them as individuals.

People were involved in shaping the care and support they received.

People were shown respect and courtesy by staff visiting them in their homes in a way that suited them.

## Is the service responsive?

Good 

The service was responsive.

People's care and support was described in a plan of care which was kept under review and updated when there was a change of circumstances.

People who used the service were provided with information on how to make a complaint.

## Is the service well-led?

Good 

The service was well led.

People used a service that was flexible in order to respond to their needs. People's experiences in using the service were obtained and reviewed to identify and make improvements to the quality of the service they received.

People used a service where staff were provided with leadership that motivated them with encouragement and support to carry out their duties to the best of their ability.

# Quality Life UK

## **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 22 February 2017 and was announced. The provider was given 24 hours' notice because the location was a domiciliary care agency and we wanted to ensure there was someone available to assist us with the inspection. The inspection was carried out by one inspector.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. We sent out survey forms to some people who use the service, their relatives, staff and healthcare professionals and we took their comments into consideration during the inspection.

During the inspection we spoke with two people who used the service and two relatives. We also obtained the views and comments of two staff and spoke with the registered manager.

We considered information contained in some of the records held at the service. This included the care records for four people, staff training records and four staff recruitment files. We reviewed survey forms and other correspondence completed by relatives and some other records kept by the registered manager as part of their management and auditing of the service.

## Is the service safe?

### Our findings

People told us they felt safe using the service. One person who used the service told us having staff with them made them feel "safe and secure". They added, "I trust them with my life." A relative told us they had no concerns about the service and were happy with the care and support their relation received. The registered manager told us they were in regular contact with people who used the service and with their relatives. They told us relatives said they trusted the service and felt their relations were safe using this. The registered manager also spoke of how they empowered people to keep themselves safe.

Staff described the different types of abuse and harm people could face and how these could occur. Staff had received training on safeguarding and they explained how they would follow these procedures when working. Safeguarding training was included in the induction for new staff and staff had discussion about safeguarding during their supervision. The service had a safeguarding policy in place and the registered manager told us they were the named responsible person for making any safeguarding referrals. They told us there had not been any issues they had needed to refer to the local authority.

People received their care and support in a way that had been assessed for them to receive this safely. A relative told us that staff provided "safe and effective care" and that they responded to any changes. We saw there was advice included in one person's care plan that they would bruise easily so extra care was needed to prevent this, and if any bruise was noticed then a record should be made of this. We saw body maps had been completed to show when and where a bruise had been found.

Staff informed us they had been trained in safe moving in handling practices and some staff used mobility equipment to support people. One staff member described how the training they had received had given them the confidence they needed to use this. People's care plans contained descriptions of their mobility needs and equipment needed to support them. This included moving and handling apparatus and any other equipment that was needed to maintain a person's safety, such as a crash mat placed on the floor by someone's bed, should they be at risk of falling onto the floor when in bed.

The registered manager told us any risks were identified during the person's initial assessment and any ways these could be reduced were identified as part of this process. The registered manager told us staff then continued to assess situations and look for any new risks during their visits. One staff member commented, "Good documentation always risk assesses all situations." The registered manager said that staff were encouraged to be proactive and prevent risks when they identified these as well as to report any risks that they found. For example, they described how one staff member had taken action to reduce a risk they had identified with one person's cooking.

People's home environment was assessed before they used the service to ensure the care and support they needed could be provided safely. This included identifying any trip hazards and the locations of stop taps if a utility supply needed to be turned off. There was also a system for checking smoke alarms were in good working order, which a staff member confirmed they did on a weekly basis.

People received the support they needed from a small group or individual staff. Both a person who used the service and their relative said there were sufficient staff to provide the intensive care package that had been planned for them. They also said that staff had the time needed to provide this support. Staff felt there were sufficient staff employed to provide the service they were expected to. This included having staff available to cover any planned or unplanned absences from work.

Each person had a named staff member who provided their care and support. There were arrangements in place to cover this staff member when they were not working. There were some people who required 24 hour care and this was shared between a small group of staff. The registered manager told us that they had enough staff to be able to provide the service intended and they recruited new staff when needed. The registered manager also told us their staffing arrangements and deployment practices enabled them to provide people with a consistent and reliable service. They told us that changes would be made to the staff supporting a particular person if this was needed.

