

Quay Care (North Devon) Ltd

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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

This inspection took place on 30 June with an announced visit to the services registered office and then visits to people who use the service on 7 July 2017. We gave short notice of the inspection as Quay Care is a small domiciliary care agency and we needed to ensure someone would be available to speak with.

Quay Care provides care and support to people in their own home. They also provide support to some people within a supported living house. The service covers mostly people residing in Barnstaple and Bideford areas. At the time of the inspection they had 32 people receiving a service from them.

The director of the company is also the registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.'

People who receive a service from Quay Care were highly complementary about the support they received. People said they felt safe, knew who would be visiting and confirmed care workers arrived at the time they were allocated, stayed for the right amount of time and completed all tasks as agreed with them and the service.

People said "This is the best service, the staff are all very kind."; "I've got no complaints. I'm totally satisfied with the care that I receive. I'm thankful for their help in every way."

Care and support was well planned with the individual being at the heart of this process. Pre service assessments were completed which included ensuring the environment was safe. The service also assessed for risks such as falls and related to equipment needed to provide safe and effective care. Staff confirmed there was always a care plan to refer to. The service had recently transferred to electronic care planning and daily records which staff could access via a smart phone. The service would provide this equipment if staff did not have access to a smart phone.

Staff understood people's needs and wishes. This was because they had a comprehensive training schedule and regular support to discuss their role and any additional training needs. The registered manager had a passion for training and often provided training to other care providers. They were qualified to deliver training in various aspects of health and safety and in the care needs of people.

There were processes in place to protect people and the security of their home when they received personal care, including staff wearing uniforms and carrying identification. People received information about who they should expect to be delivering their care so they were aware of who was due to call upon them.

Staff were aware of who they should report any concerns to. People were protected from the possibility of

unsuitable staff being employed. This was because the service ensured new staff were only employed once all checks and references had been received.

Where people needed support to eat and drink sufficient amounts to stay healthy, records were kept to ensure this was being done. People who had support to prepare their meals confirmed staff ensured they were offered choice and variety.

Staff talked about people in a kind and respectful way. It was clear good relationships had developed and people were treated with respect and dignity.

The service had good systems in place to safely support people with the management of their medicines. People's health and emotional wellbeing was closely monitored and where needed proactive actions taken to address any changes in need. The service was flexible to assist people to attend any healthcare appointments.

The service had systems to audit and check the quality of care and support provided. This included ensuring the voice of people who use the service and staff were included in this process.

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 protected from harm. People had confidence in the service they received and felt safe and secure in the hands of their care workers.

Risks to the health, safety and well-being of people were addressed in an enabling and proportionate way which promoted their independence.

Care workers had the knowledge, skills and time to care for people safely and consistently.

There were safe recruitment procedures to help ensure that people received their support from staff of suitable character.

The service had good systems in place to safely support people with the management of their medicines.

Is the service effective?

Good ●

The service was effective.

The service ensured that people received effective care that met their needs and wishes. People experienced positive outcomes as a result of the service they received.

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet people's needs effectively.

People were supported with their health and dietary needs.

Is the service caring?

Good ●

The service was caring.

The registered manager and staff were committed to a strong person centred culture.

Kindness, respect, compassion and dignity were reflected in the day-to-day practice of the service.

People expressed satisfaction with the care they received. People were pleased with the consistency of their care workers and felt that their care was provided in the way they wanted it to be.

Is the service responsive?

Good ●

The service was responsive.

People received a personalised service that was planned proactively in partnership with them.

People's care was kept under continual review and the service was flexible and responsive to people's individual needs and preferences.

People were actively encouraged to give their views and raise concerns. The service viewed all feedback received as a natural part of driving improvement.

Is the service well-led?

Good ●

There was a high level of confidence in the management and the skills of the registered manager. One person said "The manager is very approachable. She really listens to us and I feel if I had anything I needed to discuss about my care, I could." A relative said "Quay Care have been the best care company we have had for my mother's care and we have had a few different ones over the years. They have always been very reliable and always willing to help with anything needed." One healthcare care professional said "The manager has always encouraged feedback positive or negative and responded promptly to ensure care services are enabled and supportive." Another said "Quay care have helped with some of the most challenging clients in the community and have achieved positive results, (and enabled a number of client s to regain appropriate levels of independence to meet there needs."

Six out of seven people who returned a survey said the agency responded well to any complaints or concerns they had. All said they were involved with the decision making around their care and support. Five community professional competed a pre inspection survey and all five said they felt the service was well managed and asked their views about the service and acted on the feedback they received.

