

Q Care Assist Ltd

Q Care Assist

Inspection report

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01 March 2023

06 March 2023

07 March 2023

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09 March 2023

10 March 2023

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Q Care Assist is a domiciliary care agency. The service provides personal care to older and younger adults who may have physical disabilities and be living with dementia. At the time of our inspection there were 56 people using the service and 42 of those people received personal care.

Not everyone who used the service received personal care. In this service, the Care Quality Commission can only inspect the service received by people who get support with personal care. This includes help with tasks related to personal hygiene and eating. Where people receive such support, we also consider any wider social care provided.

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

Whilst the provider had taken action and investigated incidents, one incident had not been referred to the local authority safeguarding team.

Not all statutory notifications had been submitted in a timely manner and not all the provider's policies and procedures had been fully followed for recruitment processes and safeguarding.

Care plans and risk assessments were in place to guide staff however some were not consistent in the level of detail they provided to staff. Care staff had sometimes applied skin creams to people when these were not listed on the provider's medicines administration record (MAR) charts. Staff were checked to ensure they were suitable to work in care. However, not all required checks had been recorded by the provider to show they had been thoroughly completed.

There were enough staff to meet people's needs and people received care from consistent staff who knew them well. The provider took action to learn lessons when things had gone wrong and to implement improvements. Infection prevention and control measures were followed to help promote people's safety.

People's needs were assessed, and their equality and diversity needs considered. Care staff were provided with training and supported to gain the experience needed to meet people's care needs effectively. People were supported with their nutrition and hydration by staff that encouraged them to eat and drink well. People were supported to live healthier lives as care staff worked with other agencies to ensure they received effective care and support.

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.

Care was provided in ways that maintained people's dignity and promoted their independence. People felt well cared for and respected. People's equality and diversity needs were understood and respected. People

told us staff were kind and patient. People felt able to express their views and opinions and felt listened to.

People received responsive care that was culturally relevant to them. People's care preferences were known and respected. Staff knew people well and had built positive relationships with people. People were supported to maintain their important relationships and community connections. People's communication needs were understood and met. People had been provided with information on the provider's complaints process.

People felt asked for their views and listened to. The provider had clear aims to provide good quality person centred care. They used relevant research to inform their service delivery and used partnership working to promote good care outcomes for people. The management team were well known to people and their relatives and care staff felt supported. The provider looked for opportunities to continuously learn and improve care.

For more information, please read the detailed findings section of this report. If you are reading this as a separate summary, the full report can be found on the Care Quality Commission (CQC) website at www.cqc.org.uk

Rating at last inspection:

We registered this service on 5 October 2021 and this was the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

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

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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.

Details are in our safe findings below.

Requires Improvement ●

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 caring findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our caring findings below.

Requires Improvement ●

Q Care Assist

Detailed findings

Background to this inspection

The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people using the service and staff.

Inspection team

The inspection was carried out by 1 inspector and 2 Expert's by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission 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 a week's notice of the inspection. This was because it is a small service and we needed to be sure that a member of staff would be available to support the inspection.

What we did before the inspection

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.

We reviewed a range of the provider's audits and governance documents. We spoke with 5 people and 14 relatives on 24 February 2023.

We used all of this information to plan our inspection.

During the inspection

Inspection activity started on 24 February 2023 and ended on 13 March 2023. We had a virtual meeting with the registered manager, nominated individual and care coordinator manager on 1 March 2023. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed the information they sent us between 6 March and 10 March 2023. We made phone calls to staff on 9 and 10 March 2023.

This was an 'inspection using remote technology'. This means we did not visit the office location and instead used technology such as electronic file sharing to gather information, and video and phone calls to engage with people using the service as part of this performance review and assessment.