People were supported by staff who had been through the required recruitment checks to preclude anyone who may be unsuitable to provide care and support. These included acquiring references to show the applicant's suitability for this type of work, and whether they had been deemed unsuitable by the Disclosure and Barring Service (DBS). The DBS provides information about an individual's suitability to work with people to assist employers in making safer recruitment decisions. Staff described having undergone the required recruitment process and recruitment files showed the necessary recruitment checks had been carried out.

People were provided with the support they required to take their medicines. Part of the initial assessment of people's needs included identifying what support each person required to take their medicines. A person who used the service told us that staff prompted them to take their medicine and a relative confirmed this to be the case. The relative added that staff made a record of having done this. The registered manager told us that they supported some people to manage and administer their own medicines. They said if necessary they would remind these people and observe them to take these to ensure they managed them safely.

Staff described how they supported different people with taking their medicines. One staff member did this by "reminding and observing" and another by giving a person their tablets and then observing them take these. Staff knew how to support people safely with medicines to be given PRN (when required) and knew side effects of some medicines they need to be aware of. Care plans described how people preferred to receive their medicines. This included what type of support was provided to ensure the person took these as intended.

Staff completed a medicine administration record (MAR sheet) to show when a person had been supported to take any medicines, including medicines that had been prescribed to be taken PRN. Staff confirmed they had received medicines management training and been observed supporting a person to take their medicines. Medicines management was discussed during staff supervision sessions and included in spot checks carried out by the registered manager. The registered manager told us they went through people's MAR sheets to check these had been completed correctly. MAR sheets were updated with any prescription changes. When needed staff would check medicines delivered or brought to someone's home to ensure these were correct.

## Is the service effective?

### Our findings

People were cared for and supported by staff who had the skills and knowledge to meet their individual needs. One relative described staff as "caring and competent". A different relative commented on a survey form that they had been, "Impressed by the level of service and care given." Another relative surveyed had commented, "We are more than satisfied with the outstanding level of care you provide."

Staff were provided with the training and support they needed to carry out their work. A staff member described their training programme as "thorough and continuous throughout the year." The registered manager monitored staff training to ensure it was completed as intended. They told us that when needed staff were reminded to complete the training they had been assigned to complete. They also said that additional training was arranged to meet any specific need a person had.

The registered manager told us staff had a detailed induction which included identifying any training needs they had, and that staff met the people who used the service as part of their induction. There were details of staff training included in their personnel file. This included confirmation they had an induction and then went on to complete the Care Certificate. The Care Certificate is a set of 15 national standards for staff working in health and social care to follow and equip them with the knowledge and skills to provide safe, compassionate care and support. Staff training records showed that longer service staff had completed the Care Certificate, and the others were in the process of doing so.

The registered manager told us they had supervision booked for all staff and they would be holding annual appraisals to give people feedback on their work performance. Staff referred to receiving supervision and one staff member knew they had an appraisal scheduled for later in the year. The registered manager told us they asked staff during spot checks, where they observed a staff member working to ensure they were following the correct procedures, to describe what they had learnt from training and reading the policies and procedures.

People who used the service consented to their care and support. Staff described encouraging people to make choices, and supporting them in the choices they made. They gave examples of people choosing what they wanted to eat, how they attended to their personal care, what they wore each day and how they spent their time. One staff member commented, "I also talk to my service user all the time and really listen to their needs and wishes. I try to support them to do whatever they want to do."

We identified some incidents where people who used the service had not given their consent. One staff member had made a change within a person's accommodation when they had identified this posed a risk to the person. However they had not obtained the person's consent for this. Following the inspection visit the registered manager informed us they had visited this person and obtained their consent for staff to repeat this action when needed.

We saw people's care plans had been signed to show they consented to their care and support. However we found that one of these had been signed by a relative rather than the person themselves. We discussed this

with the registered manager who took on board our comments for the future.

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. Staff knew the principles of the MCA and that any decisions made in people's best interest must be the least restrictive. The registered manager told us some people had made some plans and arrangements for their future, and made some decisions for the future now, in case they were unable to make these at that time.

People were supported to have sufficient food and drink to maintain their health and wellbeing. A staff member described how they supported a person to keep themselves "fit and healthy". This included assisting them to have a nutritious diet and having regular drinks throughout the day. Another staff member prepared a weekly meal plan and assisted the person they supported to purchase the ingredients for this. The registered manager told us one person who was underweight had shown some weight increase recently.

