Quality Care Team Ltd

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Inspection report

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Ratings

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

Overall summary

Quality Care Team Limited is registered to provide personal care to people who live in their own homes. The service provided includes short visits and live-in care. At the time of this inspection care was provided to 17adults, some of whom had complex care needs.

Our last inspection took place on 30 May 2014 and as a result of our findings we asked the provider to make improvements to staffing checks and quality assurance. We received an action plan detailing how and when the required improvements would be made by. During this inspection we found that the necessary improvements had been made. Satisfactory checks were obtained before staff were employed and suitable, effective systems were in place to monitor the quality of the service provided.

This unannounced inspection took place on 22 July 2015.

The CQC monitors the operations of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) which applies to care services. We found people's rights to make decisions about their care were respected. However, where people did not have the mental capacity to make decisions, processes were not in place to protect people from unlawful restriction and unlawful decision making.

Summary of findings

Systems were in place to ensure people's safety was effectively managed but these were also not always followed. This meant there was a risk that people would not receive their prescribed medicines appropriately and that errors could occur in the handling of people's money.

The service had a registered manager in place. 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.

The registered manager was supported by a team of care workers. Care workers were only employed after the provider had obtained satisfactory pre-employment checks. Staff were trained and well supported by the registered manager. There were sufficient staff to meet people's assessed needs.

People's health, care and nutritional needs were effectively met. People were referred appropriately to healthcare professionals.

People received care and support from staff who were respectful and polite. Staff respected people's privacy and dignity. People and their relatives were encouraged express to their views on the service provided both formally and informally.

People, and their relatives, were involved in their care assessments and reviews. Care records were detailed and provided staff with sufficient guidance to provide consistent care to each person that met their needs. Changes to people's care was kept under review to ensure any changes were effective. People were supported to maintain hobbies and interests.

We found a breach of the Health and Social Care Act (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

Summary of findings

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 not always safe.

Although there were systems in place to ensure people's safety was managed effectively, these were not always followed.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely.

The risk of people experiencing harm was reduced because staff had a thorough understanding of what abuse was and how to report it.

Requires Improvement

Is the service effective?
The service was not always effective.

People received care from staff who were trained and well supported. Staff knew the people they cared for well and understood, and met their needs.

People's rights to make decisions about their care were respected. However, where people did not have the mental capacity to make decisions, processes were not in place to protect people from unlawful restriction and unlawful decision making.

People were supported to eat and drink sufficient amounts and to maintain their health.

Requires Improvement

Is the service caring?
The service was caring.

People received care and support from staff who listened to them, were respectful and polite and treated them with dignity.

People and their relatives had opportunities to comment on the service provided and be involved in the care planning process.

Good

Is the service responsive?
<Findings here>

Good

Is the service well-led?
The service was responsive.

People were supported to develop and maintain hobbies and interests.

People's views were listened to and acted on. People, and their relatives, were involved in their care assessments and reviews.

People's care records were detailed and provided staff with sufficient guidance to provide consistent care to each person.

Good

Quality Care Team Limited

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection took place on 22 July 2015. It was undertaken by an inspector and inspection manager. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office providing care to people. We needed to be sure they would be present for our inspection.

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

We asked for feedback from Cambridge County Council, Cambridgeshire and Peterborough Clinical Commissioning Group, Healthwatch Cambridgeshire, and a speech and language therapist.

During our inspection we visited and spoke with three people in their own homes. During our visits we observed how the staff interacted with people who received the service. We also spoke with two care workers and spent time in the service's office with the registered manager looking at documents.

We looked at six people's care records, staff training records and 14 staff recruitment records. We also looked at records relating to the management of the service including audits carried out by the registered manager, and records relating to compliments and complaints.

Following our inspection the registered manager provided us with the provider information return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and any improvements they plan to make. They also provided us with copies of policies including those relating to complaints, the Mental Capacity Act (2005) and Deprivation of Liberty Safeguards (DoLS) and financial transactions using people's money.

Requires Improvement

Is the service safe?

