

Quality Reliable Care Limited

QRC Dom Care

Inspection report

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Ratings

Overall rating for this service	Outstanding 
Is the service safe?	Good 
Is the service effective?	Good 
Is the service caring?	Outstanding 
Is the service responsive?	Outstanding 
Is the service well-led?	Good 

Summary of findings

Overall summary

About the service

QRC Dom Care is registered to provide personal care for adults, some of who may be living with a learning disability or other complex conditions such as autism spectrum disorder. People supported by this service either live in their own homes, or in shared accommodation with others. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. At the time of the inspection there were 25 people being supported with their personal care delivered from several supported living sites.

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

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures that people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice, and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them.

The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

The service was exceptional in encouraging people to live as full a life as possible and supported them to achieve the best possible outcomes. People's confidence, independence and wellbeing had improved since they began using the service. Several relatives told us being supported by the service had been lifechanging for their loved one.

Staff were passionate about ensuring people had access to a wide range of personalised and group activities and were supported to have a say in all aspects of how the service was delivered. People were supported to have as many opportunities as possible, and staff were dedicated to supporting people gain new skills and live more independently.

People received personalised care that was exceptionally responsive to their needs. People were genuinely encouraged to express their hopes and dreams and the service looked for innovative ways to make these a reality. Staff knew people especially well and used this knowledge and support them to achieve their goals. People's achievements were recognised and celebrated.

Staff had formed genuine, positive and warm relationships with the people they supported and looked for ways to make them feel valued. Staff were creative and looked for inclusive ways to ensure all people's views

were sought out and acted upon.

The service was exceptionally dedicated to making sure people were enabled to maintain relationships with those who mattered to them. Their relatives described staff as wonderful and amazing and professionals described the staff as knowing people especially well, and the management as being experienced, knowledgeable, very responsive and compassionate.

People's health and wellbeing was closely monitored to ensure they received timely and appropriate treatment.

People were supported by staff who had been recruited using safe and robust processes, and who had comprehensive knowledge and were supported to develop their skills to fully meet people's needs. There were enough staff to meet people's needs in an inclusive way.

People were supported by a consistent staff team who were aware of the risks to people and knew how to manage these safely. People were supported to take positive risks to promote their independence.

Staff were aware of safeguarding procedures and knew the correct action to take if they suspected abuse had occurred. Medicines were administered, stored and disposed of safely and people were supported to manage their own medication where they could. Infection control practices were robust.

Staff were always considerate of people's feelings and treated people with the utmost respect and dignity. People were supported in a way that enabled them to have an excellent quality of life.

People had enough to eat and drink and where people were nutritionally at risk this was identified, and people were supported appropriately with input from professionals when needed.

Staff understood and knew how to help people make decisions and give their consent to treatment with reference to the appropriate legislation. 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. Where restrictions were in place this was in line with appropriate guidelines.

People benefitted from a service that had a dedicated registered manager whose experience was used to support people to lead truly full and meaningful lives. Robust quality assurance processes ensured the safety, high quality and effectiveness of the service. The values of the provider were consistently demonstrated by staff in their interactions with people and with each other.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at the last inspection:

The last rating for this service was Good (report published 22 February 2017)

Why we inspected:

This was a planned comprehensive inspection scheduled to take place in line with Care Quality Commission (CQC) scheduling guidelines for adult social care.

Follow up:

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was Safe.

Details are in our Safe findings below.

Good ●

Is the service effective?

The service was Effective.

Details are in our Effective findings below.

Good ●

Is the service caring?

The service was exceptionally Caring.

Details are in our Caring findings below.

Outstanding ☆

Is the service responsive?

The service was exceptionally Responsive.

Details are in our Responsive findings below.

Outstanding ☆

Is the service well-led?

The service was Well-Led.

Details are in our Well-Led findings below.

Good ●

QRC Dom Care

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 comprehensive inspection was carried out over two days by one inspector.

Service and service type:

This service is registered as a domiciliary care agency. It provides personal care to people living in their own houses and flats or shared accommodation with others. Most people receiving personal care are living in a 'supported living' setting, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

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. The registered manager was not present during the inspection as they were on long term planned absence which CQC had been notified of appropriately. In their absence the service was being managed by the service co-ordinator, and we have referred to them throughout this report as "the acting manager".

Notice of inspection:

We gave the service 48 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.

Inspection activity started on 20 November 2019 and ended on 22 November 2019. We visited the office location on 20 November 2019 and visited people in their homes on 21 November 2019. Calls to people's relatives were made after the site visit.

What we did before the inspection:

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We sought feedback from the local authority and professionals who work with the service. We sought feedback from Healthwatch, which is an independent consumer champion that gathers and represents the views of the public about health and social care services in England.

We used all of this information to plan our inspection.

During the inspection:

We spoke with three people who used the service to obtain their feedback about their experience of the care provided. We spoke with four members of staff including the acting manager, senior care staff and support workers.

We reviewed a range of records. This included seven people's care records and medication records for three people. We looked at four staff files in relation to recruitment and staff training. A variety of records relating to the management of the service, quality assurance reports, meeting minutes, policies and procedures were reviewed.

After the inspection:

We continued to seek clarification from the provider to validate evidence found. We looked at training data, policies and quality assurance records. We contacted seven relatives about their views of the care provided. We had contact with six professionals who had experience working with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- Staff understood safeguarding adults' procedures and what to do if they suspected any type of abuse. Staff could recognise the signs of potential abuse. One staff member said, "They are vulnerable adults and could be at risk of abuse. It's about keeping them safe."
- Staff had guidance to help them identify abuse and raise concerns to the manager or the local authority. The service followed the local authority's safeguarding procedures and a whistleblowing policy was available to staff.
- Staff had received safeguarding training, and this was refreshed annually.