The registered manager told us they supported people to have a balanced diet and there were meal planners used to plan what people were going to eat. There were details of how to support people with their nutrition, including what they liked to eat and when they preferred to have this in care plans. There was also information to state whether a person had any allergies that needed to be considered when preparing meals. Records were made daily of what people had to eat and drink and when needed people's weight was monitored to identify if there was any unwanted weight change.

People received care from staff who understood their healthcare needs and knew how to support them with these. A relative told us they felt "confident staff would be proactive" in contacting a GP or other medical practitioner if this was needed. A relative had commented on a survey form that staff had liaised with health professionals to ensure their relation's health and medication needs were met.

There were details of people's medical history and any health condition they needed support with included in their care plans. Staff were aware of signs that could indicate a person may require additional medical support. All staff were required to complete first aid training as part of their training programme and staff records showed the majority of staff had completed this. The registered manager told us staff would inform them of any concerns they had about a person's health and wellbeing. A staff member described supporting a person with their fitness regime including going for walks and achieving a set number of steps each day.

The registered manager told us that staff worked with other healthcare professionals to provide people with the healthcare support they needed. For example a staff member had contacted a person's GP when they had found a sign that a person's skin integrity was at risk. This was fully recorded and instructions provided by a district nurse were followed, and it was noted that the person's skin condition had improved. The registered manager told us how staff worked with a physiotherapist to support and encourage one person to complete some exercises. This had led to the person begin discharged due to the progress they had made. Staff had also identified where a person could go to receive some additional treatment they wanted.

## Is the service caring?

### Our findings

People who used the service described staff as very caring and good company. One person who used the service told us, "The staff do their very best. We get on well, we have a good relationship." Relatives also spoke positively about the staff with one describing them as "friendly, adaptable, and very flexible", and another said they were "caring and compassionate". One relative told us they felt "fully supported" by the service and added, "I couldn't cope without them." One relative had commented on a survey form that the staff who visited their relation were, "exceptional carers". Another relative commented about their relation having "companionship, safety, consistency and improved quality of life" from this service.

The registered manager told us that people had good relationships with the staff who supported them. They also said it was important that prospective staff were able to demonstrate how they would build up relationships with people. A relative had commented on a survey form that they felt staff had built good relationships with their relative and, "went the extra mile". The registered manager told us they were proud of the quality of the service they provided to people.

People were involved in planning their care and support and making decisions about this. A relative told us that staff "do what we expect of them". Relatives of one person who had used the service had written in a letter how they had been fully involved in "seeking the best solution to problems". The registered manager told us the key aim of the service is to empower people and to help them achieve their aims and goals. They said people were involved in all the decisions that needed to be made about their care and support, which staff confirmed to be the case. One staff member stated that they used "effective communication and listening skills" to do so.

The registered manager told us they discussed advocacy support with people who used the service. They had built relationships with a local advocacy service and would direct people to these services if needed. Advocates are trained professionals who support, enable and empower people to speak up about issues that affect them.

People who used the service were supported with their independence and treated with respect. One person had said how they preferred to be addressed and that they did not like certain forms of address to be used. Another person told us that staff, "Encourage me to do things for myself" and a relative described the staff who supported their relation as "respectful". A relative had commented in an email to the provider how staff had improved their relation's privacy and dignity by suggesting a curtain was used in their sleeping area. The registered manager told us people who used the service were shown respect and treated with dignity at all times. They said people's right to confidentiality was respected and maintained by staff.

Staff described how they provided any personal care in a way that promoted people's privacy and respected their modesty. This included ensuring this was what the person wanted and then explaining what they were going to do. One staff member also described keeping a person's clothes "washed, ironed and in good repair".

People were supported to maintain relationships and to be included socially preventing them from becoming lonely and isolated. One person who had a friend living in another city was supported to maintain this friendship. Staff took the person to visit their friend and arranged places for them to visit.

The registered manager told us staff showed compassion and understanding to people who used the service. Relatives of one person who had used the service had written in a letter that staff had made their relation's last few months as, "comfortable and stimulating as possible". The relatives also mentioned in the letter how they were grateful for the help provided from the service that had enabled their relation to return to their home for the end of their life.

## Is the service responsive?

### Our findings

People had their needs assessed so plans could be made to ensure staff provided them with the care and support they needed. A relative told us they were happy with the care their relation was provided with and they had "no complaints" about this. A person who used the service told us that their care arrangements were changed when they had a change in their needs, which meant they needed additional care and support. We saw records that showed another person had been scheduled an additional visit due to a change in their needs and a plan had been made to carry out a full review their care.