Staff were valued for their work and contribution. For example

the provider paid into a private healthcare scheme for them. This allowed various healthcare benefits for them and their family members. They also ensured that any training requested, was followed up and delivered. Staff confirmed they felt valued and their views and suggestions were listened to. One care worker said "I really love working here, it's family run business and we are all treated well."

Partnership working was key to ensuring people received a safe, effective and responsive service. The registered manager worked with the hospice to ensure good end of life care outcomes for people. Care staff worked with the community nurse team to ensure people's healthcare needs were being met. The service had been using the local care homes team for additional training and networking with other services and in understanding current and best practice. To this end additional training had been undertaken by the management team. For example the administrator was enrolled on the level 5 Certificate in Human Resource Management (1 year). This course had helped them to develop their ability to evaluate the effectiveness of HR models and practices and increase their understanding of organisations and strategic planning. The deputy manager was enrolled and working towards level 5 in Leadership and Management. This had helped them to be involved in the day to day running of the agency, recognise the value of keeping up to date with best practice and how to deal with emergencies, safeguarding and dealing with staff. The registered manager was enrolled on level 4 Diploma in Counselling (2 years) which will develop her skills in communication and understanding of the person centred approach.

Systems and audits were used to drive up improvement. Care plans were reviewed and audited monthly. Medicines records were also audited monthly. Where there were omissions or gaps the managers looked carefully at who had been on duty and asked them to complete gaps. They offered further training and support to ensure staff understood the importance of keeping accurate records.

The ethos and values of the service were to be honest open and transparent in their approach. Their reviews, audits and minutes of regular staff meetings confirmed this worked in practice. For example staff meeting minutes highlighted what was working well and what needed to improve.

The registered person was meeting their legal obligations. They notified the CQC as required, providing additional information promptly when requested and working in line with their registration.

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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.

The provider was given 48 hours' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in. The inspection was completed by one inspector who visited the registered office on 30 June 2017. We also completed five visits to people in their own homes and spoke with six people, two relatives, and four staff.

Before the inspection we reviewed records held by CQC which included notifications and other correspondence. A notification is information about important events which the registered person is required to send us by law. This enabled us to ensure we were addressing potential areas of concern at the inspection. The provider also completed a Provider Information Return (PIR) before our inspection. This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We also sent out some surveys. We sent 15 surveys to people who use the service and received six back, we sent nine to community professionals and received five back.

During our inspection we went to the agency's office and met with the registered manager, the office manager, and two care workers. We reviewed a variety of documents which included four people's care plans, three staff files and other records relating to the management of the service.

We sought feedback from the three and social healthcare professionals. We received feedback from all three.

Is the service safe?

Our findings

People said they felt safe. One person said they always knew which care staff would be visiting and they were able to let themselves in using the key safe. Another person who lived in a supported living house said, "yes I feel much safer here. I know there are staff about and I know what times they will be helping me. It is very good. I can't complain."

People were enabled to remain independent, whilst risks were managed sensitively to ensure people's safety. For example where people were assessed as being at risk of falls, they had been assisted to ensure their walking aids were always left close to them. People who were at risk of neglecting themselves were given encouragement and support to maintain their personal hygiene in a way which encouraged them to do as much for themselves as possible. Other risks were clearly identified such as any potential risks in respect of the environment. Before a service started, the registered manager or senior completed an environmental risk assessment to ensure the person and staff were kept safe.

Staff confirmed that risk assessments were always available for them to check when they visited. They confirmed these were updated on a regular basis. If people's needs changed, which may impact on risk, they were able to ring into the office so let the service know so the risk assessment could be updated.

Staff had received training on understanding abuse in vulnerable adults and were confident in understanding who and when their concerns should be reported. Staff knew who else outside of the service they could report any concern's to and the types of abuse they should be aware of. Staff confirmed they had received training in protecting vulnerable adults. They said there were other ways the service also protected people. For example having a form for completion if dealing with individuals monies, with signatures and receipts to account for any expenditure to protect people from financial abuse. (and also in having medicine records to help them record when they had assisted people to take their medicines.)

There have been no safeguarding alerts made in the last 12 months. Six out of six people who completed the CQC survey said they felt safe and from abuse or harm from their care workers.