Assessing risk, safety monitoring and management

- Risks to people's safety continued to be assessed and detailed care plans were in place to guide staff on how to mitigate risks and provide care safely. This included risks around personal care, mobility, medication, managing finances and making decisions.
- Staff received training in the principles of risk assessment. Risk assessments gave guidance to staff on how to support the person and manage and reduce risks. For example, one member of staff told us about a person who can display behaviour that may challenge. They were able to describe the triggers to look out for, such as if the person displays certain physical signs. The member of staff said, "If his behaviour escalates, there's a behaviour support plan. He goes back to his room, only one person to go back into the room, we keep him safe and give him time and space to calm down."
- Assessments included positive risk taking to support people to live as independently as possible. For example, one person was able to access the community independently if they were given the right support. A risk assessment had been done with guidance for staff to support the person with planning a familiar route and ensuring the person carried their mobile phone if they needed to contact staff for advice.
- Staff received training in health and safety. Risks associated with the safety in people's homes were also identified. For example, care plans contained detailed personal emergency evacuation plans in the event of a fire. This included assessing whether people would be able to understand the alarm and nature of the emergency. In one home the service had fitted a speaking smoke alarm to help mitigate that risk.
- A relative said, "Honestly I have got nothing negative to say. Her care needs are met tremendously. I do not doubt her safety."

Staffing and recruitment

- Staffing numbers were assessed dependent on people's needs. Several people using the service were

funded for one to one care, staffing rotas confirmed there were sufficient staff to provide this and support people with other activities and accessing the community.

- Staff recruitment files showed that staff were recruited in line with safe practice and equal opportunities.
- Records showed that staff recruitment processes included checking identity, obtaining suitable references and other important checks, such as Disclosure and Barring Service (DBS). DBS checks identify if prospective staff have a criminal record or are barred from working with people who use care and support services.

Using medicines safely

- People were supported with their medicines by staff who were trained and competent to do so. Staff received regular training to ensure their practice remained safe, and this included competency checks.
- Every person had a detailed risk assessment for the administration of medicines, and this included supporting people to manage their own medication where possible. For example, one person had been risk assessed as being able to manage their diabetes with minimal support from staff. The person held the keys to their own medicine cabinet, managed regular blood testing and insulin injections with guidance from staff, to further promote their independence.
- The provider used electronic care plans, and this included electronic Medicine Administration Records [MAR] which the service was testing. We also checked the paper MAR sheets for three people in their home and found these were correctly recorded.
- A professional who worked with the service commented, "Staff and management have been very responsive to any advice I have given and actively contacted me outside my visits when queries have arisen."

Preventing and controlling infection

- People were protected from the risk of infection. Staff used personal protective equipment (PPE) such as gloves and aprons when giving personal care.
- Staff were trained in preventing infection and control. One staff member said, "We use regular hand washing, PPE like gloves and aprons, also encourage the service users to wash themselves as we encourage people to be as independent as possible."

Learning lessons when things go wrong

- Systems were in place to record and identify incidents and ensure lessons were learned and improvements were made when things went wrong.
- The acting manager reviewed and analysed incidents for trends, themes and triggers. If the incident involved behaviour that may challenge, the acting manager looked at what might have happened prior to the behaviour for any triggers and reviewed the person's care plan.
- Learning was regularly shared through staff meetings, a communication book and staff handovers. Any changes to a person's care plan was printed off and highlighted, and staff were asked to read and sign they have read it. The registered manager audited this monthly.

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.

At the last inspection this key question was rated as Requires Improvement . This was because records showed an inconsistent approach to implementing the principles of the Mental Capacity Act 2005 when supporting people. At this inspection we found improvements had been made in this area and this key question has improved to Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received care and support from trained staff who knew them well. Some staff had extensive experience working with people living with autism and learning disability, other staff were new to care.
- Irrespective of experience, all new staff completed a three-month induction during which they were on probation. New staff were allocated a member of staff as their "buddy", who assessed them daily during this period. All new employees were supervised at least three times during their probationary period. The probationary supervision also tested new staff on their knowledge and learning related to the Care Certificate [an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in social care]. All new staff were required to complete this, if they had not already achieved this with a previous employer. Competency checks were carried out at the end of the induction period.
- All staff were supported with regular training, which included equality and diversity, mental capacity, consent, privacy and dignity and confidentiality. Staff also received training specific to meet the needs of the people they support, including learning disability, autism spectrum disorder, mental health, dementia, Makaton [a language system that uses symbols, signs and speech to enable people to communicate], managing behaviours that may challenge, supporting people around sex and relationship. Staff told us that they had sufficient training to support them in their roles, and additional training was available if they needed it. One staff member told us, "Yes, definitely I only have to ask."
- Each month staff and people were asked to recognise and nominate colleagues and care staff respectively, who have gone the extra mile whilst at work. The group manager and managing director read the nominations and then selected a member of staff from each area within the organisation to receive this award which was then recognised in the monthly newsletter. For example, we saw one member of staff was recognised for showing "empathy and compassion towards the service users she supports." One staff member told us, "It's a good place to work, the management are supportive and focussed on helping people have fulfilling lives."

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

- People were supported to maintain their health and relatives told us they were regularly updated if there were changes in their family member's health and wellbeing.

