

Quality Home Care UK Limited

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## Inspection report

19 Field Lane  
Alvaston  
Derby  
Derbyshire  
DE24 0GP

Tel: 01332731731

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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

This inspection took place on 27 September 2016 and was announced. The provider was given 48 hours' notice because the location provides domiciliary care and we needed to be sure that someone would be at the office. At our previous inspection during December 2013 the provider was meeting all the regulations we checked.

Quality Home Care UK Limited is a domiciliary care agency providing personal care for older people in their own homes across Derby. This included people with physical disabilities and people living with dementia. The agency is located in the Alvaston area of Derby. The service was providing support to 25 people with personal care.

There was a registered manager in post; they were also the service provider. 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.

People told us they felt safe with the care provided by staff. Staff we spoke with understood their responsibility in protecting people from the risk of harm. Recruitment procedures ensured suitable staff were employed to work with people who used the service. Staff told us they had received training and an induction that had helped them to understand and support people better.

Risk assessments and care plans had been developed with the involvement of people. Staff had the relevant information on how to minimise identified risks to ensure people were supported in a safe way. People received their medicines as prescribed and safe systems were in place to manage people's medicines.

The provider understood their responsibility to comply with the requirements of the Mental Capacity Act 2005. Staff supported people to make their own decisions

People received appropriate support to manage their dietary needs. This was done in a way that met with their needs and choices. People were referred to health professionals when required to maintain their health and wellbeing.

People told us staff treated them in a caring way and respected their privacy. Staff supported people to maintain their dignity. The delivery of care was tailored to meet people's individual needs and preferences.

The provider's complaints policy and procedure were accessible to people who used the service and their representatives. People knew how to make a complaint.

There were processes in place for people and their relatives to express their views and opinions about the service provided. We found the comments expressed within the questionnaires had been acted upon, which had included updating information about the service to include the types of support which was available. There were systems in place to monitor the quality of the service to enable the manager and provider to drive improvement. Staff felt supported by the management team. The leadership and management of the service and its governance systems ensured consistency in the care being provided.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

Good ●

The service was safe.

People told us they felt safe. Staff knew how to recognise and report potential abuse. Staff had been subject to pre-employment checks to make sure they were suitable to work at the service. Risks to people's health and welfare were assessed and actions to minimise risks were recorded and implemented. Staff supported people to receive their medicines as prescribed. The service had deployed sufficient numbers of staff to meet people's needs.

### Is the service effective?

Good ●

The service was effective.

People's needs were met by staff who had received training to provide them with the knowledge and skills to meet people's individual needs. The provider and staff understood the principles of the Mental Capacity Act 2005 so that people's best interests could be met. People were supported to eat and drink to maintain their health. Staff monitored people to ensure any changing health needs were met.

### Is the service caring?

Good ●

The service was caring.

People told us they were supported by caring staff. Staff understood the principles of dignity, respect and independence. People were involved in what care and support they required and their views and decisions were respected.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care, responsive to their needs and were involved in planning and reviewing what support they needed. The views of people and their preferences were respected. The provider's complaints policy and procedure was accessible to people and they were supported to raise any

concerns.

**Is the service well-led?**

**Good** ●

The service was well-led.

The registered manager demonstrated an open management and leadership style and was involved in reviewing the development of the service. People were encouraged to share their opinion about the quality of the service to enable the provider to identify where improvements were needed. Staff understood their roles and responsibilities. They were given guidance and support by the management team.

# Quality Home Care UK 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 was 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 27 September 2016 and was announced. 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 available at the office.

The inspection was carried out by one inspector and an expert-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. The expert-by-experience did not attend the agency's office, but spoke by telephone with people who used the service and relatives. The telephone interviews took place on 29 and 30 September 2016.

Before the inspection visit, 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. As part of our planning we reviewed the information in the PIR. We also reviewed the information we held about the service, which included notifications. Notifications are changes, events or incidents that the registered provider must inform CQC about.