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. We have rated this key question requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk from abuse

- The provider had made some safeguarding referrals to the local authority for when they felt people were at risk of harm. However, they had not done so for one incident when actions of care staff had placed the person at risk of harm. The provider did not believe abuse had occurred and had not made a safeguarding referral. We made a referral to the local authority safeguarding team for this incident as part of our inspection. Actions to inform the local authority safeguarding team when people had been placed at risk of harm had not always been taken by the provider.
- People told us they knew who to contact if they felt worried. One person told us, "I would talk to [the nominated individual] first. They said I can talk to them anytime. They are very fair, and they ring me and ask if everything OK." The provider checked to make sure people felt safe and could raise concerns.
- The provider had taken steps to promote people's safety. This included providing care staff with safeguarding training and raising awareness of how people can be exploited through scams.

Assessing risk, safety monitoring and management

- Care plans and risk assessments were in place however, care staff had not always followed these. This had on one occasion placed a person at risk of harm as staff had assisted a person to move by placing their hands under their arms. Staff had not always provided care in ways that reduced risks.
- Care plans and risk assessments for medicines and skin care needs were not always consistent in the level of detail they provided to staff. We discussed this with the provider who told us they would take action to review these.

Staffing and recruitment

- Improvements were needed in the documentation of staff recruitment processes to make them more robust. The provider completed checks on care staff to assure themselves they were suitable to work providing care for people. This included Disclosure and Barring Service (DBS) checks. These checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. The provider told us they asked people about any gaps in their employment history however, this was not recorded on people's recruitment files. This meant not all required recruitment checks for staff working in a regulated activity had been recorded as required.
- People's care was provided by consistent staff who were punctual. One person told us, "There are two regular carers, so continuity is not a problem. The carers both speak [person's] native language which they have reverted to." Another person told us, "If [name of carer] is coming at 8am you can bet your bottom dollar that gate will open at 8am. They will ring if they are going to be late." People were able to build

relationships with their care staff as they supported them regularly.

Using medicines safely

- Improvements were needed to ensure systems and processes for managing people's medicines were consistent. Care staff had sometimes applied skin creams when they were not on a person's medicine's administration record (MAR) chart. This is not in line with good practice. We made the provider aware so they could review.
- Most people told us they felt their medicines were managed well, however one relative told us one care staff had not known what to do. They said, "[Family member's] got a blister pack. In the morning the carer gives them their medicines and puts cream on their legs. The carer [records] it on the phone. There was one member of staff that came briefly, and they didn't know what to do with the medicines and the creaming." People felt most, but not all staff were confident with managing medicines.
- Some people had specific care plans and risk assessments for their medicines, and these provided clear details for staff to follow. However, another person did not have a separate care plan and risk assessment for medicines and so there was less detailed information on medicines for this person.

Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider was responding effectively to risks and signs of infection.
- We were assured that the provider was making sure infection outbreaks can be effectively prevented or managed.
- We were assured that the provider's infection prevention and control policy was up to date.

Learning lessons when things go wrong

- The provider looked to learn lessons when things had gone wrong. For example, the provider had investigated a safety concern and had taken actions to re-train staff. This helped to reduce risks to people.
- Care staff knew how to report accidents and incidents. Records showed what actions had been taken in response to any reports of incidents or accidents. These actions helped to ensure people's safety.

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 of this newly registered service. We have rated this key question 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

- Assessments considered people's equality characteristics and how to meet these. For example, if people used languages other than English, or if people needed visual or hearing aids. This helped ensure people did not experience discrimination.

Staff support, training, skills and experience

- Care staff were provided with training to help them acquire the relevant skills and knowledge to provide people's care. Most people told us they felt care staff had the skills to meet their needs. Care staff received induction training and worked under supervision and had their competence checked when they first started working at the service. This helped to ensure care staff could gain experience and develop the skills required to provide people's care.
- Care staff told us they felt supported. Records confirmed they completed the care certificate when they started. The Care Certificate aims to ensure care workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high-quality care. Care staff could seek support from experienced members of staff who worked at the service, including a registered nurse and the registered manager who was also a GP.

