

Quality Care Management Limited

# Quality Care Management Limited

## Inspection report

2-6 Spencer Road  
Southsea  
Hampshire  
PO4 9RN

Tel: 02392811824






Date of inspection visit:  
30 July 2019  
01 August 2019

Date of publication:  
17 October 2019

### Ratings

Overall rating for this service

Requires Improvement 

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

# Summary of findings

## Overall summary

### About the service

Quality Care Management Limited is a residential care home providing personal and nursing care to 29 people aged 60 and over at the time of the inspection. The service can support up to 38 people.

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

People were not always supported to have maximum choice and control of their lives. However, staff attempted to support people in the least restrictive way possible and in their best interests; the policies and systems in the service supported this. We have made a recommendation about these areas.

Although we observed some kind, caring and positive interactions between people and staff, we also observed some less positive interactions on occasions. The registered manager assured us they would take action to address these with staff.

There were enough staff available to support people. The environment was clean and people had access to appropriate equipment where needed. Medicines were administered safely and as prescribed. Risks associated with people needs had been assessed, were understood and managed by staff, which meant people were safe from harm.

Staff had received appropriate training and support to enable them to carry out their role safely. They received regular supervision to help develop their skills and support them in their role.

Staff's knowledge of people's preferences was good. Activities were provided, and the registered manager was working towards improving these for people living with dementia. People knew how to raise concerns and complaints had been managed well.

People had confidence in the registered manager. The registered manager was open and transparent. They understood their regulatory responsibility and engaged people, relatives and staff. Systems were in place to monitor the quality and safety of the service.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

The last rating for this service was requires improvement (published 1 August 2018). The service remains rated requires improvement. This service has been rated requires improvement or inadequate for the last four consecutive inspections.

### Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will request an action plan for the provider to understand what they will do to improve the standards of quality and safety. We will work alongside the provider and local authority to monitor progress. We will 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?

Good ●

The service was safe.

Details are in our safe findings below.

### Is the service effective?

Requires Improvement ●

The service was not always effective.

Details are in our effective findings below.

### Is the service caring?

Requires Improvement ●

The service was not always caring.

Details are in our caring findings below.

### Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

### Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

# Quality Care Management Limited

## **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

The inspection was carried out by two inspectors

#### Service and service type

Quality Care Management Limited is a 'care home'. People in care homes receive accommodation and nursing or personal care as single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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.

#### Notice of inspection

This inspection was unannounced.

#### What we did before the inspection

Before the inspection we reviewed information, we had received about the service. This included details about incidents the provider must notify us about, for example, injuries that occur in the service and any allegations of abuse. The provider was not asked to complete a provider information return prior to this inspection. However, we reviewed the information the provider sent to us in 2018. This is information we require providers to send us to give some key information about the service, what the service does well and

improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection-

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with 10 members of staff including a representative for the provider, registered manager, registered nurses, senior care workers, care workers and the chef. We also spoke with two visiting professionals. We used the Short Observational Framework for Inspection (SOFI). SOFI is a way of observing care to help us understand the experience of people who could not talk with us.

We reviewed a range of records. This included 12 people's care records and 14 people's medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including 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 and quality assurance records. We requested feedback from professionals who had visited 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.

### Staffing and recruitment

- The registered manager told us staffing levels and skill mix were arranged based on the needs of individuals and used a dependency tool to assess this. Staffing levels had increased since our last inspection.
- Six care staff were deployed across the home throughout the day with a further two care staff allocated to provide support where needed. There were occasions when we were not confident the deployment of staff always met the needs of people. For example, during the handover period all care staff were involved in the handover and there was no one available to support them.
- On the first day of our inspection we were required to find a member of staff to support a person who was calling out during the handover. On other occasions we heard a person calling out, but staff were not in the area to be able to respond and we were required to advise staff the person required support.

We recommend the registered person review the deployment of staff to ensure this meets the needs of people, especially those who are unable to use a call bell.

- People were protected against the employment of unsuitable staff as the provider followed safe recruitment practices. Staff were required to complete application forms, attend interviews and provide references.
- Staff were subject to a Disclosure and Barring Service (DBS) check prior to working in the home unsupervised. The Disclosure and Barring Service carry out checks on individuals who intend to work with vulnerable children and adults, to help employers make safer recruitment decisions.
- Checks to confirm qualified nursing staff were correctly registered with the Nursing and Midwifery Council (NMC) were also held on file. All nurses and midwives who practice in the UK must be on the NMC register.

### Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse.
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse.
- The registered manager understood their regulatory responsibilities and had referred safeguarding concerns to the local authority and CQC as required.

### Assessing risk, safety monitoring and management

- A range of risk assessments were completed for each person. Examples included assessments of mobility related risks and falls, the use of bed rails, risk of skin damage and choking risks.

