

Quality Homecare Services 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

Quality Homecare Services Ltd is a domiciliary care agency registered to provide personal care to people in their own homes. The service provides support to people of different abilities. The services they provide include personal care and medicines support. At the time of inspection, the service provided care to two people who received personal care. The Care Quality Commission (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.

People's experience of using this service:

People and relatives were satisfied with the care and services provided by the service. They told us they could rely on care workers to provide care safely and felt comfortable in their presence. They were complimentary about how the service was managed and told us that care workers were caring, kind and respectful. People's privacy, dignity and independence was respected and promoted.

People were protected from abuse. Staff had received training on how to safeguard people and were aware of the procedure to follow if they suspected that people were subject to abuse.

Risks associated with people's care were assessed and monitored. Assessments were person centred and care was responsive to people's needs. Care plans provided staff with the information to manage the identified risks.

Staff were safely recruited by the service, ensuring that only people who were suitable to work with vulnerable adults were employed.

Appropriate medicines management and administration processes were in place.

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; the policies and systems in the service supported this practice.

Measures to prevent and control the spread of COVID-19 and other infections were in place.

Staff had the knowledge and skills to safely and effectively meet people's needs.

Care plans were up to date and reviewed on a regular basis. Care staff supported people in line with their wishes.

There was a complaints policy and procedure in place. The registered manager and staff were open and transparent throughout the inspection and responded to any requests positively.

The service had good governance systems in place to ensure aspects of the service and quality of care provided were continuously assessed and monitored. A range of audits were carried out to monitor the quality and safety of service provision.

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

Rating at last inspection and update

The service was registered with us on 9 August 2019 and this is the first inspection.

Why we inspected:

This was a planned comprehensive inspection to review the key questions, Safe, Effective, Caring, Responsive and Well-led and rate this service.

The inspection was prompted because the service has not had an inspection and a rating since it was first registered with us.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

Quality Homecare Services Ltd

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 team consisted of one inspector.

Service and service type

Quality Homecare Services Ltd is a domiciliary care agency registered to provide personal care to people in their own homes.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the CQC to manage the service. 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. At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service two working days' notice of the inspection because the service provides care to people in their own homes and we wanted to make sure that management were available on the day of the inspection site visit.

We visited the office location on 22 November 2022.

What we did before the inspection

We reviewed information we had received about the service since it was registered with the CQC. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

During the site visit we met and spoke with the registered manager and quality consultant.

We viewed a range of records. We looked at care records for two people and a sample of medicines records. We looked at one staff file in relation to recruitment, training and support. A variety of records relating to the management of the service, including audits, policies and procedures were reviewed.

We spoke with one person who received care from the service and three relatives. We also spoke with one care worker.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People felt safe and comfortable in the presence of care workers. One person told us, "I feel safe with the carer. [The care worker] is caring and kind." Relatives we spoke with confirmed this. One relative said, "My [relative] is comfortable with the carers. He is completely safe." Another relative told us, "The care is very good. [My relative] is happy with the agency. [My relative] is safe."
- Policies were in place to help keep people safe from abuse. These described what constituted safeguarding and what action should be taken should concerns be raised. Staff completed safeguarding training.
- No safeguarding concerns had been raised since the service was registered. However, the registered manager understood their responsibilities in relation to safeguarding and how to report any concerns immediately to the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks to people were identified and managed to help keep people safe. Risk assessments were comprehensive and covered various areas such as the environment, transfers and medical conditions. These were person centred and included information about the level of risk and clear details of how to minimise the associated risks. They also included information about possible signs for staff to look out for and subsequent action to take.
- Risk was regularly reviewed by the registered manager so that changes to people's needs was updated promptly. Records we looked at evidenced this.
- Staff received training in key areas of potential risk such as moving and handling, basic first aid, health and safety and fire safety awareness.
- People had Personal Emergency Evacuation Plans (PEEPs) which guided staff on how to help people to safety in an emergency such as a fire.

Using medicines safely

- The service assisted two people with medicines support in the form of administering prescribed creams. People's medicine support needs were clearly documented in their care plan with instructions for staff about how their medicines should be administered.
- Care workers recorded medicine administration on paper Medicine Administration Records (MARs). The registered manager explained that they had plans to move towards an electronic medication administration recording system in the future.
- We viewed a sample of MARs and found these were completed fully indicating that medicines prescribed had been administered appropriately.

- Staff received training in the safe administration of medicines and their competency was checked to ensure they had the knowledge and skills to administer medicines appropriately.

