

Quorndon Care Limited

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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 

Overall summary

This inspection took place on 31 March 2015 and was announced.

Quorndon Care is a domiciliary care agency and provides care and support to people living in their own homes. At the time of our visit the Quorndon care was providing care and support to 48 people.

There was 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.

During our last inspection on 2 October 2013 we asked the provider to take action to make improvements. The provider was not meeting one Regulation of the Health and Social Care Act 2008. This was in relation to people's care and welfare. . At this inspection we found that

Summary of findings

improvements had been made and the provider met all the regulations we inspected. Improvements had also been made in response to concerns raised with the local authority safeguarding team.

There were systems in place to keep people safe. People told us they felt safe and happy and staff treated them with respect. Assessments of risks to people had been completed and reviewed. The service employed enough qualified and well trained staff to meet the needs of people who used the service. There were safe procedures in place to support people take their medicines.

People and their relatives were involved in planning and reviewing the support provided. Staff obtained consent before carrying out care and support. The provider had introduced procedures to ensure that where people's mental capacity to make decisions could not be presumed, assessments would be carried out.

Induction training was provided for new staff, this included all the required training such as safeguarding

people from abuse and moving and handling safely. Some staff had not received all the additional training they required but the provider had taken action to address this. Staff received regular supervision and spot checks so that training and development needs could be discussed and performance assessed.

The needs of people were clearly documented in the care plans and these were accessible to people and to staff. They were reviewed regularly to ensure people received the support they needed, and included clear guidance for staff to follow.

People and their relatives were consulted about the care and support provided. If they had any concerns they were confident they would be addressed.

The provider and senior staff provided good leadership and support for staff. There was on-going monitoring of the service and additional systems had been introduced to assess the care and support provided.

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 safe.

People told us they felt safe. The provider had policies and procedures in place to protect people from abuse which were understood by staff.

There were enough staff to deliver support safely. There were systems in place to manage people's medicines safely.

Good



Is the service effective?

The service was effective.

There was a staff training plan in place.

Staff were aware of the requirements of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS).

People were supported to maintain a healthy diet and their health and welfare.

Good



Is the service caring?

The service was caring.

Care staff treated people with respect and protected their dignity when providing care and support.

There were policies and procedures for staff on how to treat people with dignity and respect, and training had been provided.

Good



Is the service responsive?

The service was responsive.

People's individual needs were met because staff understood their

needs and listened to them when providing care and support. People's care and support needs were regularly reviewed and updated if their needs changed.

Good



Is the service well-led?

The service was well-led.

People and staff told us the management team were approachable and supportive.

The provider had clear aims and objectives which were understood by staff.

Systems were in place to audit and monitor the care and support provided.

Good



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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.

This inspection took place on 31 March 2015. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection was carried out by one inspector.

Before the inspection the provider completed a 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 improvements they plan to make. We reviewed the information included in the PIR along with notifications that we had received from the provider. A notification is information about important events which the service is required to send us by law.

We spoke with seven people who used the service and one relative for their experience of the service. We also spoke with the registered manager and two other members of the senior staff team.

We looked at all or parts of the care records for four people along with other records relevant to the running of the service. These included policies and procedures, records of staff training and records of associated quality assurance processes.

Is the service safe?

Our findings

People told us they felt safe. They knew how to contact the office if they had any concerns and said that they could talk to staff who would listen to them.

Policies and procedures were in place to ensure staff had guidance about how to respect people's rights and keep them safe from harm. These included clear systems to protect people from abuse. Senior staff were aware of national and local requirements about protecting people from abuse. They knew how to recognise the signs of abuse and who to report suspected abuse to. The risk of financial abuse was minimised because records were maintained about all financial transactions and receipts were retained and checked by senior managers.

The provider had policies and procedures in place so that staff protected people's safety. The provider's safeguarding policy and whistle blowing policy required staff to report any concerns they had about an individual or about any working practice. We were informed that all staff had received training about this and records of staff training confirmed this.

All staff had their suitability to work checked before being offered employment. We were informed that all staff had to have two written references in place and a check with the disclosure and barring service (DBS) before they could work unsupervised. The DBS checks the employee for any criminal record or conduct that would prevent them from working with vulnerable adults. We looked at a staff members file and saw that these checks had been carried out. All staff were supplied with identity badges. People told us they knew the staff and new staff were usually introduced to them by existing staff.