- Risk assessments informed care plans which provided information for staff to follow to keep people safe.
- Staff understood the support people needed to reduce the risk of avoidable harm.
- Equipment used to support people with their mobility needs, including hoists, had been serviced to ensure they were safe to use and fit for purpose. Staff had received training in moving and handling, including using equipment to assist people to mobilise.
- There was a business continuity plan in place that advised staff on the action to take in the event of emergency situations such as staff emergencies, heat-waves, flood, fire or loss of services. There were also personal emergency evacuation plans (PEEPs) in place which recorded the support each person would need to safely evacuate the premises in an emergency.
- The provider had complied with all the necessary actions detailed in the fire alarm inspection which was conducted on 21 September 2018. The record stated, "System fully tested, all ok".

#### Using medicines safely

- People received their medicines as prescribed.
- Medicines were safely stored. Medicines that required extra control by law, were stored securely and audited each time they were administered.
- Accurate records were maintained of medicines received into the service, administered and disposed of.
- Medicine administration records (MAR) were completed as required.
- Clear protocols were in place for medicines that were prescribed to be administered on an 'as required' basis.
- Staff received training in medicines administration and had their competency checked to ensure their practice was safe.

#### Preventing and controlling infection

- Staff received training to aid their knowledge of infection control measures.
- Personal protective equipment was available and staff were seen to be using this.
- Domestic staff were employed within the service and staff completed regular cleaning tasks in line with set schedules.
- The home was clean, tidy and free from malodours.

#### Learning lessons when things go wrong

- Incidents and accidents were monitored and reviewed regularly to identify any patterns or trends.
- Staff confirmed that discussions took place to establish what they could have done differently in order to learn lessons and reduce the likelihood of reoccurrence.



# 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. At this inspection this key question has remained the same.

This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

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.

In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

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.

- Documentation did not consistently demonstrate people's mental capacity to consent to care or treatment had been appropriately recorded in line with legislation. Assessments were unclear, contained conflicting information and were not always decision specific.
- Where assessments of people's capacity had been completed these were not decision or time specific. For example, those we looked at recorded the decision as 'ability to make significant and independent decisions regarding complex care needs and treatment'. The mental capacity act is clear that assessments of a person's capacity must be decision specific. For one of these people we found an entry in an evaluation of their consent and capacity care plan which stated they were unable to consent to the use of CCTV in communal areas however their representatives were aware that it is in operation in communal areas to safeguard people. No assessment of this person's ability to consent to the use of CCTV had been completed and no best interests decision had been recorded.
- We observed two people who lived in a shared room. They were frequently shouting for help, appeared to be anxious and rather emotional. A staff member told us one person had fluctuating capacity to make decisions whilst the other person lacked capacity to make any decisions. In reviewing both their care plans

we found no evidence of any capacity assessments, best interest decisions or reviews into the agreement to share a room. A member of staff said, "They really shouldn't be in the same room together, I think it's a funding issue". Another member of staff told us "It's something to definitely factor in the preadmission assessment" and "No, there hasn't yet been a review into their suitability to live together". Following the inspection, we were told one of these people were offered the opportunity to move into a single room and they consented to do this.

We recommend the registered person seek advice from a reputable source to ensure the application of the MCA is applied and recorded consistently and accurately.

- Where people were subject to conditions under DoLS, staff were working towards complying with these. For example, one person condition was for the service to continue to liaise with the GP to address the health problems preventing them from accessing communal area's. We saw staff had taken action to do this.

Staff support: induction, training, skills and experience

- New staff received an induction when they first started working at the home. Induction records focused on the operation of the building and the organisations policies and procedures. However, a member of staff told us during their induction they shadowed experienced staff for a period of four weeks and had undertaken a variety of training.
- New staff had completed the care certificate and were subject to ongoing monitoring and competency assessments. Observations included, equality and diversity, working in a person-centred way, communication, privacy and dignity, fluids and nutrition, health and safety, handling information and infection prevention and control.
- However, there was a lack of evidence for existing staff of ongoing competency assessments, except for the administration of medicines and annual appraisals were not consistently completed.
- Staff told us they felt supported in their role and most confirmed they received supervisions. Although records did not always confirm this. For example, there was no record of any formal supervision for one member of staff who commenced employment with the provider on 2 April 2019. This member of staff confirmed they had not received a formal supervision but was able to speak to the registered manager at any time and felt supported.
- A variety of training was provided for staff who told us they found this helpful. However, we found that some staff who had received certain training such as MCA were not always able to talk to us about what this meant.