Staffing and recruitment

- Policies and procedures were in place to ensure that staff recruited were assessed as safe to work with vulnerable adults.
- The service completed checks on the suitability of potential staff. This included obtaining references and checks with the Disclosure and Barring Service (DBS). The DBS helps employers make safer recruitment decisions and help prevent unsuitable people from working in care services.
- At the time of this inspection, there were enough staff to safely and effectively meet people's needs and cover their agreed hours of support. The registered manager explained that whilst the service was providing care to a small number of people, she assisted with people's personal care when the regular care worker was unable to. This ensured that people's visits were always covered.
- The registered manager monitored staff punctuality and attendance through time sheets and regular review meetings with people and their relatives. Feedback obtained indicated that there were no issues with punctuality and attendance.

Preventing and controlling infection

- There were systems in place to help keep people and staff safe and protected from the spread of infection. Policies on infection prevention and control and COVID-19 were in place.
- Staff received training in infection control practices.
- Personal protective equipment (PPE) such as gloves, masks, aprons and shoe covers were provided for them. Staff used PPE correctly and had access to an adequate supply.

Learning lessons when things go wrong.

- There was a system was in place to report, record and monitor incidents and accidents to help ensure people were supported safely.
- At the time of the inspection, the registered manager advised that there had been no incidents or accidents since the service started operating. The registered manager assured us that incidents and accident would be investigated appropriately, and actions would be put in place to minimise future occurrences.

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

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People had an initial assessment prior to them receiving care and support from the service. This captured their needs, abilities and their preferences and formed the basis of their care plans. The assessment gave all parties an opportunity to discuss people's needs to help ensure the service could meet these needs.
- Assessments were comprehensive and considered issues such as people's healthcare background, mobility, personal care and safety requirements. The also considered their protected characteristics under the Equalities Act 2010, such as a person's age, gender, religion, marital status and ethnicity.
- Care plans demonstrated that people's needs were individually assessed. Staff were able to use care support plans to ensure they provided care and services in line with what people wanted. Care plans were reviewed regularly and reflected people's changing needs.
- The service had a set of policies, processes and procedures in place which were based on relevant legislation, and standards and guidance from the government, and other national bodies.
- Visit records were detailed, clear and illustrated how staff had supported each person. This enabled the service to monitor people's progress.

Staff support: induction, training, skills and experience

- People were supported by staff who were sufficiently trained and supported. One relative told us, "[The care worker] knows what [they] are doing. We are very happy with the carer."
- Staff had completed training on essential areas such as safeguarding, food hygiene and moving and handling. Staff also received specialist training such as diabetes, epilepsy and dementia awareness so they were able to support people effectively. The registered manager and quality consultant advised that all training was classroom based so that the training was practical, interactive and allowed care workers to ask questions.
- The registered manager carried out supervision sessions and on-site spot checks. This enabled management to discuss care worker's role, performance and development.

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

- At the time of this inspection, the service did not support people with their meals. This was all carried out by people's families. People's support plans contained information about their dietary needs where appropriate.

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

- Care records included clear information about the support people needed to maintain their health. These

included people's medical histories and how their health conditions could affect their care needs. There was information on which health professionals were involved in people's care and their contact details. Processes were in place to support people to access health care professionals where required to ensure they received the appropriate support.

- People who used the service had relatives who could arrange any health care appointments for them.
- The registered manager was knowledgeable about people's health and wellbeing and ensured care workers were kept informed of changes.
- The registered manager told us they worked with external agencies and would make referrals as and when necessary.

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.

- Where people lacked capacity to make specific decisions, staff worked with them and their relatives to ensure appropriate capacity assessments were undertaken and decisions were made in the persons 'best interests' in line with the MCA.
- Staff completed MCA training and encouraged and supported people to make their own decisions where possible. Staff asked people for their consent before they carried out personal care and they offered people choices in all aspects of their care.
- People were encouraged to express their wishes and preferences, and the service adapted their approach to meet people's needs. Relevant consent was gained from people and their relatives and this was recorded in their care records.

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.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- People were supported by staff who were caring, compassionate and supportive. Feedback we obtained indicated that people were treated with kindness and respect. One relative told us, "The carer is really good. [The care worker] is kind and helpful." Another relative said, "The carer is brilliant."
- Staff had established positive and caring relationships with the people they supported and their relatives which helped them deliver person centred care which met people's individual needs.
- People received support from the same care workers so that the care they received was consistent.

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

- The registered manager worked closely with people and their relatives to ensure care was tailored to match their individual needs. We saw evidence of this in people's support plans.
- People's care plans were individualised and specific to their needs detailing their preferences, likes, dislikes and how they wished to be supported.
- The registered manager explained that as part of the initial assessment of people's needs, they were asked how they wanted to be supported. People and relatives' views were considered by the service and were supported to make decisions about care.
- The registered manager obtained feedback from people and relatives at regular intervals to make sure the care and support they received was continuing to meet their needs.
- People's initial assessments were focused on the individual person with support from their family if appropriate. Care plans had been signed by people or their relatives to evidence that people were involved with the decisions made on their care.