Our findings

People told us they always received their medicines on time. One person said, "I have drops in my eyes. [The staff] always remember." Staff told us, and records verified, that they had received training in medicines administration and that the registered manager checked their competence to do this.

Appropriate arrangements were in place for the recording of medicines received and administered. However, we found that one person's daily care record showed staff had applied a prescribed cream to the person's skin. This was not recorded on the person's medicines administration chart and no directions for administration were recorded in the person's care plan. This meant there was a risk that the person would not have this medicine applied appropriately.

People told us they felt safe and trusted the staff who provided their care. One person told us, "If I couldn't trust them they wouldn't be worth having." Staff told us they had received safeguarding training. They showed an understanding of how to recognise and how to report and escalate any concerns to protect people from harm. One member of staff told us, "I would tell my manager."

The provider had a policy for staff to follow when handling people's money. Although staff told us they were aware of this policy we found it was not being followed. For example, the policy stated "All cash handling must be accounted for in writing." However, a staff member told us they regularly received cash from the person's relative, made the purchases, showed the person and their relative the receipt and gave the relative the change. No record of these financial transactions had been made since 2014. This meant if there were any financial discrepancies there was no way of reconciling the amount of cash given to the staff member and the money that had been spent.

Care and other records showed that risk assessments were carried out to reduce the risk of harm occurring to people, whist still promoting their independence. These included, but were not limited to, risks such as skin care, falls and the environment. However in one person's home we found that equipment had been in use for three weeks without the registered manager assessing the risks for the person or staff. Staff confirmed however, that an occupational therapist had shown the previous staff member how to use the equipment safely.

We found that regular checks were carried out on equipment to ensure it was safe to use. People's records included information about who owned equipment and whose responsibility it was to ensure it was satisfactorily maintained. One person who responded to the provider's survey said that the "carers are very careful when using equipment." Staff were aware of the risks of damaging people's fragile skin when assisting them to move and told us they did this "slowly" and "carefully".

Staff told us that the required checks were carried out before they started working with people. Records verified that this was the case. The checks included evidence of prospective staff member's experience, good character and right to work in this country.

There were sufficient staff to provide care and safely meet people's needs. People told us and care records showed that care workers arrived within 30 minutes of their agreed time. One person told us, "They are always here when I need them." The registered manager confirmed that there were sufficient staff employed by the service to ensure that people received their care at the agreed time. People told us they had a small team of up to three care workers providing their care. This meant staff got to know people's needs and preferences well. The registered manager told us she provided direct care and was available to cover short notice staff absence The registered manager told us that there were currently 17 people receiving care and that 16 care staff were currently employed. She said that additional staff were being recruited and that a service would only be offered to a person if there were enough staff to provide the care. This meant that enough staff were employed to make sure that people received the care they needed and at the agreed times.

Requires Improvement

Is the service effective?

Our findings

We found that people may not be protected from unlawful restriction and unlawful decision making processes. Where people had the mental capacity to make decisions, this was recorded in their care plan. One person's care plan stated they were "able to weigh up, retain and recall decisions." These decisions were respected by staff. The registered manager told us that where people lacked mental capacity to make decisions, people had been supported in the decision making process. This involved others who knew the person well, such as their relatives or other professionals. We asked people if staff listened to them. They told us staff did. One person said, "Yes, they are jolly good girls." A care worker told us, "I talk to them and give them choices. If they are not able to [make a decision' then I involve professionals." However, these discussions and decisions had not been documented.

Most staff had received training in the Mental Capacity Act 2005 (MCA) and Deprivation of Liberty Safeguards (DoLS) and the registered manager told us the remaining staff would be trained later this year. We found that the provider's policy for MCA and DoLS did not contain all the relevant information for people who were living in their own homes to be lawfully deprived of their liberty. For example, the policy stated "The application for a standard authorisation [to deprive a person of their liberty] will be made to the supervisory body. In England this is the local authority." However, for people who are living in their own homes applications should be made to the Court of Protection.