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

- Assessments of people's needs were completed before people moved to the home. These identified people's needs and the choices they had made about the care and support they wished to receive.
- Nationally recognised assessment tools such as Waterlow (a tool to assess the risk of skin breakdown) and Malnutrition Universal Screening Tool (MUST- a tool used to determine the risk of malnutrition) were in place and used to inform people's planned care.

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

- Care plans provided guidance to staff about the support people needed at meals times. People's dietary needs and preferences were known by staff and shared with the kitchen.
- People were provided with a choice of meals and drinks and supported to make their own choices.
- Kitchen staff had a good knowledge of individuals needs in relation to risks associated with eating and drinking and followed guidance from healthcare professionals in relation to preparing meals.
- People's nutritional needs were monitored, and appropriate action was taken if people were losing weight

unexpectedly.

- Where required, people received support during meals and were encouraged to drink to promote hydration throughout the day.

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

- Where people required support from external healthcare professionals this was organised, and staff followed guidance provided.
- Records confirmed regular access to GP's, practice nurses and other professionals such as the older persons mental health team.
- We observed staff seeking appropriate health support for people where this was required.
- Handovers between staff took place at each shift change and a communication book was in place to ensure that staff were aware of any changing needs or requirements.

Adapting service, design, decoration to meet people's needs

At the last inspection we recommended the registered person seek guidance and advice from a reputable source about how to make sure the environment was dementia friendly. At this inspection we found some improvements had been made but further work could be done.

- Work was in progress to make the home more dementia friendly. An audit tool from Dementia Action UK had been used to help the provider assess the environment. This detailed some action to be taken including the use of contrasting colours in bathrooms, although we noted no dates had been identified for the completion of this.
- However, at the last inspection we noted that some people may find it difficult to identify their bedrooms as there was no signage to show the room was a bedroom and no signage or pictures to aid people in recognising it was their room. We continued to find this.
- Constraints with the size and layout of the building presented some limitations regarding meeting the social needs of people. For example, armchairs in the lounge were arranged around the edge of the room with one in the centre and another behind a pillar. This limited social interaction between people at times.

We recommend the provider seek advice and guidance from a reputable source about creating a stimulating environment for people who are living with dementia.

# 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 Requires Improvement. At this inspection this key question has remained the same.

This meant people were not always well-supported or treated with dignity and respect.

Respecting and promoting people's privacy, dignity and independence

- Observations did not always demonstrate people were treated with dignity and respect. At the last inspection we found that staff's communication could improve, and we continued to find this for some staff members. For example, two care staff were talking with each other whilst one of them was mixing food for one person, in front of them. they did not communicate with the person. One of the staff members placed tissue under the person's chin without any communication. They handed the bowl to other staff member before then kissing the member of staff on the shoulder. The carer who had the bowl, then mixed it again, placed it on the table and walked away without any communication with the person.
- Observations at lunchtime on the first day of our inspection showed that not all staff supported people's dignity or acknowledged when they required support. One person displayed very anxious behaviours throughout lunch and was shouting at staff and other people. Throughout this time a number of staff walked past this person without offering any support. The registered manager noticed this person's anxiety and spent time with them to offer reassurance. On other occasions we could hear a person calling for help, staff were also present but did not respond until we asked them to.
- However, on other occasions we observed staff being discreet, offering appropriate support, recognising when other people needed reassurance and provided positive encouragement. We discussed the negative observation with the registered manager who assured us that they would take action to address the approaches taken by some staff.

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

- In other observations we found staff spoke kindly and compassionately with people. They offered reassurance to people when they saw this was needed. One person said, "Its ok living here, staff are nice, look after me. They are kind". Visiting professionals told us they felt staff were kind, caring and knew people well. One told us how they felt staff recognised when people needed additional mental health support and ensured this was provided.
- People's protected characteristics under the Equalities Act 2010 were identified as part of their needs assessments before they moved to the home.
- Staff showed a good understanding of people's preferences.

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

- Feedback about the care people received was positive. For example, one relative said, "I can't fault the care". Relatives confirmed they were involved, and we found evidence that families had been engaged

where people may not be able to make decisions themselves.

- A staff member told us that when people arrived in the service, staff would spend time with people to find out about their preferences, likes and dislikes.
- Resident and relative meetings took place and although these had not been very frequent, records confirmed that they were encouraged to be involved.

# 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 remained the same.

This meant people's needs were met through good organisation and delivery.

