A & F Quality Care Services

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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?	Requires Improvement

Summary of findings

Overall summary

We undertook an announced inspection of A & F Quality Care Services a Domiciliary Care Agency (DCA) on 3 January 2017. We told the registered manager before our visit that we would be coming. We did this because they were sometimes out of the office visiting people who use the service and we needed to be sure they would be in.

This was the first inspection of the service since the provider registered with the Care Quality Commission in December 2014. The inspection involved a visit to the agency's office and telephone conversations with people who used the service. At the time of the inspection four people were receiving personal care.

A & F Quality Care Services provides support for people who require a range of support related to their personal care, medicines and nutrition. Most people lived mostly independent lives but required support to help them maintain their independence. . Some people were living with the early stages of a dementia type illness or other long-term health related condition.

There was a registered manager at the service. 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.

Most of the care and support was being provided by the registered manager and the other director of the provider's limited company. When extra staff were required these were provided on a day to day basis through a recruitment agency. The registered manager introduced the agency staff to people and ensured they had all the information they needed to support people. There were systems in place which would ensure any staff employed in the future were safely recruited and received the appropriate training and support.

People's care was personalised to reflect their wishes and what was important to them. The registered manager had a good understanding of people's needs, choices and preferences. People were visited at times that suited them, and they and their relatives spoke positively about the care and support they experienced. People spoke highly of the registered manager.

The registered manager had a good understanding of the risks associated with supporting people and the care people received was personalised and reflected their individual needs. However, care plans and risk assessments did not contain all the information about the care people required or received. This had a low impact on people because the registered manager had a good understanding of their needs and preferences and provided the majority of the care.

People told us they received the medicines they had been prescribed, when they needed them. There were systems in place to ensure medicines were safely managed. The registered manager had a good

understanding of the procedures to follow to safeguard people from the risk of abuse and was aware of their individual responsibilities.

The registered manager understood the principles of the Mental Capacity Act 2005 (MCA) and was knowledgeable about the requirements of the legislation. Decisions were made in people's best interests although these had not always been recorded.

Where required people were supported to have enough to eat and drink and maintain a healthy diet. The registered manager knew people well and recognised when they may need to be referred to an appropriate healthcare professional for example the GP or district nurse.

People were asked for their feedback on a day to day basis. There was a process in place to develop a formal feedback system for people and staff as the service grew and staff were employed. The registered manager promoted an open and positive culture at the service. They had a good oversight of the service and had systems in place to support the service as it expanded and developed.

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

Risk assessments were in place. The registered manager had a good understanding of the risks associated with supporting people.

The registered manager understood their responsibilities and what they need to do safeguard people from abuse.

Medicines were well managed and people received the medicines they had been prescribed.

There were systems in place which would ensure a safe recruitment process. There were enough staff to support people who used the service.

Is the service effective?

Good

A & F Quality Care Services was effective.

The registered manager was currently the only member of staff employed at the service. However, there was an induction, training and supervision programme that would be used to support future employees when they were recruited.

The registered manager understood the principles of the MCA and the requirements of the legislation.

Where required, people's nutritional needs were met and they were supported to receive enough to eat and drink.

The registered manager knew people well and recognised when they may need to be referred to an appropriate healthcare professional for example the GP or district nurse.

Is the service caring?

Good

A & F Quality Care Services was caring.

People were positive about the kind and caring nature of the registered manager.

The registered manager had built positive relationships with

people and treated them with respect.

People were treated with dignity and respect by staff who took the time to listen and communicate.

Is the service responsive?

Good

A & F Quality Care Services was responsive.

People received care and support that was responsive to their needs because staff knew them well.

People's care was personalised to reflect their wishes and what was important to them.

People were made aware of how to make a complaint.

Is the service well-led?

Requires Improvement

A & F Quality Care Services was not consistently well-led.

Accurate and complete records had not been maintained to ensure the care people experienced could be monitored to make sure it was of good quality

There was an open and positive culture which focussed on providing a high quality of care for people.

The registered manager had systems in place to ensure the service could expand and develop.