The registered manager told us that they felt it was not safe for one person to leave their home without staff supervision. She said that if the person attempted to leave without their care worker, the care worker would follow them at a distance, maintaining supervision. The registered manager told us that no mental capacity assessments had been carried out in relation to this decision and no 'best interest decision' had been recorded.

This is a breach of Regulation 11 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People and their relatives told us that their, and their family member's, care needs were met. One person told us they "absolutely" believed the staff who cared for them were competent. Care workers were knowledgeable about people's individual needs and preferences and how to meet these. They told us that they had received sufficient training suitable for their roles. One care worker told us the training they received was "very good". Another said that they had received additional training to be able to meet the needs of a person they had cared for who had been bedridden. Records showed all staff had received training in subjects such as safeguarding people from harm, first aid awareness and moving and handling. Other training had been provided for staff depending on the needs of the person they provided care to. These included palliative care and care of percutaneous endoscopic gastrostomy (PEG). This is a tube that means people can receive food directly into their stomach.

Staff told us they were well supported by the registered manager. One staff member said, "The [registered] manager is very supportive." They said, and records showed, that they received regular formal supervision and annual appraisal in addition to informal contact. The registered manager worked alongside staff providing direct care in order to monitor their practice. Records showed that the registered manager allocated time to discuss any issues that arose. For example, discussing the circumstances when a safeguarding referral may need to be made to the local authority. This meant that the provider ensured that staff were suitably trained and supported to carry out their role properly.

People told us that staff supported them to eat and drink where this was included in their care plan. Where meal times formed part of the care provided, guidance was included for staff to follow to ensure that people were provided with sufficient, suitable food and drink.

People's care records contained information about their health care needs. This included the symptoms associated with any conditions that people had been diagnosed with, for example multiple sclerosis. Staff had access to the contact details of relevant health care professionals in people's care notes. People's health conditions were monitored and we saw that healthcare support was accessed when required. These included GPs, community nurses and occupational therapists. This meant that people were supported with their healthcare needs.

Good

Is the service caring?

Our findings

People told us that staff treated them well. One person said, "They're relaxed. They [staff] don't make you feel as though you're being looked after. They're always happy." Another told us staff treated them "Quite alright, very well. I was nervous about having a [care worker] stay. I was nervous they were going to try to boss me about because I'm old, but it's been alright."

A commissioner of the service provided positive feedback. They said, "We find [the service is] especially good with [people receiving] end of life … and live in [care]. We find they will go out of their way to support us."

During our visits to people in their own homes we observed friendly and respectful interactions between care workers and the people receiving care. One person told us, "[The care workers] are all beautifully mannered. It's not forced in anyway." A relative commented in the provider's survey that they were "very pleased with the carer's attitude." People told us that staff understood and met their needs. They said they felt listened to. One person told us, "They do listen. [The care worker] was a bit heavy [applying cream] the first time. I told her to be more gentle, and she is."

People told us they were treated with dignity and respect by the care workers. One relative had said in the provider's survey, "Care workers treat my [family member] with the utmost dignity."

People said the care workers respected their privacy. One person told us, "I do like my privacy. [The live in care worker] has got her television in her room. [The care workers] spend enough time with me. I call them when I want them."

Care plans promoted treating people with respect. For example, one person's care plan said, "Always tell [person] when you are going to move [them]. [Person] may not seem to listen but if [person] has no warning [person] does look shocked and [person] can communicate through body language and facial expression." Another person's care plan said, "Enter using key safe. Call out when entering." The person confirmed that care workers always called out as they entered their home so they knew the care worker had arrived.

Staff told us that they involved people in everyday decisions about their lives. For example, what they wear and how their care was delivered. The provider's survey asked people how much control they felt they had over their lives and care. Everyone answered, "I am in control of my life and care." Or "with help I have some control over my life and care." One person's relative commented, "[Person] needs much help but still have the sense that [person] is in overall control."

Good

Is the service responsive?

Our findings

People told us that staff were aware of and met their care needs. One person told us their care worker was "bliss. She's got it right. She always says the right thing without thinking, just being with you."