The service had sufficient staff to meet the needs of people using the service. Staff worked mainly in the Barnstaple and Bideford areas and had sufficient time to travel in between visits. Staff confirmed they normally had similar rounds of visits to do. This helped to ensure people's continuity of care and support. They mainly covered specific geographical areas to cut down on travel times. People confirmed they were aware of who would be visiting each day and for the week. One person said this occasionally changed due to staff sickness or an emergency. People said staff stayed for the time they were allocated to and completed the tasks as agreed within the care plan.

All appropriate recruitment checks were completed to ensure fit and proper staff were employed, to work in the home. Staff had police and disclosure and barring checks (DBS), checks of qualifications, identity and references were obtained. The DBS helps employers make safer recruitment decisions and prevents unsuitable people from working with people who use care and support

services.

People's medicines were safely managed. This was because the service had good systems in place to safely support people with the management of their medicines. Most people required some support when taking their medicines. Where people needed to be prompted, their care records contained details of the prescribed medicine and any side effects. There was a system for keeping records up to date with any changes to people's medicines. Staff recorded each time a medicine had been taken by the person. Staff confirmed they received training in safe administration of medicines and that their competencies were checked via spot checks and audits of the medicine records.

Policies and procedures were available for staff to refer to in respect of infection control. They also received training in this area so they were aware of how to protect against the risk of cross infection. The service ensured there was always a plentiful supply of gloves and aprons.

Is the service effective?

Our findings

People said staff who supported them were aware of their needs and wishes and were therefore able to provide effective care and support to them. One relative said "They have got to know (name of person) over time and they know her routines and how she likes things. That makes a big difference."

People were supported to see appropriate health and social care professionals when needed to meet their healthcare needs. Care records showed evidence of health and social care professional involvement in people's individual care on an on-going and timely basis. For example, GP and district nurses. When care workers had identified a change in people's health, they had alerted the office and requested support to share this information with either the person's family and/or relevant medical professional. One healthcare professional said "I have always found the staff to be caring, kind and trained to do their jobs effectively and efficiently... I have observed manual handling and wound care given by carers in a very complex challenging environment where they have carried out their job roles with professionalism and sensitivity."

People benefitted from a staff group who had training and support to do their job effectively. Training records showed staff had yearly updates on all essential health and safety topics as well as more specialised areas such as working with people with dementia, mental health issues and end of life care. The registered manager had a clear passion for training and had completed courses which enabled her to deliver high quality training to Quay care staff as well as other care staff in and around the area. She was also keen for the staff team to achieve national diplomas in care and most had either achieved or enrolled and completing level two and three diplomas in care. Staff confirmed they were given lots of opportunities to enhance their skills via training, on the job learning and via one to one supervisions with the registered manager or senior care worker.

Six out of six people who completed the CQC said they believed the care workers had the right skills and knowledge to provide the right support.

Staff who were new to care were enrolled and supported to complete the Care Certificate. The Care Certificate is a nationally recognised set of standards that health and social care workers should adhere to in order to deliver caring, compassionate and quality care. New staff also had two weeks to shadow more experience staff and get to know people using the service before they were asked to work alone. During this time, the registered manager sought the views of the seniors and staff working with new staff members to make sure they understood their role and were working within the caring ethos of the agency.

Care workers had received training on the Mental Capacity Act (2005) (MCA) which enabled them to feel confident when assessing the capacity of people to consent to treatment. The MCA provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. Care workers demonstrated an understanding of the MCA and how it applied to their practice.

People confirmed they were asked to consent to care and support before this was delivered and care records recorded this consent was being gained. People were happy with the support they had to eat and drink. The support people received varied depending on people's individual circumstances and contract arrangements. Some people lived with family members who prepared their meals. Others had plans which included detailed instructions about what meals care workers should prepare for people to maintain good health. Care workers purchased some people's meals and ensured they had a balanced diet. Where care workers were responsible for providing meals they recorded and monitored the person's food and fluid intake. The service recognised the importance of meals being a social time and for some people it was important that the care worker sat with them and ate. In one supported living house a person said "At the weekend the staff help us get a roast prepared and we share a meal and a few drinks of wine. That's a good time and I really enjoy that."

Is the service caring?

Our findings

People, relatives and professionals all said the service was very caring. One person said "The staff are wonderful. They really care, they have become like family friends and I feel I can rely on them. One relative said, "very caring, you could not ask for better. I would not use any other agency." One healthcare professional said, "I have found Quay care to be responsive and very caring. They will often go that extra mile." Another said, "I have worked jointly with Quay Care with a number of our patients on caseload and have always found the staff to be kind, compassionate and respectful towards the patients."