We spoke with eight people who used the service and four relatives. We spoke with the registered manager, the deputy manager, managing director, two supervisors and three care staff.

We reviewed records which included four people's care records to see how their care and treatment was planned and delivered. We reviewed two staff employment records and other records which related to the management of the service such as quality assurance, staff training records and policies and procedures.

# Is the service safe?

## Our findings

People and their relatives told us the care provided by staff was safe. One person said, "I feel very safe." Another person said, "I definitely feel safe with the staff. I don't want to lose them." A relative told us, "I am certainly 100 per cent sure about the safety of my family member with this company." Another relative said, "I am so happy in the knowledge I can go away knowing that my family member will be safe and well looked after."

Staff we spoke with understood their responsibilities to keep people safe and the procedures to follow in the event of any alleged or suspected harm occurring to a person using the service. Staff confirmed they had received training to ensure they were able to recognise when people may be at risk of harm. Staff told us they had access to the provider's policies and procedures and understood how to respond if they had concerns about the safety of people using the service. They knew which external agencies to contact if they felt the matter was not being referred to the appropriate authority by the provider. One staff member said, "I have had training in safeguarding. I would report any concerns to the managers or the staff on call." Another staff member said, "They are spot on here, they take all concerns seriously and I would not have any concerns that the managers wouldn't deal with any allegation." This demonstrated the provider was taking appropriate steps to protect people from the risk of harm.

We looked at how the provider managed risks associated with the care and support people received. We saw risk assessments were personalised and provided guidance for staff on how to support people safely. We saw risk assessments in relation to people's home environments and their support needs. For example the risk assessments for a person included specific details of what equipment staff needed to use to support them and how many staff were needed to transfer the person safely. Staff we spoke with understood people's needs and the support required to keep people safe. Staff told us they always read the person's care plans and risk assessments, so that were aware of any risks before they started to support a person. One staff member said, "We always read the risk assessments and care plans before we start supporting the person, so that we are clear about the person's needs and how they are to be supported." Risk assessments we saw were up to date. They had been regularly reviewed to ensure the information was up to date and reflected people's current needs. The risk assessments were updated annually or when people's needs or circumstances changed. Staff confirmed they were informed of any changes to a person's needs promptly. This ensured people received safe care and support.

Staff we spoke with demonstrated their knowledge of how to respond to any emergencies or untoward events such as if someone became unwell or had an accident. One staff member said, "When the office is closed there is always a supervisor on call who we can contact for advice and support." This demonstrated staff understood what action to take in an emergency to keep people safe.

People told us staff were available at the times they needed them. One person said, "The staff are always on time to the minute." Staff also told us there was adequate travel time allowed between calls and that calls on their rota were in one geographical area. One staff member said, "There are enough staff, we all work together and ensure things run smoothly." All the staff we spoke with confirmed they received their rotas on

time. The registered manager told us people received support from a consistent team of staff. Staff holidays and absences were covered by the existing staff team. The registered manager stated there were enough staff to cover the current calls and if the service was full to capacity they explained they would not take on additional calls. The provider ensured there were sufficient staff employed, meeting people's needs and keeping them safe.

The provider had satisfactory systems in place to ensure suitable people were employed at the service. We looked at the recruitment records in place for two recently employed staff members. We saw that they had Disclosure and Barring Service (DBS) checks in place. The DBS is a national agency that keeps records of criminal convictions. The staff files seen had all the required documentation in place.

We looked at how staff supported people to take their medicines. Some people we spoke with received support from staff to take their medication, which they were happy with. A relative said, "I have absolutely no concerns at all about staff administering medicines." Care plans we looked at contained guidance to support staff to administer medicines safely. Care plans specified the level of support people required to take their medicines. Staff told us they referred to the medication administration record (MAR) to see what medicines the person required. Staff told us they had undertaken medicine training and records confirmed this. This demonstrated people received their medicines safely.