Respecting and promoting people's privacy, dignity and independence

- Care support plans were written in a way which promoted people's independence. For each care visit, plans indicated which tasks people could do for themselves and how care workers could ensure people's independence was respected.
- Staff understood that personal information should not be shared with others and that maintaining people's privacy when giving personal care was vital in protecting their dignity.
- People's care records were stored securely in the office so only staff could access them.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- People received individualised care which met their specific needs. The service worked in a person-centred way to meet the needs of people and care plans were person centred.
- Individualised care plans were in place. There was clear guidance on how to meet people's needs. People's care files included information about their personal histories, what was important to them and how they wished to be supported.
- People's care plans were personalised and regularly reviewed. This allowed staff to provide personalised care.
- Care worker awareness forms were in each person's file. These provided staff with detailed information about people's specific health needs. Information was presented in a clear manner and provided staff with instructions of what do should specific events occurred. These were user-friendly and presented in a manner which enabled staff to obtain important information swiftly.

Improving care quality in response to complaints or concerns

- Policies and processes were in place to support the service to respond to complaints which promoted openness, transparency, learning and improvements.
- Feedback we obtained indicated that the registered manager was approachable. People and relatives felt able to ask questions and raise concerns directly with the registered manager. One person said, "I have no complaints at all." One relative said, "If I had any issues, I could ring up and speak to the office openly." Another relative told us, "I can speak to the office if I have any queries. I have no complaints."

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.

- Care support plans contained detailed information about how people communicated and how staff should communicate with them.
- There was an AIS policy in place. The service was able to tailor information in accordance with people's individual needs and in different formats if needed. The registered manager explained that documents could be offered in bigger print or braille and could be translated.
- Staff communicated with people positively and understood how people wished their care to be provided.

End of life care and support

- At the time of the inspection, the service was not supporting anyone with end of life or palliative care needs.
- There were systems and procedures in place to identify people's wishes and choices regarding their end-of-life care.
- The registered manager told us they would respond to any requests or advance wishes.

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant that the service was well managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager and staff team were committed to the values of the organisation which aimed to provide high-quality person-centred care.
- Feedback we obtained about the running of the service and management was positive. One relative said, "I think the agency is running well. They have never let us down. We are very happy with the care and so is [my relative]."
- Staff felt valued and respected by the registered manager and were happy working for the service. Staff felt supported and able to approach the registered manager with any feedback and felt this would be listened to. One member of staff told us, "The support is perfect. I can reach the [registered manager] at any time."
- People's views and decisions about the support they required was incorporated in their support plans. This helped staff to support people in a way that allowed people to have as much control over their lives as possible.

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; Continuous learning and improving care

- There was a system of audits and checks in place to monitor the running of the service. The aim of these was to identify deficiencies and drive continuous improvement. Audits and checks were carried out by the registered manager and were reviewed by the quality consultant. This provided a two-tier check system to ensure issues were identified and appropriate action taken. Comprehensive checks and audits were carried out in relation to MARs, daily log notes, punctuality, care plans and infection control.
- There was a commitment to the continuous improvement of the service and the care provided. The registered manager told us they used information from audits, feedback and care plan reviews to make positive changes and improvements to the quality of care people received.
- Policies and procedures were kept up to date to ensure that service delivery would not be interrupted by unforeseen events.
- The registered manager understood information sharing requirements, and knew that when concerns were raised, appropriate notifications should be sent to the CQC and the local authority as required by law.
- Effective communication systems were in place to ensure staff were kept up to date with any changes to people's care and support. Staff told us there was good communication. We saw documented evidence that regular staff meetings were held to enhance communication and share important information.

- Staff received regular updates from the registered manager; this included up to date guidance on the COVID-19 pandemic.
- Staff performance was monitored through one to one supervision and spot checks. These enabled the registered manager to monitor how staff were providing care, their timeliness and professionalism.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were encouraged to give their views and feedback about the quality of the service they received. We saw documented evidence of this. One relative told us, "They [the office] often ring up and ask for feedback." The registered manager had systems in place to gather feedback such as telephone calls, visits and questionnaires for people and relatives to complete about their experience of the service. We saw people had provided positive feedback about the quality of care and support provided by the staff.
- The registered manager explained that they had regular contact with people and relatives and this meant they were able to monitor the quality of care delivered and where improvements were required these were implemented immediately. All feedback obtained was analysed by the registered manager to look for trends and make positive improvements.
- Where required, the service communicated and worked in partnership with external parties.