A & F Quality Care Services

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 was an announced inspection and was completed one inspector. We told the registered manager that we would be coming. We did this because they were sometimes out of the office visiting people who use the service and we needed to be sure they would be in.

Before the inspection we considered the information which had been shared with us by the local authority, we looked at notifications which had been submitted. A notification is information about important events which the provider is required to tell us about by law.

During our inspection we went to the office and spoke to the registered manager. We reviewed the care records of five people that used the service. We spoke with the registered manager about the systems in place for monitoring the quality of care people received. We looked at a variety of the service's policies such as those relating to safeguarding, medicines, complaints and quality assurance.

After the inspection visit we telephoned four people that used the service and their relatives to get their feedback about what it was like to receive care from the staff.

Good

Is the service safe?

Our findings

People's medicines were managed safely. The registered manager had a good understanding of the medicines people had been prescribed and why they needed them. There were medicine administration records (MAR) in place. These had been completed and showed people had been given their medicines as prescribed.
At the time of the inspection people had not been prescribed PRN, covert or crushed medicines. There were a range of medicine policies in place however there were no polices in place to support medicines that may be prescribed 'as required' (PRN), for example pain killers. There were no policies for medicines that may be crushed or given covertly. Covert is the term used when medicines are administered in a disguised format without the knowledge or consent of the person receiving them, for example, in food or in a drink. Crushing medicines may alter the way they work and make them ineffective. Staff should always ask for a pharmacist's advice before they crush any medicines. The registered manager had a good understanding of their responsibilities in ensuring medicines were given safely and as prescribed. We recommend policies are put in place to support the staff. Relatives told us their family members received medicines when they needed them.

The registered manager had a good understanding of the risks associated with supporting people. There were risk assessments in place and these related to people's mobility, personal hygiene and medicines and included guidance about how to protect people and maintain their safety. A risk assessment for a person who had previously fallen stated floor rugs had been removed as a precaution to reduce the risk of the person falling. There was information in the daily notes that showed action had been taken when one person's skin had become sore. The registered manager told us what actions had been taken when one person appeared to be developing a pressure wound this had prevented the person's pressure area developing further and was now healed. One person had sustained bruising following a fall and this had been recorded on a body map by the registered manager to enable them to monitor the bruising and ensure they healed. The following day a staff member from the recruitment agency had identified a further bruise. This had been recorded and daily notes showed these had been monitored until they were healed.

The registered manager had a clear understanding of abuse, how to identify it and protect people from the risk of abuse or harm. This included ensuring people were safe in their own homes and were not, for example, at risk of self-neglect. The registered manager told us they provided the majority of care to people. When care had been provided by an agency worker the registered manager always checked with the person they had received the care they required. We saw from daily notes concerns such as changes in people's health, bruises and worries had been reported to the registered manager. People and their relatives told us they felt safe with the care provided by the service. One person told us, "I feel very secure, the registered manager knows what she's doing."

There were enough staff working at the service to keep people safe and meet their needs. There was a system in place to make sure staff were recruited safely and ensure as far as possible, only staff suitable for the role were employed. At the time of this inspection no staff were employed by the service and all care was provided by the registered manager and the other director. On occasions when extra support was required

this was provided by a member of staff from a recruitment agency. Prior to working a shift the registered manager was provided with details of the staff member including a photograph, their training record and confirmation of a disclosure and barring checks (DBS) these checks identified if prospective staff had a criminal record or were barred from working with people. Although there were enough staff working at the service at the time of the inspection, the registered manager had started recruiting more staff. The registered manager explained this was essential to enable the service to develop and grow. We looked at application forms with the registered manager and discussed the recruitment procedure. One application form did not include a full employment history for the person. The registered manager told us they had discussed this with the prospective employee and was aware of why there were gaps and this would be recorded at the formal interview stage.

Good

Is the service effective?