# Is the service effective?

## Our findings

People and relatives were happy with the care provided and felt staff were knowledgeable about people's individual needs and cared for them effectively. One person said, "The staff are excellent." A relative told us, "The staff are very good so far. [Name] has just come out of hospital so they have assisted no end".

Staff told us the induction and training they had received had been effective in giving them the right skills and knowledge to enable them to support people who used the service appropriately. Staff felt that they had the necessary skills and training to meet the needs of the people, promoting their wellbeing and independence. A staff member said, "The induction was really useful, I got to meet the people I was going to be supporting. I also spent time with experienced staff to gain a better understanding of the role and responsibilities of the position." Staff told us they had undertaken training in a range of areas and received regular training updates. Training records we looked at confirmed this. A staff member said, "The training which I have received has supported me to do the job."

Staff confirmed they felt supported to do their job and that they received regular supervision (a meeting with a manager to discuss any issues and receive feedback on a carer workers performance). Staff stated anything which was urgent would be discussed with the manager's before supervisions. One staff member told us, "The management are very supportive. They have an open door policy, if you have any problems or concerns they are always available to support you." Another staff member said, "We are a good team, the managers listen and are supportive." This showed us that staff had the appropriate skills, knowledge and support to meet the needs of the people who used the service.

The deputy manager told us to ensure people received good care and support, the registered manager and deputy manager carried out spot checks. Spot checks are an opportunity for management to observe staff delivering care. Spot checks were also used to ensure staff were competent in their roles. People and staff we spoke with confirmed spot checks were undertaken. One person said, "They [staff] are checked every so often." The deputy manager told us if any issues were identified this were followed up in supervisions with relevant staff members.

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 people 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.

At the time of our inspection the registered manager told us everyone using the service had capacity to consent and make decisions about their own care and all aspects of their day to day well-being. People confirmed staff sought consent before they provided them with support. Staff had undertaken training on the MCA and understood their responsibilities for supporting people to make their own decisions. Training records we saw showed staff had undertaken training on the MCA. A staff member said, "I always give people

choices and explain what I am going to do." We saw people had signed their care plans to demonstrate their agreement. Staff told us they obtained people's consent before they supported them. This demonstrated staff respected people's wishes and ensured they were in agreement with the support they received.

Some people we spoke with were supported with meal preparation. People told us they were happy with the support they received from staff with the preparation of meals and drinks. One person said, "Staff make my meals and they are proper meals." Another person said, "I can choose what to eat. Staff take me shopping so I can choose what I fancy." People's care plans had information about their food preferences and the support they required. Staff we spoke with were aware of people's individual dietary needs. For instance one staff member told us there had been some concerns about a person's diet due to their health condition, they told us this had been shared with the managers. We discussed this with the registered manager who told us the concerns had been shared with the relevant health and social care professionals and that staff continued to monitor the situation. This showed that people were supported to manage their individual dietary needs.

People told us that staff supported them with their healthcare needs. One person said, "The staff called the doctors for me when I was not feeling well and would not leave until they were sure I was okay." People's health needs were identified in their care records. Staff we spoke with told us that they would seek medical support if they were concerned about a person's health care needs. This demonstrated that staff monitored people's health needs to ensure that appropriate medical intervention could be sought as needed.

## Is the service caring?

### Our findings

People and relative told us they felt the staff were kind and caring. People said they had a good relationship with staff. One person described the care they received as being fantastic and they told us, "The staff always go the extra mile. Nothing is too much trouble." Another person told us, "I am so happy with them [staff]. You can't go wrong with them." A relative told us, "The care is absolutely excellent. I am very happy with them."

People told us their privacy and dignity was respected when receiving care and support. One person said, "The staff certainly respect my privacy and dignity." A relative told us, "The staff are first class they respect [Name] dignity." Staff we spoke with had a good understanding of people's needs and were able to tell us how they cared for people in a dignified way. They were able to describe to us how they respected people's privacy and dignity when providing personal care to them. A staff member said, "I always respect people's privacy and dignity. For example if I am supporting the person with personal care I always ensure they are covered up and the doors are closed. We all treat people like they are our own family members."