- People had access to healthcare services such as GP's, dentists and other specialists when required such as physiotherapy and occupational therapy. One person using the service told us how they had been to see the GP and the dentist that day, and how they had been given a special toothbrush to use.
- A professional told us, "Supporting staff have good understanding of clients' needs and they follow guidelines from professionals and raise concerns when required." One relative told us, "Staff keep in contact with me all the time about how he is."
- The acting manager told us about one example where they accessed support from professionals for a person's mobility issues. The person has visual impairment and they were assessed by an occupational therapist and a physiotherapist to assist with a mobility plan. The person had hand rails fitted and landlord of the supported living accommodation extended the building to provide a bedroom downstairs for the person, so they could stay living in their home. This demonstrated excellent partnership working which had a positive impact on the person's health and enabled them to remain in their home.
- A professional told us, "The home advocates well for them and identifies any change of needs making our team aware."

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

- People were supported to do their own shopping and be involved in food preparation where they had capacity they make their own decisions around food. People with communication difficulties were supported with the use of picture cards to be involved in menu planning.
- Some people were at nutritional risk, and this was managed with the support of professionals where necessary. For example, one person was at risk of weight loss because of behaviour changes and if their interest in food fluctuated. The person's GP was involved in monitoring their weight and the person's care plan gave detailed guidance for staff to support the person when their behaviour put them at risk of reduced interest in food.
- Where people had religious or cultural needs around food, this was respected, and the service ensured people had choice.
- Where people were able to be independent they were supported to do so. For example, one person was supported to attend a weight management club independently in the community, and they had received a certificate when they reached their weight loss goal.
- Where people had risks around food, specialists had been appropriately involved. For example, where risks such as choking had been identified people were referred to Speech and Language Therapy [SALT]. For example, one person had been referred to SALT following a recent diagnosis of dementia and was prescribed a soft pureed diet. Detailed guidance for staff was in the care plan, and the person themselves remained involved in the preparation of their own meals. This helped the person retain their independence.
- A relative told us how they had raised a concern that the person needed more support and encouragement to make healthier food choices and eat a balanced diet. The relative said, "They dealt with it immediately, staff knew about it the same day... she now has a varied diet, lots of fruit and veg. She goes shopping herself, they encourage her to add more variety."

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager or senior staff carried out a pre-assessment before people received care from the service. This assessment helped to form the person's care plan and to understand their care and support needs in a range of areas.
- Where appropriate, input from other professionals involved in supporting the person were included, and the service liaised with the local authority and social workers as part of the person's initial assessment.
- As well as identifying where people needed support, there was an emphasis on identifying people's

strengths and what they did well. This helped support people to be as independent as possible in all aspects of their lives. For example, one person living with autism had very detailed daily routines documented in the care plan. As part of this, the person's abilities and strengths were recorded to give clear guidance to staff on what the person liked to do for themselves, such as making their own packed lunch and doing housework. Another person's care plan detailed how they had the skills to manage small amounts of money, such as for bus fare or buying a coffee.

- People and relatives told us that staff understood their needs. One person told us how much they liked living at the home and all the staff that supported him. A relative of another person said, "In the past he was in and out of hospital. They keep a close eye on him and now they can spot the signs."

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 when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The acting manager had a good understanding of the MCA and was working within its principles. People were not unduly restricted and consent to care and treatment was routinely sought by staff.
- Staff received MCA training and understood the principles of assuming capacity and maximising people's ability to make decisions for themselves. One member of staff said, "It's their life, it's about supporting them to do what they want to do."
- Staff understood the need to obtain consent, and we observed staff giving people choices and giving people time to respond.
- People had mental capacity assessments for specific decisions, such as managing medication and receiving personal care. When the provider needed to make mental capacity assessments for people, a clear process was followed and documented which reflected the principles of the MCA and best practice. The provider had responded to feedback from a professional by introducing a new process for more complex decisions, such as assessing capacity for managing finances.
- Where people lacked capacity to make decisions for themselves, staff understood the principles around consulting widely and making decisions for people in line with their best interests. Where people lacked capacity, they had access to advocacy services and this was clearly detailed in their care plans.
- Where people were at risk of having their liberty deprived, the registered manager had made appropriate applications to the Court of Protection. The acting manager understood their obligations under the law to comply with the Court's directions.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has improved to Outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

Respecting and promoting people's privacy, dignity and independence

- Since the last inspection, the provider and registered manager had significantly developed the provision of person-centred care in a way that supported people to be as independent as possible. The service had worked hard to ensure that encouraging people to be as independent as possible was embedded in the culture of the service. A relative told us, "This has been life changing for her, she has become the most independent young lady, it has moved her forward in life in a way I didn't think possible."
- Staff looked for innovative ways to support people to be independent. For example, one person was a wheelchair user. The person wanted to cook, and the service had arranged for her to access a specially adapted kitchen at a local college which had voice activated equipment. This meant the person was able to be more independent and regularly participate in an activity they enjoyed which improved the person's wellbeing. A member of staff said, "Everything we do is about supporting people to be independent."
- People were routinely involved in making every day decisions, such as the activities they wanted to pursue, doing their own meal planning, shopping, cooking, budgeting and collecting their own medication from the local pharmacy. A staff member told us about one person who needed a significant amount of support with personal care but emphasised the importance of the person remaining as independent as possible, "She chooses which shower gel to use, if she wants her hair dried, what clothes she wants to wear, if she wants socks on." This meant that while people needed support, they were empowered remain partners in their care.
- Staff and the registered manager recognised the importance of supporting people to achieve their potential. The acting manager gave us an example of a person who was supported to move from a shared home into their own flat to help them live more independently. The manager explained how they ensured the person was given plenty of time to make the decision and was given the information in a way that was suited to their needs to support their understanding of what they would gain from moving. The service supported the person to set goals and worked with them over time to increase their independence to prepare them for the move. For example, the person worked hard with their keyworker to make a recipe scrapbook with meals that they would be capable of making with minimal support. The person was also encouraged and supported to start accessing activities on their own within the local area. The acting manager told us how the person's confidence grew and the transition to their own flat went successfully. This demonstrated that the provider was always looking for ways to support people increasing their skills to enable them to them to lead more independent and fulfilling life.
- One professional said, "QRC have been very person-centred and tried to empower my clients and also develop their skills." For example, one relative told us about their loved one who was previously at another