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

- People received help with their nutrition and hydration and were supported to have enough to eat and drink. One relative told us, "[Person] is going through an awkward phase at the moment and is refusing food. The team are so patient with them and usually get them to eat something. I'm told that we need to look at having to use 'milk shakes' - fortified drinks." People were supported to have enough to eat and drink.
- Care staff said they enjoyed supporting people with their meals and drinks. One care staff told us they would cook what the person liked. They told us they had seen the person's appetite increase and they now ate larger portions, and this was good for them. Care staff understood how to encourage good nutrition and hydration.

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

- People and relatives told us care staff supported their health care needs. One relative told us, "[Person] is very fragile. The care team know when to call in the doctor or paramedics, and have done so several times already." Another relative told us, "Sometimes they call the physiotherapist and the nutritionist." The service worked with other professionals to help ensure people led healthier lives.
- Care staff took action to ensure people got the healthcare they needed. One care staff told us how they

had identified a deterioration in a person's health. They got emergency healthcare and this action helped to ensure the person's wellbeing. People were supported to live healthier lives.

- People told us care staff worked with other agencies involved in their care. One person told us, "If I need any medication, they will phone the doctor. They let me know that we're running out and says, 'I'll phone the doctor'." Another person told us, "I had a doctor's appointment last week, so they came with me to make some notes." This helped people receive effective care.

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 MCA 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.

- Procedures were in place to uphold people's rights under the MCA. The provider told us everyone at the time of the inspection could understand and consent to their care. The provider had a policy to follow to ensure people's rights were protected if they needed support to make a decision relating to their care. The principles of the MCA were supported.
- Care staff told us they sought people's consent before providing any care and records supported this. One relative told us, "The carers are very patient with [person], if they say 'no' they respect that but will have another go a little later, often with the desired result. The carers are extremely patient, talk to them and wait until they agree or if they are not speaking, judge their body language." People's consent was sought when they care was provided.

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.

Respecting and promoting people's privacy, dignity and independence

- Actions were taken to promote people's independence. Care plans and risk assessments identified what people could do for themselves. Care staff gave us example of how they would encourage and motivate people to achieve things themselves. This helped people retain their independence.
- Care plans contained details on how care staff could promote people's privacy and maintain their dignity. Staff knew these details and told us how they followed them. For example, ensuring towels were available to cover people during any personal care. Audits of care records and satisfaction surveys checked to ensure people felt their privacy and dignity was respected. This helped to ensure people received care that was respectful.

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

- People were well treated and supported. Relatives spoke highly of the care their family member received. For example, they told us care staff had built a good rapport with both the person and their family and spoke about the kindness and patience care staff had. People received support from caring staff.
- Equality and diversity needs were respected. The provider's policies and practices supported people's equality and diversity needs. For example, in assessment processes and in audit processes. Relatives told us they felt the provider worked in a way to promote equality and diversity. This helped to prevent discrimination and helped to ensure people were well treated and respected.

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

- People were supported to express their views and involved in decision making. Care plans and risk assessments incorporated people's views and choices. This helped people's views be understood.
- Relatives told us how their views were listened to and acted upon. Staff told us how they promoted people's involvement in their care. For example, supporting people to remain independent and showing people a range of their clothing so they could make their personal choices. People were supported to be involved in their care.

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 of this newly registered service. We have rated this key question good. This meant people's needs were met through good organisation and delivery.

Improving care quality in response to complaints or concerns

- People had been provided with information on the provider's complaints policy. We saw one complaint had been received and this had been investigated by the provider. The provider responded to the complainant directly and had sought to address their concerns with a satisfactory resolution to their complaint.
- However, we saw another complaint had not been responded to as the provider told us it did not fall into the scope of their complaints process. However, the provider was not able to show us they had responded to and advised the complainant of this.