People told us the provider had carried out a risk assessment of their property and of working practices such as using a hoist for mobility. Care records included risk assessments and risk management plans. We saw that staff did not routinely assess risk of developing pressure sores. We spoke with the provider about this and they agreed to introduce risk assessments for pressure sores.

Staff reported and recorded all accidents and incidents and these were reviewed by a member of the senior team and action taken to reduce further risk. Senior staff also reviewed records of care provided so that any changes or risk could be identified quickly.

People told us that staff usually arrived at the times they were supposed to and stayed for the allocated amount of time. The provider had systems in place to alert them of any missed calls. People we spoke with told us their carers had not missed any calls and the provider told us there had not been any. The provider had an 'on call' system in place so that people could contact a member of staff 24 hours a day. Short notice staff absences were covered by members of the senior staff team.

Medicine policies and procedures were in place for staff to follow and there were systems in place to manage medicines safely. Staff had attended training and were aware of the agencies procedures. Records were kept of medicines prescribed and taken and these were checked by members of the senior staff team. Risk assessments had been completed regarding the management of medicines. We were informed that staff prompted people to take their medicines when this need was identified and was part of the care plan. Staff did not take responsibility for administering medicines.

Is the service effective?

Our findings

At the time of our visit the provider was working with the local authority quality improvement team (QIT). The provider told us that they were making improvements to staff training, care planning and record keeping by following the advice and guidance provided by QIT.

Every member of staff completed a period of induction training when they first began working at the service. This meant that staff were made aware of sector specific best practice ways of working and the provider's policies and procedures. The provider told us that from April 2015 all staff would be completing the 'care certificate' which is a new way of training about sector specific guidelines and best practice. Sixteen out of 25 members of staff had achieved nationally recognised qualifications in care.

Staff were provided with ongoing additional training that included on-line and practical training. At the time of our inspection not all staff had received the training they required, but training had been scheduled.

People told us that staff always asked for their consent before delivering care and support. Some people who required an assessment of their mental capacity had not had one. The Mental Capacity Act (MCA)2005 is legislation that protects people who do not have mental capacity to make a specific decision themselves. Mental capacity assessments must be carried out so that when a person lacks capacity to make a decision, a best interest decision

can be made and this may involve people's family members and other professional. The provider agreed to introduce mental capacity assessments as part of people's needs assessments.

People who required support with eating and drinking were supported in line with their care plan. Care plans recorded where this was the case and instructed staff about the action they should take. Staff also maintained records of food and drink offered and consumed and these were checked by senior staff. Staff did not routinely assess people's risk of malnutrition. The provider agreed to include this in their assessment process.

People told us that staff noticed when there was a change in their wellbeing and contacted health care professionals on their behalf when this was required. One person told us how a staff member had persuaded them to contact their GP when they had been unwell and because of this they had received the treatment they required in a timely way. Staff were instructed to ring the office when they noticed and change to a person's wellbeing. We were told about an incident where blisters were noticed, the person's doctor was called and informed and at the next visit the carer contacted the ambulance service on the advice of the doctor. This showed that staff were monitoring people's health and wellbeing and taking action so that people had access to healthcare when they needed it. Records showed that staff reported any changes and referrals were made to health care professionals such as community nurses and doctors.

Is the service caring?

Our findings

People told us they liked the staff and said they were caring. One person told us that visits from the carer enabled them to stay in their own home and they looked forward to each visit. Another person told us how their relationship with their carers was good.

Staff knew about people's preferences and the things that were important to them. This information was asked for when people had their needs assessed and was recorded in their care plan.

People were given written information about the service, the provider's terms and conditions and aims and objectives. We were informed that senior staff went through this information with each person where this was required.

People were able to request a different carer if they chose to and we were given examples of when this had happened. One person preferred to receive care and support from a male carer and this was accommodated. All staff had received training about equality and diversity so that staff could uphold people's human rights and understand people's individual needs.

We were informed that a 'key worker' system was being introduced so that continuity of care and support could be improved then maintained.

People told us they were treated with respect and staff maintained their privacy and dignity. Staff were trained about this during their induction training and the provider had policies and procedures in place about confidentiality and data protection.