service and was unable to do anything for themselves prior to receiving support from QRC Dom Care. They said, "They wouldn't let her do anything, wouldn't even let her make a cup of tea, now she's able to more for herself." The acting manager told us how much the person was now able to do for herself, "She independently dresses appropriately, completing household tasks and expresses her wishes, choices and opinions confidently with ease." This meant that the person quality of life had been significantly improved as a result of the exceptional support from staff.

- Respect for privacy and dignity was truly embedded in the values staff displayed. Staff respected people's right to privacy within their own homes. One staff member said, "We encourage residents to be respectful of each other's space. Everyone has their chosen times where they have their personal care or other things done."
- Staff gave examples of how they respected people's privacy by closing the door when supporting people with personal care and keeping people covered up to maintain their dignity. One member of staff said, "I always ask when she would like her personal care, I close the door and curtains, tell her what we're doing, go at her pace." A relative said, "All the staff involved with my relative's care treat her with kindness and her dignity is well maintained."
- The service was highly respectful of people as individuals and people were supported to have intimate personal relationships if they wanted and express their sexuality while respecting their privacy and the privacy of others in the home. For example, one person had a partner and risk assessments had been done to ensure the person was able to maintain the relationship safely and ensure the safety of other people using the service. A report from the person's keyworker reflected that the person chose to see their partner on set days of the week and they had recently attended a social event together. The person said that they had enjoyed the event and spending time with their partner. This enabled the person to maintain fulfilling personal relationships.
- People's private information was kept secure. Care documentation was held confidentially, and sensitive information was stored securely in the office which was locked when staff were not present. Staff were aware of maintaining confidentiality in a shared home. One staff member said, "If it's a really personal issue we would suggest we speak in the office. But if they want to speak about it, it's their choice. There is information about them as individuals that remains confidential."

Ensuring people are well treated and supported; respecting equality and diversity

- Without exception, relatives told us that individual and personalised care was provided in a way that exceeded their expectations. One relative said, "This has completely changed her life for the better, nothing but praise for them, I'm so reassured she is living the most wonderful fulfilling life."
- People and their relatives described staff as excellent and told us they were exceptionally kind. One relative said, "No concerns at all, they are excellent." Another relative said, "They give her good support. Being with her, they do care for her. They treat her with such kindness."
- Care plans were exceptionally detailed about people, and staff were knowledgeable about people's life history which helped them to understand how their past experiences might affect them day to day. One staff member said, "In this job, it's essential you get to know the person. They are all different, that's why I like it, when you learn to read them, you can really go." For example, staff were aware that one person had completely lost touch with family after their parent had passed away. The manager told us that staff put great effort into trying to trace family members. The service located one relative, and this then led to the person being reconnected with wider extended family living abroad. On the person's birthday their family contacted them via video call and sang happy birthday whilst they were presented with a birthday cake which meant a lot to the person. Staff took a picture of the special moment which they shared in a monthly newsletter. This meant the person was able to remain in constant contact with their wider family which had a positive impact on the person's wellbeing.

- Every month the registered manager visited each person in their home and this included observing interactions between staff and people to ensure people were being supported appropriately and their choices and preferences were respected.
- We observed especially positive relationships between people and staff who supported them. People we spoke to were happy in their homes and with the people who cared for them. In one shared home we visited, the atmosphere was warm and there was laughter and we saw genuine affection between staff and people.
- Staff were passionate about their roles and spoke about people in a kind and caring way and knew their likes and dislikes. One member of staff said, "Just knowing the people are living their life, enjoying their life. Makes you feel like you're doing something good."
- People were supported to follow their spiritual and religious beliefs, for example two people from different homes were supported to worship every week together at their local church, and this also helped them expand their social network. Another person had food preferences related to their religious beliefs and background and this was respected. The person was encouraged to cook dishes that are representative of their cultural heritage. A member of staff said, "It's about what the person wants to do, supporting them, it's their life." This meant that people were treated equality and diversity was truly respected and celebrated.
- Staff were highly skilled at adapting to people's communication needs including people who communicated non-verbally. For example, one person's care plan gave staff detailed guidance on how the person communicated using specific noises, pictures or gestures and this enabled staff to understand the person. and this was supported by our observations of the way staff supported the person in their home. This meant that the person was supported in the most holistic way by highly skilled staff and able to express their wishes, feelings and preferences.
- Feedback from professionals who worked with the service was overwhelmingly positive in respect of how well people were treated. One professional said, "In my view, the staff team (including Managers) adopt a very caring culture towards their residents." Another said, "I have always found the managers and staff at QRC to be committed and caring to the needs of the resident's welfare. . . . the managers appear to have empathy and compassion for the individuals." Another professional said, "I have always found the managers and staff at QRC to be committed and caring to the needs of the resident's welfare."