Our findings

People's care plans contained information about their memory, whether they had times when they were confused or if they had the capacity to consent to the care they experienced. The Mental Capacity Act 2005 (MCA) aims to protect people who lack capacity, and maximise their ability to make decisions or participate in decision-making. Where people had fluctuating capacity there was information about how to support the person. This included ensuring the person received care from staff they knew, talking to them and reminding them about why they needed support. One person's care plan stated they may forget to eat but if food was prepared they would remember. The registered manager made sure decisions were made in people's best interests, which included talking to people's representatives and social workers. However, when people were unable to consent for themselves because they lacked the capacity to do so there was no recorded information about who could do this on their behalf. The registered manager was aware of this and steps were in place to address this. Relatives told us decisions made were in the best interests of their loved ones and they were involved.

Although there were currently no staff employed by the service, there were systems in place to ensure there would be an appropriate training and supervision programme in place. This included an induction, mandatory and specific training, supervision and observation of staff in practice. When agency staff worked at the service the registered manager received information which demonstrated they had received appropriate training for the care they were providing. The registered manager met the staff member and introduced them to people they were supporting. This helped ensure people received care from staff who were supported to look after them.

Some people required support to help them have enough to eat and drink throughout the day. People were supported to maintain a balanced and nutritious diet of their choice. The registered manager told us about one person who needed support to ensure they had enough to eat and drink due to memory loss. This was clearly recorded in their care plan. Another person's care plan stated they needed support as they were unable to prepare meals due to limited ability in their hands. There was information about how meals were provided for example from meal delivery service, or if staff were required to support people to choose. Daily records showed that people were provided with meals as required. One person was provided with a flask at each visit. This enabled them to prepare a hot drink for themselves between visits. The registered manager told us about one person whose dietary intake had improved since they started using the service. They said "We know they're eating, their clothes are getting tight." One relative told us staff always ensured their loved ones were supported to have their meals of choice.

People's health and wellbeing was monitored at each visit. The registered manager knew about people's day to day health needs and how to meet them. They knew how to identify changes in people's health and what actions to take. There was evidence staff had contact with a range of health professionals. This included the GP, district nurse and occupational therapist (OT). The registered manager told us if they had any concerns about people's health they would contact the person's representative or their own GP. Relatives told us the registered manager was observant and attentive to their loved one's health and would raise any concerns with them or a healthcare professional if necessary. One relative told us, "If there's any

concerns I will always be contacted, they're very good about letting me know."

Good

Is the service caring?

Our findings

People and their relatives spoke highly of the staff. One person said, "The registered manager is very attentive, thoughtful and caring, I would give them 20/10." One relative told us, "We were blessed to find this service. The staff are really caring and they go above and beyond what is expected of them."

People's dignity was respected. On occasions staff supported people to go out, for example, on shopping trips or to healthcare appointments. If the person preferred it, staff did not wear their uniform or made sure it as covered. This was because some people did not want others to know they required support and if staff wore a uniform this was highlighted. A relative told us their loved one preferred care and support from female staff and this was always provided.

The registered manager spoke about people with affection and respect. They demonstrated a good understanding of people and were able to tell us about people's care needs and preferences and how they supported them as individuals. The service was small, with the registered manager and other director providing the majority of visits to people. This ensured continuity of care and enabled them to identify changes to people's health, care and support needs.

People told us they were able to maintain relationships with those who mattered to them. Relatives told us they were involved in their family members care. They also said the support from A & F Quality Care Services had enabled them to remain a relative and not be seen as a 'carer.' One relative told us, "Part of the reason for having care was so that we could keep our quality time together and we have been able to do that."

People and their relatives told us keeping people's independence was an important reason for receiving care. We found people experienced care and support that helped them maintain their independence. One relative told us their loved one didn't always think they needed care but understood it helped them to continue living at home. People and relatives told us they were involved in decisions about their day to day care and support. They told us their care plans were available to them and they could read these whenever they chose.

People had been involved in developing their own care plans and staff were able to read these before they provided care. Staff had access to an overview of what was important to people and their support needs via a secure online system that was accessible through a mobile telephone. Care plans demonstrated the caring approach and reminded staff to ensure people were comfortable with the support offered.

Good

Is the service responsive?

Our findings

Before people started to use the service, the registered manager completed an assessment to ensure people's individual needs and choices could be met. As well as people's care and support needs, the registered manager also ensured there would be staff available to provide the care and support at a time of the person's choice. The registered manager told us of the importance of being able to meet people's assessed needs and this included visiting at a time of the person's choice. One person told us, "They never just pop in and out, they will always ask if I need anything extra."