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

- During the inspection we did not observe a variety of meaningful activities were provided. Feedback from surveys suggested that some relatives thought activities were adequate but could improve. A quality audit by the local authority had also identified this.
- On the first day of our inspection we observed a member of staff walking around the lounge area holding a velcro bat and a tennis ball. The member of staff was talking at people, singing and trying to encourage them to catch and throw the tennis ball back to her. This was not the planned activity for the day and most people appeared disinterested.
- Care staff were not seen to engage people in activities unless they were providing direct care.
- We were told that activities were provided by Activities Co-ordinators and outside contractors. The home had an activities board located in the dining/lounge area which provided information and pictures of upcoming activities. These included, arts and crafts, dancing, sing along sessions, tea and chat, board games and reminiscence.
- Religious ministers were accommodated and for those who preferred to go to their places of worship, we were told these people were supported to do so. Activity staff also said they would take people out into the community regularly although this was not always planned in advance but carried out on more adhoc basis. Once a month an activity was planned for a weekend. The activity coordinator said, "Saturday and Sunday is family day. One Saturday we may hire a singer and he sings for an hour. After he sings we make afternoon cream tea, the family have some too" and "I work Monday to Friday so on the weekend we don't do much because the family are here so we only do something once a month at weekend. When I am not here the carer's put music on".
- Although we did not observe any activities being provided to those people who were restricted to their rooms, we were told by staff that the activities coordinator spent one to one time with these people.
- The registered manager told us they aimed to improve the activity provision for people and the activity staff had recently attended training to support this.

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

- Staff were knowledgeable about people and were aware of their likes and dislikes.
- Care plans contained information about people's needs and preferences. These were regularly reviewed and updated when people's needs changed. However, we did find some paragraphs that suggested at times the records had not been fully personalised. For example, some of these contained the wrong people's

name or referred to them by the wrong gender.

- Staff responded appropriately when people's needs changed, and they became unwell. One person was unwell during the inspection, staff recognised this quickly and acted to ensure their health needs were reviewed.

#### 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.

- Communication care plans were in place for people. Additional documentation was available to provide staff with tips for communicating with people with dementia.
- The registered manager showed us the complaints procedure which had been produced in a pictorial and easy read format.
- A representative for the provider told us that if required, policies and other information would be made available to people in other formats such as large print and audio.

#### End of life care and support

- No one was receiving end of life care at the time of our visit. However, the registered manager told us the service engaged with external healthcare professionals effectively to ensure people's end of life care needs were met.
- Staff had received training regarding end of life care.

#### Improving care quality in response to complaints or concerns

- The providers had a policy and arrangements in place to deal with complaints. They provided information on the action people could take if they were not satisfied with the service being provided.
- There were no open complaints at the time of inspection and records of historic complaints showed the registered manager took appropriate action to address the issues raised.

# 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 managed and well-led. Leaders worked to create a culture which promoted good-quality care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Everyone provided positive feedback about the management of the service and the registered manager was described by staff as, "Very clear with her expectations" in how people should be treated.
- Feedback via surveys also confirmed that relative felt the registered manager was approachable and always available to them.
- The registered manager was described as being open, understanding and supportive. Staff told us the registered manager "Always helps and works with us if needed".
- Staff were confident the registered manager would address any issues of concern immediately and one staff member told us "The culture here is that you that can ask anything".
- We were told by staff that the registered manager "Researches, puts information together and we discuss in supervision, so we are kept up to date. She [registered manager] will print out newspaper clips for us to read, she really encourages a person-centred culture".

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

- The registered provider had systems and procedures to monitor and assess the quality and safety of their service. Audits were used to assess standards and drive improvements. The frequency of the care plan audits and provider audits had reduced from monthly to three monthly. We identified some concerns in relation to records associated with the Mental Capacity Act 2005 and on occasions people's care plans contained the wrong names. These audits may have identified if carried out more frequently.
- Other audits had been more effective such as monthly weight audits which recognised when action was needed to support a person's nutritional intake.
- There was a clear staffing structure in place. The registered manager had responsibility for the day to day running of the service and was supported by a team of registered nurses, senior care staff and carers.
- Services that provide health and social care to people are required to inform the Care Quality Commission (CQC) of important events that happen in the service. The service had informed the CQC of significant events including significant incidents and safeguarding concerns.
- The previous performance rating was displayed in the home's entrance hallway making it available to all visitors and people.

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

- The registered manager demonstrated an open and transparent approach to their role. Staff confirmed the registered manager worked in this way and said they always encouraged staff to reflect on their practice and learn lessons where these were needed.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People, relatives, and visiting health and social care professionals were asked their views in relation to the quality of care on a regular basis. An annual survey was carried out with people, visitors, and staff. At the time of our inspection this feedback was being analysed but the registered manager had looked at the feedback as this was received and taken action where feedback suggested this may be needed.

Working in partnership with others; Continuous learning and improving care

- The service was working in partnership with the local authority's quality team. A member of this team told us the service had engaged in a positive manner to make changes that would improve the service. An action plan was in place to set deadlines and monitor progress.