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

- The provider met and exceeded people's expectations, and they continued to feel happy and fulfilled. People were able to express their views and were actively involved in making decisions about their care, support and treatment, as far as possible. One relative told us, "Their approach is they include her, her opinion, how she's feeling. Her opinion is valued."
- Listening to people and understanding their point of view was embedded in the culture of the service, to ensure that people's needs could be met in a unique and personalised way. The service was resourceful in finding ways to support people to express themselves. The acting manager told us that when difficulties arose relating to communication issues, the service made referrals to professionals for support and have followed any guidance provided. The acting manager told us about one person who is from a particular ethnic background and who has, with encouragement from staff and with the help of family, been able to teach staff various words from their first language. This gave the person reassurance and improved their self-esteem and now feels much more confident in their ability to communicate with staff and ensure their wishes and preferences are understood and respected.
- The registered manager was responsive to people's views to ensure people felt valued and important. The service was continually evolving to ensure feedback from people was captured and acted upon. For example, since the last inspection the registered manager had revised the surveys and questionnaires for people and in conjunction with feedback from relatives, responded to comments about furnishings in

communal areas of people's homes. People's private accommodation continued to reflect their tastes and choices. For example, one person showed us their room which was personalised extensively with decorations of their choice. The person proudly showed us the shields they'd won for football and had a whole wall covered with sporting medals, including for running at the Special Olympics. Staff respected people's autonomy in their own homes. One staff member said of one person, "It's her house, not my house, she likes things in order." This demonstrated that people felt empowered and involved all aspects of their lives and their accommodation was homely and a place of comfort that was felt truly theirs.

- People were involved as much as possible in developing their care plans. These were reviewed monthly and people were involved if they wanted to be, and we saw evidence of this in people's key worker reports and from feedback from relatives. Where people needed support, they had access to an independent advocate. For example, where people had no next of kin, an independent advocate was automatically invited their annual care plan review. Where people communicated non-verbally, staff used inclusive communication techniques adapted to the person to support them to express their views, including Makaton, British Sign Language, gestures, facial expressions, pictures and other languages where English was not their first language. This reflected a fundamental belief that everyone living at the service should have control of their care and treatment.
- People were encouraged daily to express their views, plus there were regular residents' meetings where the feedback was captured. People were included in running the meetings, for example the acting manager told us about one person who chaired meetings, and this was reflected in the meeting minutes. People's views were acted upon. For example, one person had requested a change to mealtimes and this was discussed and then implemented. The views of people who do not communicate verbally was also captured, and meeting minutes recorded the sounds people made and their physical reactions to topics discussed and staff supported people to ensure their views were heard. This meant that everyone supported by the service had the opportunity to express their views and be involved in decisions about their care and how the service was run. One relative said, "Although my sister lacks speech the staff involve her in decisions about her needs to the best of their ability."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding. This meant services were exceptionally tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

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

- Since the last inspection, the provider had further developed their links with local community and partner organisations. The acting manager said, "This has been achieved as the result of QRC networking and being well known and proactive within the local community." A professional said, "The staff team are very experienced and knowledgeable and have improved around social inclusion and outside activities in community."
- The provider went above and beyond to support people to access opportunities within the local community to ensure they led meaningful lives. One relative said, "Since my sister has been under the care of QRC her happiness shows her life is fulfilling and meaningful." Another relative told us, "She's got such a fulfilling life, such an amazing opportunity. They are like a family, that's important to me. All the staff are amazing."
- The service was passionate about ensuring activities were meaningful and led to excellent outcomes for people. The acting manager told us about one person who suffered with anxiety and low self-worth. After leaving full time college, the person began to lose momentum and enthusiasm and the service was concerned the person was losing confidence in themselves and their abilities. The person was becoming less willing to try activities that were being offered. Support staff worked closely with the person to find out about their aspirations and personal goals. Working with a community organisation, the service identified courses specifically designed to enhance self-confidence. The person began a six-week self-esteem course followed by a six-week confidence-building course. The person has since gone on to enrol in a performing arts course and successfully applied for a position working in a charity shop. The person is also planning to enrol on an NVQ course in customer service and now has a very active social life and, with close support from staff, continues to develop their self-confidence. Through their detailed knowledge of the person, the service was able to support them by creating opportunities that led to excellent outcomes increasing their self-worth, skills and wellbeing.
- The service had built up excellent links with other community organisations in order to provide exceptional support to people to ensure they were leading full and active lives. People chose and participated in a wide range of social activities and were supported to access education and employment opportunities. Reasonable adjustments were made to encourage independence. For example, one person was currently being supported to attend college to study life skills. Two people were members of a football team that played in a local league and played every Saturday. One person said, "I score goals, two on Saturday!" One person enjoyed Zumba class, and another person enjoyed going to the local pub. Another person kept rabbits at the home, Timmy and Ollie and a staff member said, "She looks after them, feeds

them and tucks them in at night." This meant that people took part in activities that were of interest to them and they had specifically chosen, and this enabled them to achieve positive outcomes such as expand their social network and promoted their independence and wellbeing.