People's care plans and their risk assessments were person centred and based on a full assessment. Information was gathered from the person and, where appropriate, others who knew them well. In addition to the assessment, care plan and risk assessment, there was an online information sheet about the person. This included detailed information about the specifics of how they liked their care provided and their preferred daily routines. One person was supported with their grocery shopping and the registered manager had included a photograph of the person's preferred products. The registered manager told us where appropriate photographs would be used to support people's care needs. The registered manager made sure they assessed what people were able to do for themselves, when completing their personal care. This made sure people remained as independent as possible. For example one person was able to dress themselves but needed support with small fastenings. People received the care they required, for example in relation to their pressure area needs and mobility. One relative told us their loved one received the appropriate care that reflected their needs.

Before a person's first visit from the service, agency staff were introduced to people. Agency staff also read the person's care plan, and were given detailed information about the care and support each person needed. This helped to make sure they had good knowledge of the person and their needs before to providing care. One relative said, "It can be unsettling for my family member when there's different staff visiting, it takes time to get to know new staff." People and their relatives told us they knew who was visiting them before they arrived.

People's needs and care plans were reviewed regularly and assessed for any changes. People's changing needs were monitored and the care changed to meet those needs if necessary. The registered manager liaised with social care professionals to ensure people continued to receive appropriate care and support. Daily records showed the care and support provided reflected the care set out in the care plans.

People told us they, and where appropriate their relatives, were involved in the development and review of care plans. One relative told us, "We are always kept up to date and included in any changes." One person said the care they received was always what they wanted.

There was a complaints policy in place and people were given a copy of this when they started using the service. The service had not received any complaints. The registered manager told us because the service was currently small, and they were responsible for the majority of the care on a daily basis, feedback from people had not been asked for formally. Instead, the registered manager spoke to people on each visit to

make sure they were happy with the care. Where appropriate they spoke with people's family and friends. If agency staff had visited the person the registered manager would visit the following day to ensure the person was happy with what had been provided. The registered manager had developed a feedback system which included questionnaires which would be used in the future as the service grew. We saw the service had received a number of compliment and thank you letters from people saying they were happy with the service they received. People and their relatives told us that any issues they raised would be addressed promptly. One relative said, "If there's any concerns the registered manager or other director always step in and act quickly."

Requires Improvement

Is the service well-led?

Our findings

People's records did not include all the information required to reflect the care people required and received. The registered manager discussed with us actions that had been taken to ensure, where people lacked capacity, decisions were taken in their best interest. However, these had not been recorded. From the daily notes it was clear attention had been paid to people's skin integrity and the registered manager had discussed actions taken to prevent pressure wounds developing. However, there was no guidance in the care plans to ensure consistency. Where environmental concerns were identified these were referred to in people's care plans but there were no environmental assessments or risk assessments in place. The registered manager explained they were aware of any risks associated with people's homes, they had developed risk assessments but these were not in use yet but would be introduced in the future. Although the registered manager was not recording everything the risk to people was low because they were the main person providing care and knew people really well. We identified these as areas of practice that require improvement.

The registered manager had good oversight of the service and people. She was well thought of and respected by everybody we spoke with. One person said, "The registered manager will always go the extra mile." One relative said, "The registered manager is very competent and knows what is going on." Systems were in place and would be used to support the service as it developed. Currently, there was no formal audit system being used as the registered manager addressed issues as they were identified. However, this would be introduced and used to audit the day to day running and quality of the service. The registered manager demonstrated a good understanding of quality assurance processes. They told us this would include analysis of accidents and incidents, medicine and care plan audits; regular supervision and spot checks of staff and quality assurance feedback from people and staff.

The registered manager was passionate about providing a service that met people's needs and expectations. The aim of the service was to support people and their families to lead fulfilled and independent lives at home. The registered manager constantly applied the 'mum test' and told when offering and providing support would use this as a guiding principle.

The registered manager also worked to improve her own knowledge and skills to drive improvement across the service. She had joined local forums and attended regular training to obtain updated information about current best practice and use this to develop the service.