People's care needs were assessed prior to them receiving a service. This helped to ensure staff could meet people's needs. These assessments were then used to develop care plans and guidance for staff to follow. This included information about people's health needs, religious beliefs and how the person preferred their care needs to be met. We found that staff were knowledgeable about people's needs and preferences.

Care records were detailed and included guidance for staff to follow so they could provide care safely and in the way the people preferred. Examples included guidance on assisting people to move, eat and assistance with medicines. Where people's care was provided from more than one source, for example, workers from another care agency or a relative, there was clear information about who was responsible for each aspect of care. Care plans also signposted staff to other documents relating to each aspect of care. For example, the medicines administration chart.

The registered manager told us that people's care plans were reviewed every six months or sooner if their needs changed. Staff told us people's care plans were accurate and updated promptly. However, we found that one person's care plan had not been updated after their mobility needs changed, three weeks before our inspection. Staff told us they had received verbal instructions from an occupational therapist about how to provide the care and were confident in doing this. The registered manager assured us this person's care plan would be updated without delay.

We saw that within people's care plans there was information relating to how each person liked to spend their time. For example, "[Person] likes serious political programmes and also some serious quiz programmes. Some lighter TV programs such as dancing and good serials too." Another person's care plan stated that they liked to be assisted to the local shops in their wheelchair. People confirmed that staff supported them with these activities. This showed that people were supported with their interests and to access the local community.

People said that staff listened to them and that they knew who to speak to if they had any concerns. Staff had a good working knowledge of how to refer complaints to the registered manager for them to address. Everyone we spoke with was confident the staff and registered manager would listen to them and address any issues they raised. The registered manager told us that two complaints had been received since our last inspection. We saw that both of these had been investigated and responded to appropriately. However, we noted the complaints procedure contained misleading information advising people that the CQC could investigate their complaint if they were not satisfied with the registered manager's response.

Good

Is the service well-led?

Our findings

We received positive comments about the service from the people and relatives spoken with. One person told us they were "very satisfied" with the service they received. Everyone said the service met their needs.

A registered manager was in post. They were supported by a team of care workers. Staff were clear about the reporting structure in the service. From discussion and observations we found the registered manager and staff had a very good knowledge and understanding of the care needs and preferences of the people supported by this service.

The registered manager monitored the quality of people's care and the service provided in various ways. They had frequent contact with the people who used the service because they visited them regularly. They also covered short notice staff absence. People's and relative's views were sought more formally, through surveys, each year. The results of the last survey were very positive. Comments included, "[My family member] is very happy with the care [they are] receiving" and "They take very good care of my [family member]… [my family member] is happy with them."

The registered manager carried out various audits to check the quality of the service. These included audits of people's medicines, food and fluid charts and repositioning charts. People's care plans were reviewed at least twice each year to ensure their needs were being effectively met. This showed that the registered manager activelychecked the service provided, sought feedback about the service, and made changes to improve the quality of care provided.

An external consultant carried out annual audits of various aspects of the service to identify trends which needed addressing. For example their audit of medicines records identified an issue, that the registered manager had addressed this through staff supervision.

Staff told us that they felt confident about reporting any concerns or poor practice to the registered manager. They all said they felt able to question practice, both formally through supervisions, or more informally. Staff told us they felt well supported by their manager. They told us that they received regular formal supervision. In addition, they said that the registered manager was always available by telephone.

Records were maintained as required and kept securely when necessary. Records we held about the service, records we looked at during our inspection and our discussions with the registered manager confirmed that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about. This showed us that the registered manager had an understanding of their role and responsibilities.

The registered manager explained the various improvements they planned to make over the next 12 months. These included further developing the care planning process to include "template" type care plans for the use of specialised equipment used. For example, percutaneous endoscopic gastrostomy (PEG) feeding tubes and non-invasive ventilation machines. This showed the registered manager continually sought to improve the service.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010 Safeguarding people who use services from abuse **Where people did not have the mental capacity to make decisions, processes were not in place to protect people from unlawful restriction and unlawful decision making.** **Regulation 11.**