- The service worked with local projects to enable people to find supported employment. For example, one person worked in a local care home in the laundry department. The person also volunteered in two charity shops in the town. The acting manager told us, "He absolutely loves his work!" Another person had a work placement three days a week at local gardens, and another person had a work placement in a hotel. This demonstrated that people were supported to live lives that had meaning and gave them a sense of purpose.
- The service was exceptional in how it considered people's goals and aspirations, hopes and dreams. People set specific goals, and these were documented and reviewed monthly with the support of their key worker. Each month the person's key worker completed a comprehensive report which evaluated their health needs as well as specifically evaluating whether the person's goals and aspirations had been met. For example, one person who was a wheelchair user wanted to be able to go on a boat trip. The service undertook research and identified a company that could support people in wheelchairs and earlier this year the person enjoyed a boat trip to see a seal colony. The member of staff supporting the person said, "It's about supporting them to live the life that they want to live." The person's key worker report showed that they had enjoyed an extensive list of other activities including attended their sister's wedding where they enjoyed a glass of wine, celebrated a significant birthday, and enjoyed a trip to the theatre.
- People were encouraged to expand their social network by getting together with people in other supported living homes. For example, people got together to enjoy an animal petting experience and a music therapy session and people went shopping together and there were regular get togethers. One person's care plan reflected how important this was for them to maintain contact with two other people in another supported living home. Staff understood that they had all lived together previously before being supported by QRC Dom Care. This demonstrated the provider understood the importance to the person of understanding their history and maintaining these important relationships to ensure a positive outcome on their wellbeing.
- Where people were unable to communicate their preferences verbally, staff were passionate about supporting them to discover activities they enjoyed. One member of staff said, "You try things over time, you watch closely to see how people react. You start to learn what people like and dislike and you build from there." For example, one person with non-verbal communication needs showed interest in a museum leaflet during a residents meeting. Staff noticed this and arranged a visit to the museum, and from photographs of the day the person enjoyed it. Staff now support the person by looking for other museums they would like to visit in the future. Another person, who uses Makaton and writes on paper as a means of communication, expressed their views in a residents meeting that they wanted to go swimming weekly rather than fortnightly.
- People were also encouraged to take responsibility for tasks around the home and the staff did this by identifying people's strengths. For example, one person supported the manager to undertake the regular stock check of cleaning materials. The person said, "Yes, I help check all the cleaning. Its good." The person's monthly goals also showed they liked to take responsibility for ensuring everyone was recycling and managing the waste bins ready for weekly collection.
- A professional who worked with the service said, "They have made a great effort to engage my clients in meaningful activities and outings and to link people with others to develop their social networks."
- The acting manager told us about one person who, prior to receiving support from the service, was in accommodation where they were unable to socialise with other people, join in or attend activities outside of their bedroom. They were not supported to administer their own medication and prevented from wearing certain items of clothing. The person came to QRC Dom Care a shy person who would remain in their bedroom instead of socialising. Staff worked with the person to set goals around increasing their independence, starting with completing everyday tasks such as doing their laundry, housework, shopping

and cooking. The acting manager told us that a few months later the person is now, "a bubbly outgoing young person who enjoys dancing, singing and helping others... they are now able to dress independently, completing household tasks and expresses their wishes, choices and opinions confidently with ease." The person's relative told us, "I just know it's the best place for her. It's unbelievable, she's doing so much better, I wouldn't want her to move out of there, I'm really happy." This demonstrates excellent person-centred support which had a positive impact on the person's independence and wellbeing.

- People were supported to stay in touch with family taking account of their communication needs. Some people used technology such as iPad and phones. Other people stayed in touch with family with the support of staff. For example, one person had a memory box their family had put together for them which they like to look through. Another person with limited verbal communication received a monthly letter from a relative and staff supported them by reading it to the person and helping them send a letter back in return. Every month the provider uploaded a newsletter to their website to enable family to see all the different activities people had enjoyed. This showed the provider understood the importance of helping people maintain important relationships and was passionate about ensuring people lived fulfilling lives.
- The provider looked for innovative ways for people to stay in contact with those who are important to them. The provider had launched a Relatives Gateway, where family could log on to a secure site and see pictures of their relative and updates on their social activities every day. People and relatives could also use the gateway to send messages to each other. One relative said, "She has her iPad and talks to me most nights, always giggly laughing and telling me about her day. But now with Family Gateway I can see what she's been doing. Last Sunday we didn't manage to speak but I could see she'd been to the cinema and out bowling. They upload photos regularly and update what she's been doing. It's great. She's also got her iPad and she video calls most evenings."
- People were supported and encouraged to develop relationships with others and maintain relationships with people who were important to them. For example, people were supported to see family regularly, and visit family at important times of the year such as Christmas. One relative said, "We quite often meet her for lunch or we pop in, we're always welcome. We're able to talk to her on the phone. She's very family orientated so that's important to her." Another relative told us how staff supported the person to organise a meal to celebrate an important birthday. The relative told us, "On my 80th birthday they helped him arrange a meal and they supported him as he wanted to pay for my meal."

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- Since the last inspection, the provider and registered manager had significantly developed the provision of person-centred care. The service had recently introduced a new electronic care monitoring system, and this supported the registered manager's oversight of the support being provided at all times. The acting manager told us how this had improved the service's ability to be more responsive as staff are spending less time completing administrative duties and are able to focus more time on supporting and responding to the needs of people. A recommendation made by the local authority quality and monitoring team to increase the use of pictorial content within people's care plans where appropriate had been actioned.
- The provider was responsive to people's changing needs. Some people using the service are aging and as the result their care needs are changing. In response to this, the provider had reviewed staff training to accommodate the changing needs of the service users with regards to protected characteristics. For example, one person had been diagnosed with dementia and as a result all staff who support the person are receiving training in dementia care, and this knowledge helps staff be responsive to the person's changing needs. For example, staff were aware that the person would stay in bed and at times decline all meals and fluids and it became more apparent that the dementia was affecting the person's ability to understand the need to ensure they ate and drank enough in the day. Staff worked together and discussed the person in

staff meetings, and devised a change to the morning routine that better supported the person with their eating and drinking. Before the change in routine, the person would decline most meals and fluids and spend time in bed, although now the person is eating and drinking well and is happy to participate in activities and socialise with his peers.