People were involved in decision making about the care and support they received. People and or their relatives were involved in the initial assessment. They were asked about their preferences in the way care and support was delivered. Senior managers carried out re- assessments every three months so that any changes needs and preferences could be accommodated. People told us they could speak their carer or to a member of the senior team about their needs at any time.

Staff we spoke with told us they would have no hesitation about using the service for a family member should they need to. A staff member said they treated people how they would like to be treated themselves and promoted people's independence.

Is the service responsive?

Our findings

People told us they had their needs assessed before they began using the service. This was to ensure the service was appropriate for the person and could meet their needs. People told us they had been asked about their expectations and preferences during the assessment process.

Assessments were carried out by senior staff who had received training about risk assessment. A care plan was formulated for each assessed need and people who used the service were involved in planning the way their care and support was delivered. People told us they had a regular team of staff who knew them and knew how to support them.

People told us they received care and support in the way they preferred. One person told us how their carer was flexible about the times they visited so that if they were out for the day or had an appointment their carer would come at a different time to deliver the care and support they required.

Each person had a plan of care that focused on their needs and set out their preferences. We looked at care records for four people and saw that they were focused on the person. Care records clearly stated the care support requested by the person and or their relative as well as the identified need. Important information about the person such as their social, cultural and religious needs was also recorded. All staff had received training about equality and diversity and knew about people's individual and needs and preferences and how to meet these.

People had their needs reviewed by a senior staff member every six months or sooner if required. A copy of the care plan was kept at the person's home so that staff could access this at each visit and keep up to date with people's changing needs. Where changes significant changes were made, staff were informed before their next visit.

People told us they could speak to staff if they had a complaint or concern or speak to a senior staff member whenever they needed to. One person told us they had requested a change of carer and this had been accommodated without question.

The provider had a complaints procedure and this was given to people and their relatives so they knew how to make a complaint. Complaints and concerns were used as an opportunity for learning and improvement. We looked at records of all complaints received. Changes had been made in response to complaints. For example, staff had received additional training and new documentation had been introduced in order to improve in response to a complaint.

Complaints were responded to and investigated in a timely way and within the timescales set out in the provider's own complaints procedure.

People and their relatives were asked for their feedback during the assessment and re assessment process. Satisfaction questionnaires were also sent out so that people could give feedback and from this an action plan was being developed at the time of our inspection.

Is the service well-led?

Our findings

People told us they felt able to speak with staff and members of the management team at any time. They felt included in making decisions about care and support and were kept informed about changes. People said they were usually told when their usual carer was not available and a different carer would be attending. We were informed that a newsletter was being developed and this would provide another route for communication.

Questionnaires were sent out to people and their relatives twice a year so that they could provide feedback about the care and support they received. These results were analysed and changes were made to improve. We also saw a there were many compliment cards and thank you letters sent in by people who used the service and their relatives.

Staff meetings were held and staff were given the opportunity to be involved in developing the service. The senior management team were approachable and accessible at all times. During our inspection staff came into the office to speak to their managers and rang in to communicate their needs and the needs of people who used the service. Staff felt the management team were approachable and would listen to them.

Staff supervision and spot checks were carried out so that staff could discuss their learning and development needs and management could assess their performance. Two of the senior managers also continued to carry out care and support on a regular basis. This meant that managers could regularly assess the resources required and provided a further opportunity to gather feedback from people.

Records completed by staff at each of their visits were also checked by senior staff to check that care and support was adequately recorded and appropriate. We looked at a sample of these records and saw that they were comprehensive and that care staff were following the care person's care plan.

The provider and senior staff attended 'provider meetings'. This was a forum where managers and staff from other services run by the provider met and discussed new developments within the home care sector. The provider was also working the local authority quality improvement team to help implement improvements. Significant improvements had been made to staff training and documentation. Improvements had been made to the point that the provider had applied to undertake the local authority dignity in care award.

The registered manager carried out regular assessments and monitoring of the service to check that policies and procedures were being adhered to. For example they checked people's care files and risk assessments to see that these were accurate and up to date. Staff training records and staff performance was also checked. We were informed that the monitoring system had identified shortfalls in staff training and in care records and the provider had taken action to address this.

The aims and objectives of the service were available for people to read in the service user's guide and these were understood by staff. The provider was aware of CQC's registration requirements and notified us about changes and incidents they were required to. This meant we could monitor the service and take action where this was needed.