Each person had a care plan which described their needs and how these should be met. A staff member described the care plans as "really detailed". They explained that this gave them an understanding of a person. The staff member added that, "My manager is also very good at explaining what I need to do." Staff signed care plans to show they had read these and understood the support each person required. The registered manager visited people on a regular basis and reviewed their care as part of these visits. A relative confirmed that their relation's care was kept under review.

There was an overview of each person's care plan to provide a quick reference for staff who wanted to check a detail rather than having to read the full care plan. Daily notes were made describing what had taken place during each visit. These included what a person had to eat and drink, what personal care had been provided and any trips out that had taken place.

There was information about issues staff needed to consider and respond accordingly to, such as different moods a person may have. The registered manager told us how they supported one person who could at times exhibit behaviour staff may find challenging. There had been meetings arranged with other professionals to discuss this and staff had received additional training in how to meet the person's needs safely.

People's care plans include details about their hobbies and interests. Information was obtained about each person's life history and any aspirations they held. A relative told us that their relation was taken out by staff in a car. A staff member described supporting a person with their interest in music. This involved listening to CDs, watching concerts on television as well as attending some live concerts. The registered manager spoke of maintain people's relationships and taking part in meaningful activities, such as horse riding and table tennis.

People who used the service and their relatives were given opportunities to raise any concerns and told how they could make a complaint. A person who used the service and a relative told us that that complaints procedure was one of the things gone through with them when they started to use the service.

The registered manager told us there was a complaints procedure in place but they had not needed to use this as they had not received any complaints. Staff knew the complaints procedure was in the service user handbook and that they should pass any complaints to the registered manager. Staff were unaware of any complaints having been made.

## Is the service well-led?

### Our findings

People who used the service and relatives felt the service was well run and the registered manager addressed issues when needed. Relatives of one person who had used the service wrote to thank the provider for the service that had been provided. They described this as having been a "superb package" which showed a "genuine personal interest" in their welfare. People's relatives were kept informed about any issues as and when needed. We found that when a relative was away the registered manager continued to keep them updated with any events and progress that took place with their relation.

The registered manager told us there was a clear vision for the service, which had a transparent and open culture and that staff were informed as to what the company was about during their interview. They aimed to promote people's independence and improve their quality of life. The registered manager said, "The closeness we have sets us apart from others. We treat people as we would our own family." Staff felt they received good support and they were "respected and valued" by the registered manager. One staff member commented, "The best thing about Quality Life is everyone genuinely cares. [Registered manager] is very passionate about everything she does and this has a very positive effect on the staff."

During our discussions with the registered manager we found them to be proactive and responsive. There were some pieces of evidence we asked to see to support what we had been told. On a few occasions the registered manager told us they did not have this documentation in place, but they would implement this.

The registered manager said their management systems enabled them to ensure staff had read the policies and procedures they needed. Staff were aware of their duty to pass on any concerns externally should they identify any issues that were not being dealt with in an open and transparent manner, this is known as whistleblowing and all registered services are required to have a whistleblowing policy.

People who used the service and their relatives were confident in the way the service was managed and had confidence in the registered manager. A relative had commented on a survey form that the level of support they had received from the registered manager in putting their care into place was "outstanding".

The registered manager demonstrated good leadership and led by example. A staff member praised the registered manager as "Genuinely caring about all the service users and all of the staff. She is great to work with." A relative said their relation received regular contact with the registered manager.

The provider complied with the condition of their registration to have a registered manager in post to manage the service. We found the registered manager was clear about their responsibilities, including when they should notify us of certain events that may occur within the service. Our records showed we had been notified of an event in the service the provider was required to notify us about.

There were systems in place to identify where improvements could be made to the service. The registered manager told us they encouraged people to provide feedback about the service and the feedback they had received so far was positive. The registered manager said they were making improvements to the service

when they identified an improvement could be made.

The registered manager told us they sent out a survey every two months to people who used the service and professionals they had contact with to obtain feedback on how the service was performing. A relative told us they had recently received a survey form to provide their views on the service their relation received, which they would be returning shortly. When people came to the end of their time with the service they were asked to complete an end of service questionnaire. This provided useful information about the service as to what had gone well and what could be improved for the future.

The registered manager told us there as a robust quality assurance system followed and this confirmed to them that they were providing a good service. They said that they kept the service and people's care under constant review. The daily notes completed during people's visits were returned to the office and audited to ensure people had received the care and support that had been planned for them.