- Professionals told us without exception that the service provided care that was highly personalised to ensure people's needs and preferences were met. One professional said, "QRC have been very person-centred and tried to empower my clients and also develop their skills." Another professional told us, "The team adopt a person-centred approach towards their residents and are diligent to meet each person's individual needs and personal preferences."
- Strength based skills assessments looked at what people could do for themselves. For example, care plans focused on how people were able to communicate, their practical skills and things they could do independently, as well as their social interests and hobbies.
- People and their family members told us they were involved in people's care plans, in a way that people's rights, choices and involvement were put at the core of the service. People were involved in planning and reviewing their care. One member of staff said, "We have regular meetings with people, regular goal setting, annual feedback. We support them every day, it's about what they want to do." A relative told us, "She is asked what she wants all the time...honestly I have got nothing negative to say. Her care needs are met tremendously." The acting manager told us about one person with low functioning autism and an intellectual disability who needed support making daily decisions. The service looked at how these decisions could be simplified to enable the person to do this for themselves. The person's family were invited to a meeting with the person and all the staff who supported them. During the meeting staff were able to ask questions about the person, their childhood and the information formed a basis of an updated care plan. Staff were able to put together a detailed schedule that incorporated meaningful activities for the person. These activities were put into picture form and this enables the person to create their own weekly schedule. This means the person can choose their activities and meals and ensures that they have control over their day.
- Care plans changed as people's needs changed. The acting manager told us that when care plans are changed, the updates were provided to staff who then signed to confirm they had read them. One relative said, "Now she's able to do more for herself". A member of staff told us about one person they supported, "Her vocabulary has grown a lot. She listens and likes to be more involved and when her care plan is evaluated she is part of it. We include her in all aspects of her care. The continuity of staff has played a bit part in her communication improving." This demonstrated that the service was providing highly personalised care that helped deliver significant positive impact on people's lives.

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.

- The acting manager understood their responsibilities around AIS and people's communication needs were identified, recorded and highlighted in their care plans. Care plans were extremely detailed in respect of how people communicated, including those people who communicated non-verbally.
- The service was focused on ensuring people could communicate their wishes, and that staff understood people's communication needs. For example, staff received training in Makaton. Some people used their own personalised version of Makaton which staff also learnt. People had access to technology to support them, such as iPad and phones.

- The provider made sure information was available to people in a way they can understand. For example, information was available in pictorial format for people such as the complaint process. People also had hospital passports in their care plan. These are documents that accompany the person in the event then need to go to hospital. As well as giving hospital staff details about their health, hospital passports contain other useful information such as the person's likes and dislikes, how they like to receive information and their preferred method of communication.

Improving care quality in response to complaints or concerns

- A complaints procedure was in place which relatives we spoke to were aware of but never had to use. The process was accessible on the provider's website. One relative said, "I have no problems but happy to speak to them if I did." Relatives told us that the service communicated with them constantly and staff were highly responsive to any issues raised and these were dealt with immediately. One relative said, "Any concerns are always listened to and something has always been done to sort things out."
- Information about how to make a complaint was available in 'easy-read' language, with pictures to help people understand. These were displayed publicly in people's homes.
- Despite this, the provider continued to look for ways to improve. The acting manager told us a recent relative survey highlighted that not all relatives know how to complain, so the registered manager wrote to all families to ensure the information was accessible.
- The service had received several compliments. These included feedback from members of the public who had met people while out in the community and wanted to feedback the positive way staff supported them. This demonstrated staff always embodied the values of the service and people received exceptional care and support.

End of life care and support

- At the time of the inspection, the service was not supporting anyone at the end of their life.
- Staff received training in death, dying and bereavement, and people were given the opportunity to express their wishes in respect of end of life care. This included consideration of any religious or cultural needs, any worries they may have, thoughts around symptom control and what arrangements they would like after death.
- People were given choice whether to plan for end of life and people were supported to plan if they wished to. This was done at monthly care plan reviews. For example, one person had a DNACPR [do not attempt resuscitation] order in place and that the person had been involved and their relative confirmed they had been consulted. The person had made their after death wishes known.

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.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Working in partnership with others

- The provider in partnership with others and had built strong links with local community organisations to shape seamless experiences for people based on good practice and people's preferences. For example, two people were supported to access an organisation who identified the interests of people and match these with prospective employers. The provider worked with a local college which gave people opportunities to access basic skills courses but also drama workshops, cake making, sugar craft and art and craft classes. The service also worked with a scheme run by the local college which helped people find supported employment. The provider also had a long-standing relationship with a local hotel where a number of people have accessed work placements where they learn various hospitality skills and in the horticultural centre where they develop skills in relation to growing flowers, fruit and vegetables .
- People's relatives were positively about the management team. One relative said, "I have absolute trust in them they email and phone me. I always have a chat and more than willing to talk to me about anything".
- The acting manager had a robust approach to working with other organisations to improve care outcomes. Feedback from one professional was, "I also find their managers approachable as well as responsive to my input." Another told us, "I have always found the managers and staff at QRC to be committed and caring to the needs of the residents welfare."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had created a culture that truly put people at the heart of the service, and supported and engaged with people in a genuine and meaningful way.
- The registered manager enabled people to be empowered and voice their opinions. Reviews of people's care were completed on a regular basis and people were given regular opportunities to give feedback on the service they received and their wellbeing. For example, as well as informal feedback via regular meetings, people were invited to give their feedback formally via a questionnaire which included questions around whether people felt appropriately supported and involved in their care, and whether they felt listened to and respected. Inclusive communication techniques were used to draw out the information, to make sure all people were involved in providing feedback. On one evaluation of people's responses, the registered

manager had ensured staff supported people who communicated non verbally to help interpret the answers they gave by means of some sign language, facial expressions, hand gestures along and body language. This demonstrated the registered manager took an exceptionally person-centred approach to ensuring everyone receiving support was empowered to feedback their experiences and involved in shaping the service .