People's dignity and privacy was respected. This was because staff understood the importance of ensuring they worked in a respectful way. People were supported to express their views and be actively involved in making decisions about their care, treatment and support. Staff described ways in which they offered people choice in the way they delivered care and support. For example, making sure they were consulted about what clothes they wished to dress in that day. Staff talked about always giving people time to make choices and to maintain their independence for as long as possible. Core training for staff included areas of dignity. Six out of six people who completed a CQC survey believed their dignity and respect was always upheld.

Care plans were written in a respectful way which ensured people were assisted and supported to do as much as they could to maintain their independence, where possible. Staff talked about people's positive attributes and not their needs. It was clear good relationships had developed between staff and the people they supported. One person said "I can have a laugh with staff, what's life if you can't have a bit of banter."

The Provider Information Return (PIR) detailed how the service monitored staff attitude to ensure they provided a caring and compassionate service. It stated that they completed annual spot checks where they would be reviewing the carers abilities. Also in fulfilling the "6 C's ensuring they are competent, compassionate, committed, can communicate effectively, caring and are not afraid to be courageous when required by challenging discrimination and protecting and safeguarding individuals in a person-centred way."

The service had received many thank you cards and letters. Comments included "May I thank you sincerely for the kindness, care and support we have received from your lovely ladies. Their attention to detail has been faultless." ; "Thank you for all the wonderful staff and carers who helped to look after my mum with such kindness over the years." ; "We found (name of care worker) to be a delightful young lady and was extremely helpful and caring throughout- she was credit to your business."

Quay Care had worked with the local hospice to ensure staff had training in end of life care. They worked in conjunction with community nurses for people when they had chosen to spend their final days at home. One relative said "We are writing to express our gratitude for the care our relative received from Quay Care during the last week of his life...Your carers treated him with love and respect and we have no doubt that he felt safe and secure in their hands."

Is the service responsive?

Our findings

People were confident that Quay Care was responsive to their needs. Survey results showed people were 100% positive about the service being responsive to their needs. A community professional said, "I have found Quay Care to be a friendly approachable agency; I would use this agency for a member of my own family. I find (name of registered manager) to be a hands on manager who is ready and agreeable to deal with any issues or problems that may arise. She wants to resolve these issues for the service user – she always has the service user at the forefront of her mind. She treats people with dignity and respect. And has really gone above and beyond to make sure one of my clients had food / clean clothes etc. even though it wasn't in the care plan."

Care and support was well planned and developed and reviewed in conjunction with the person and their family. The service had recently moved over to electronic records and care plans. Staff could access these via a smart phone, and if they did not have their own the service would provide a smart phone. The care plan was responsive and worked interactively with care records, so where there was a change in health or emotional well-being, this was flagged up to see whether the person's care plan needed to be reviewed or amended. Staff said they were getting used to the new electronic plans but could see the benefit of the records being accessible to the registered manager and other staff. This meant they were made aware of any changes to people's needs, without having to rely on the care worker ringing information into the office.

People confirmed they were consulted about their care plan, any changes to their package of care and whether they wished their care and support to be delivered in a different way. This enabled people to feel empowered and in control. One person said they had previously used a different agency but they were not as responsive to their needs and they had changed to Quay Care because they were "much more responsive and reliable."

The service had been responsive to people's health needs by being flexible. For example their PIR stated "We rearrange visits whenever possible to accommodate changes in an individual's schedule e.g. if they need to attend an appointment at a time when they usually have a visit from us, or we rearrange their enabling time to fit with the appointment so that we can take them if this is their wish. We believe this contributes to the individual's feelings of inclusivity, being involved by removing possible barriers, they also feel listened to and valued as a person."

People and relatives were confident their complaints and concerns would be dealt with in a responsive way. One person had said in a returned survey they had asked not to have a particular care worker and this had been listened to and acted upon. Each care file contained a copy of the complaints process which was in each person's own home. The service had not had any written complaints in the last 12 months. The registered manager said they tried to head off any concerns before they became complaints. They reviewed care each month and part of the care workers roles was to ask if people had any concerns or worries they wished to discuss.

Is the service well-led?

Our findings

The service was well-led.

The service was well-run by the registered manager and office manager who supported their staff team and promoted an open and inclusive culture.

People's views were taken into account in reviewing the service and in making any changes.

Systems were in place to ensure the records; training, environment and equipment were all monitored on a regular basis.