The provider's ethos was to assist people to live as independently as possible in their own home. Staff we spoke with understood the importance of promoting people's independence and enabling them to be as independent as possible. One staff member said, "I always encourage the person to do as much for themselves as possible, whilst ensuring they are safe. It's important that people are supported to maintain their independence." This demonstrated staff had an understanding of the importance of upholding and respecting people's dignity, whilst promoting their independence.

Before people started receiving care from Quality Home Care UK Limited, they received a copy of the service user guide. This contained information on the service, assessment process and conditions of the service.

People using the service told us they were involved in developing their care plan. Identifying what support they required from the service and how this was to be carried out. One person said, "I am involved in my care plan and my representative gets involved as well." Another person's relative stated, "I am involved in the care planning in company with [Name] about what their needs are. The company is always very obliging with anything." We found that care records reflected people's preferences in respect of the gender of the staff they wanted to provide their support. People were involved in making decisions about their care and support. This meant people and their representatives were able to influence the care and support they received.

Staff told us people were supported by a core group of staff to ensure they had consistency of care. For example one member of staff told us a person living with dementia had photographs of all the staff that supported them, so that they were able to recognise who was visiting them. This enabled people to develop working relationships with staff that knew them well and provided support in accordance with their care plan.

## Is the service responsive?

### Our findings

People received personalised care that met their needs. People and relatives said they were involved in decision making about the care and support provided and that the staff from Quality Home Care Limited acted on their instructions and advice. One person told us, "The staff always make time for me, have a chat with, never rush and take me out." A relative stated, "I liaise with the staff regarding [Name] care."

People we spoke with told us staff were punctual and they stayed for the duration of their agreed call times. One person said, "The staff are very good on time." Another person told us, "If the staff are going to be late which they hardly ever are apart from traffic hold ups, they telephone me." This demonstrated people received care in accordance with their agreed call times.

People's individual care needs had been assessed before they began to use the service. Each person had an individualised care plan, based on their identified needs and developed to reflect their personal choices and preferences. Choices and preferences were reflected throughout the care plans we looked at. This enabled staff to provide appropriate care and support, in a personalised manner. Staff confirmed care plans were kept up to date and provided them with information about people needs and how they preferred to be supported. They were able to describe to us how they met people's care needs and how they supported people to express choices and maintain their independence. This showed the support people received was personalised to meet their individual care needs.

People who used the service and relatives told us they received a personalised service that was responsive to people's needs. For example one person said, "I had poor care before from another company but this one (Quality Home Care Limited) really looks after me." A relative said, "Recently [Name] came out of hospital and they were very quick to put the calls into place. The staff understand people. We contacted the agency they gave us advice straight away and nothing was too much bother at all to help us"

Care plans were regularly reviewed and updated to ensure they accurately reflected any changes to the individual's needs. Each of the records we saw had an up to date review in place. One person said, "My care plan is updated yearly, the staff always ask me if I need any changes when they visit."

People we spoke with were aware of the complaints procedure and had confidence that any issues raised would be addressed immediately. One person said, "I have never had any concerns." Another person's relative told us, "I would speak to the management if there were any concerns, but I have had no need to so far."

We saw the provider's complaints procedure was accessible to people using the service; this information was available in the information people received about the service. A system was in place to record complaints, this ensured the action taken and outcome was recorded. The complaints records we looked at confirmed that the provider had received one complaint in the last 12 months. This had been addressed in line with the provider's complaints policy. Staff we spoke with knew how to respond to complaints if they arose. They told us if anyone raised a concern with them, they would share this with the registered manager

or the deputy manager. All the staff we spoke with felt the management team would take swift action to resolve the matter.