- The registered manager had regular meetings with people in their homes and this included obtaining their feedback and this information was captured and used to ensure people's views were fully considered in their care and home life. For example, we saw minutes of one meeting which included discussions about Christmas decorations, planning a trip to a pantomime, what was appropriate clothing to wear for the weather, the arrival of a new dishwasher where people expressed they wanted to take it turns to empty it and work as a team in the house. There was discussion about fire drills and being friendly and getting on and encouraging people to speak to staff if they are unhappy. The minutes included capturing the responses of those with non-verbal communication skills. This demonstrated the registered manager was dedicated to engaging everyone they supported to promote a culture where every person mattered.
- The registered manager ensured that people's feedback was acted upon where possible. For example, one person had raised that mealtimes were not at their preferred times and meeting minutes reflected that this had changed.
- Annual satisfaction surveys continued to obtain feedback from people, relatives, staff and professionals. This information had been analysed by the registered manager and used to drive improvements within the service. One relative said, "I've had a questionnaire, if there are any issues at all, I will always hear from QRC. They are proactive."
- Staff told us they received constructive feedback about their performance and were confident in the registered manager and acting manager. Staff were supported with regular supervision which they found useful but also emphasised that management were open and approachable at all times. One staff member said, "They are regular, you can have more if you request them. If I have issues I raise them immediately. I have a really good working relationship with the manager. I don't need to wait for a supervision."
- The registered manager structured staff supervision using CQC's themes of providing care that is safe, effective, caring, responsive and well led. The acting manager told us the registered manager had used best practice guidelines from Skills for Care [a national body for workforce development in adult social care in England] relating to the recruitment and induction of new non-skilled or non-experienced staff. This guidance highlighted the need to support staff with understanding the importance of the themes used by CQC when inspecting a service and how these themes related to their roles on a day to day basis. The registered manager used a supervision framework that related directly to the employee's understanding of their role and regulatory themes for adult social care services. Staff told us they found these supervisions helpful, and all staff had a clear understanding of their roles. One staff member said, "I love making a difference to people's lives. ... I feel passionate about this job." This demonstrated that the registered manager understood the relationship between supporting staff achieve their best and how strong staff performance corresponded with the delivery of high-quality care and good outcomes for people who use services .

Continuous learning and improving care

- The service had clear and effective governance processes in place that were well embedded into the running of the service. Audits were in place which monitored the quality of the service. When improvements were needed appropriate action had been taken.
- Robust audit systems identified and managed risks to the quality of the service. The registered manager used this information to drive improvement. For example, the registered manager visited every person's home every month. This audit was detailed and looked at all aspects of care and support, care plans and other documentation such as health and safety, as well as observing care and the interactions between staff

and people. These audits were effective in identifying where changes were needed. For example, in one audit the registered manager had noted an increase in the number of episodes of behaviours that challenge with one person. As a result, a referral was made to a specialist counsellor who worked with staff and the person to develop a management plan, and supported an application to increase the person's funding to providing more 1:1 support. This led to a decrease in challenging behavioural episodes which all in all has led to a positive outcome for the person and the people they live with.

- The registered manager's attention to detail showed an exceptional commitment to quality. Elements of the monthly audit were linked to the relevant regulations of the Health and Social Care Act 2008 [Regulated Activities] Regulations 2014. This demonstrated that the registered manager had an excellent understanding of their responsibilities under the regulations and was committed to using audits as a way of driving improvement to deliver a high-quality service.

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

- Staff understood their roles and responsibilities and spoke highly of working for the service. Staff told us the service had a clearly defined culture. One staff member said, "It's in the acronym QRC - Quality Reliable Care - always promoting person centred care. It's about supporting people to live the life that they want to live."
- The acting manager told us, " It is the name, quality and reliable. We want to enable people to live the best life. Being flexible enough to support people to do what they want - even if that means working in your own time. I lead by example, I will cover shifts. I think seeing the management aren't just sitting behind a desk, makes staff want to do just the same."
- Every staff member was encouraged to consider their continuous professional development. We saw an example of a staff member who had been new to care and had been supported through extensive amounts of training to develop into a senior care role.
- The acting manager was aware of their responsibilities under the Duty of Candour regulation. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guideline's providers must follow if things go wrong with care and treatment.
- The acting manager was open and transparent throughout our inspection and responded to requests for further information following the site visit in a responsive and timely way. Staff understood the importance of reporting any accidents and incidents and changes in people's mental and physical health to the appropriate professionals and agencies and of keeping families informed. The service had an open culture embedded within its day to day approach to supporting people and is indicated that the principles behind Duty of Candour were recognised and valued within the service.
- Current CQC inspection ratings were on display within the home, along with certificates of registration. The provider understood the regulatory responsibilities of their role and notified CQC appropriately, if there were any incidents. Appropriate notifications had been submitted to CQC which is a legal requirement.