Planning personalised care; Supporting people to develop and maintain relationships and to avoid social isolation; Support to follow interests and take part in activities that are socially and culturally relevant

- People and their relatives told us care was culturally relevant. One relative told us, "The management chose carers who had appropriate language skills. This was not asked for, but it has made a huge difference." The provider told us one person was supported to visit their place of worship by care staff. People's care was personalised to their preferences and culturally relevant.
- Where people had expressed a preference for a male or female carer, they told us this was supported. This helped ensure people's preferences were respected.
- Care staff knew what was important to people. Care plans included details on people's life history and things that were important to them. People told us they enjoyed chatting to care staff and felt they understood what was important to them. Care staff supported people in meaningful ways, and this helped ensure people received personalised care.
- The provider supported people on days out. They showed us photographs of staff supporting people on trips out to places that were meaningful to them. This helped people stay connected to their local communities and helped to prevent social isolation.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs were understood. People's communication needs were assessed by the provider and included in people's care plans. This included people's language preferences any communication aids they needed such as glasses and hearing aids. The provider told us they could provide information in a variety of formats to meet people's communication needs. This helped to ensure people's

communication needs could be met.

End of life care and support

- No-one was receiving end of life care at the time of our inspection. However, relatives did speak with us and told us the provider had recently provided this care to their loved one. They told us they felt this care had been provided well. The provider told us how they would spend time with relatives when supporting their loved ones with end of life care to ensure they were also well supported. End of life care and support was provided when needed.

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 of this newly registered service. We have rated this key question requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- Not all statutory notifications had been submitted in a timely manner as required. Statutory notifications are notifications about specific events and incidents that the provider has to tell us about. They are important as they help to show the provider is working in a transparent and open way.
- Some policies and procedures were not always followed. For example, the provider had not followed all parts of their recruitment policy and safeguarding policy.
- Staff received support and supervision. Supervision provides staff members with the opportunity to reflect and learn from their practice, receive personal support and professional development. This helped staff to be clear about their roles.

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

- Most relatives told us they felt involved in care planning. One person said, "[We've had] meetings to write and review the care plan." One relative told us, "I'm in constant contact with the service, so I would say meetings aren't really required." However, one relative told us they were unsure about their loved one's care plan and felt they should have been involved more from the outset.
- People were asked for their views and opinions. The provider used a variety of methods to gain people's feedback. These included survey type questionnaires as well as directly with staff. One person told us, "They ask if the carer is doing their job right. They always stress that if there's anything you want to tell us, please let us know." People had opportunities to be involved and engaged in the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Working in partnership with others

- The provider had clear aims to promote a person-centred and inclusive culture. For example, the provider supported staff with different approaches to learning that ensured their inclusion. People's equality and diversity needs were known and understood. These actions helped to ensure people and staff were valued and included.
- People spoke positively about the quality of care. One person told us, "They take a pride in their work." A relative told us, "They make you feel that they're on your side, things work like clockwork." People received care that helped them experience good care outcomes.
- People knew the management team. People, relatives, and staff all told us they felt supported by the management team. One person told us, "They always respond to me." The management team were seen as

responsive and approachable.

- The service worked well in partnership with others. For example, people told us the service contacted other health and social care professionals when needed. This helped to ensure good outcomes for people.
- The provider worked with a variety of agencies involved in health and social care provision with the aim of promoting and further understanding quality care. This approach helped support the provider's aim to provide quality care and for people to receive good care outcomes.

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 provider had a duty of candour policy in place to guide their investigations and reporting when things had gone wrong. When the provider had accepted issues brought to their attention these had been investigated thoroughly.

Continuous learning and improving care

- The provider looked to implement continuous learning. For example, the provider told us they kept informed and involved in relevant research findings to help develop their service along good practice principles. This helped to ensure the service improved care outcomes to people.
- The provider communicated well with staff when opportunities to improve care were identified. For example, messages were shared with the staff group when things had been done well as well as when they had identified any improvements needed. This helped staff to learn about good practice as well as improve care when needed.