## Is the service well-led?

### Our findings

People and relatives we spoke with felt the service was well managed, with people being at the heart of the care and support provided by the service. Comments from people included, "It is an excellent service" and "It's a very good quality service." A relative told us, "We had a number of other agencies before this one and they were terrible with bad timekeeping and things. This one is very good."

The service had a registered manager who was also the registered person. They were involved in the day to day management of the service, which was confirmed by the staff we spoke with. The registered manager was supported by the deputy manager and managing director. They monitored the support that was provided to people. One staff member said, "The communication between the managers and staff is very good, we can raise issues and always know that we will be listened to." This demonstrated there were clear lines of accountability and communication.

The management team and staff team were knowledgeable about the needs of the people who used their service. Staff felt the management team were approachable and understanding. All the staff told us the registered manager always acted on suggestions to improve the service and the care being provided to people. A staff member told us, "We are always encouraged to provide suggestions on how best to support people and the running of the service." The service people received was reflective of the registered manager's visions and values by respecting people and promoting independence. A relative said, "The staff do everything they can to make [Name] feel independent." All the staff we spoke with demonstrated that they understood their roles and responsibilities well.

Staff told us they were confident to report any concerns they may have about people's care. They were aware of the provider's whistle-blowing policy (informs staff of the actions they should take if they had concerns about the welfare of any of the people who used the service). This ensured any allegations of abuse were reported and people were protected from unsafe care.

Records and discussions with staff demonstrated regular staff meetings were held, to ensure they were kept up to date and involved in the development of the service. Staff we spoke with confirmed these were useful and were able to reflect on practice issues. Minutes of the meeting detailed discussions on staff undertaking training to increase awareness regarding a person's medical condition.

An on call system was provided by the management team to support staff. Staff confirmed if they needed support outside of office hours there was always someone on call to assist them. One staff member said, "We definitely get support from the staff member who is on call, they always get back to you."

All staff spoke positively about working at the service and praised the leadership and management. One member of staff said, "I cannot praise the managers enough, it's the best company I have worked for." Staff confirmed they enjoyed working for the provider and were given training opportunities to develop their skills and knowledge. All the staff we spoke with told us they would recommend the service to their family and friends.

We asked the provider to complete 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. The form was completed and returned to us within the agreed timescale. The PIR was detailed and showed the providers vision and plans of improving service delivery.

People and relatives we spoke with told us they had been asked for their views and opinions on the service. One person said, "The deputy manager comes out to see us." Another person said, "I have only the other week sent back a questionnaire." We were told by the registered manager that they continually sought feedback from people who were provided with care and support. We saw that surveys were in place to obtain people's feedback on the service they received. We looked at the results of the survey that had been undertaken during December 2015, overall the feedback received was positive. As a result of the feedback the service user guide had been updated to reflect the services provided. The results of the survey were displayed at the providers office and shared with people who used the service.

The provider had a system of quality management in place which was designed to identify areas for improvement in the service. The registered manager told us that they carried out audits; as it ensured people received good quality care and that any issues could be identified and addressed immediately. Audits were completed to ensure care planning documentation were up to date. Medicine audits were also completed to ensure staff were following the procedures in place. For example the recent medication audit showed that some medication administration records were not accurately completed, there were missing signatures. The provider's medication audit record showed the action taken to minimise the risks of reoccurrence. Such as speaking to staff and staff retraining in medication administration.

The registered manager told us they had developed links with local community groups such as a day care centre where some of the people who received a service attended. They also had contact with a project which provided support to people who received personal budgets. This is where a person has been assessed by the local authority as being eligible for social care and are given a budget to cover the cost of their care needs. The registered manager told us they maintained professional contacts with relevant agencies such as the local authority and local medical centres. This demonstrated the provider showed a willingness to co-operate with other professionals.

The registered manager, as well as the deputy manager understood the legal requirements for notifying us of all incidents of concern and safeguarding alerts. We saw that people's confidential records and staff personnel records were kept securely in the office.