

Quinn Domiciliary Agency 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 ●

Summary of findings

Overall summary

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

About the service

Quinn Domiciliary Agency Ltd is a supported living service providing personal care to 9 people who lived in shared houses in the community. Support is provided to people with a learning disability and autistic people

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

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

Right Support

People told us the service enabled them to have a good quality of life. Staff focused on people's strengths and promoted what they could do, so people had a fulfilling and meaningful everyday life. Staff supported people to take part in activities and pursue their interests.

Staff supported people to have the maximum possible choice, control and independence. Staff supported people to make decisions, in line with best practice guidance. Staff gave people time to communicate their views, using their preferred communication method.

The service supported people in a holistic way which promoted their wellbeing. Staff enabled people to access health and social care support when needed. Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcomes for them.

Right Care

People received kind and compassionate care. Staff treated people with respect and dignity. They knew people well and responded to their individual needs.

The service had enough staff with the right skills and experience to meet people's needs and keep them safe.

Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to keep people safe. Staff had training on how to recognise and report abuse and they knew how to apply it.

People who had individual ways of communicating, such as body language, sounds, Makaton (a form of sign language), pictures and symbols could interact comfortably with staff and others involved in their care. Staff had the necessary skills to understand them.

People's care and support plans reflected their range of needs and this promoted their wellbeing and enjoyment of life. Staff had a range of information to know how to support people in a person-centred way.

Right culture

People led inclusive and empowered lives because of the ethos, values, attitudes and behaviour of the management and staff. The whole service placed people's rights, wishes and aspirations at the heart of everything they did.

People were supported by staff who understood best practice in relation to the wide range of strengths, impairments or sensitivities people with a learning disability and/or autistic people may have. This meant people received support that was tailored to their needs.

Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate. The registered manager and senior staff had good systems in place to understand what was happening in the service. They were visible across the service, which minimised the risk of closed cultures developing.

People's quality of life was enhanced by the service's culture of improvement and the desire to make changes which improved people's lives.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Why we inspected

We undertook this comprehensive inspection to assess that the service was applying the principles of Right support, right care, right culture.

Rating at last inspection

The last rating for the service was good, published (29 September 2017).

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Quinn Domiciliary Agency Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was carried out by one inspector.

Service and service type

This service provides care and support to people living in 3 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. We also

asked the provider to set up a meeting of people who used the service to meet with us.

Inspection activity started on 26 January 2023 and ended on 9 February 2023. We visited the location's office on 31 January and 1 February 2023.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We visited the office and met with 6 people who used the service to get their feedback about the care provided. We also met with 3 staff and the registered manager. We had phone contact with 2 relatives and emails from another 2 relatives of people who used the service. We had email contact from 4 staff. We also received an email from a professional.

We reviewed a range of records whilst at the office. This included 3 people's care records and selected medicine records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures and audits were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. They sent us additional information as requested.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- The registered manager had responded effectively when concerns were raised about a person's safety, carrying out prompt investigations and acting where required.
- Staff had training on how to recognise and report abuse and they knew how to apply it. A staff member told us, "I am fully aware of how to keep people I am with and myself safe. I also know how to report any things I see or hear which I feel isn't right."

Assessing risk, safety monitoring and management

- People's needs were assessed and reviewed and any risks to their health, safety and wellbeing were recorded and monitored.
- Some of the information to manage and mitigate the risks to people was not as accessible as it could as it was at the back of the support plan, rather than integral to it. This had not had any impact on people's care or support. The registered manager agreed to review the layout of the support plans to ensure information was clearly recorded so staff knew quickly what action to take.
- People were supported to learn about how they could manage risks to themselves such as going out in the community, using their money, cooking and household tasks. Staff fully involved people and helped them to understand risks and dangers and how to stay as safe as possible whilst maintaining their independence and autonomy.
- Staff were knowledgeable and consistent and had a good awareness of people's risks and abilities. This showed staff provided flexible and person-centred support. A staff member said, "The care plans are kept updated and we have time to read them and they provide everything we need to know about the person." Another staff member told us, "I feel I know people well enough to notice if there is something wrong or they are not feeling well. For example, if someone refused food I would know that they're probably not feeling well."

Staffing and recruitment

- There were enough staff to meet people's needs. The registered manager was trained in a caring role and could provide backup care when needed. There were no missed or late calls as rotas were well organised and back up staff were available when needed.
- Safe recruitment procedures were in place which included obtaining references, identification, a full employment history and Disclosure and Barring Services (DBS) checks. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- There were safe systems and processes in place to administer, record and store medicines safely.
- Staff had the skills to support people with specific needs around their medicines. We checked some people's medicine records and saw these had all been completed by staff in the right way.
- Staff had undertaken training in administering medicines and competency assessments and spot checks were regularly undertaken. A staff member said, "I had training from a pharmacist who came to show us how to administer and learn about different types of medicines. It really hit home."
- Staff supported people to take their own medicines teaching them what they are for and how to take responsibility for keeping themselves well.
- The registered manager told us people's behaviour was not controlled by excessive and inappropriate use of medicines and all reviews of people's medicines took place to ensure they met their needs.
- Staff knew people well, which helped them recognise and adapt the support pro-actively to changes in routine and mood.
- There was a procedure in place for medicines to be given as and when needed (PRN), for example, when people were in pain. A staff member said, "We have protocols in place for each person and each different type of drug. These explained when, how and what is needed and were easy to follow."

Preventing and controlling infection

- The provider had effective infection, prevention and control measures to keep people safe, and staff supported people to follow them.
- Staff had received training and information about controlling the risk of infection. A staff member told us, "We supported people with handwashing especially during COVID-19 and we changed our masks regularly too. If we coughed or sneezed, it would be in the crook of your arm or in a tissue that was put straight into the bin and hands then washed. We went through loads of sanitiser too."
- The registered manager told us how they communicated with people about COVID-19, using language, information and stories that they understood. People were well informed, but some had been anxious about going out again after COVID-19 and staff had been aware and sensitive about this. A person said, "I am okay about going out now but still have to make sure we keep safe from that COVID-19".
- Staff provided advice to people to help them minimise the risk of infection, such as daily cleaning and the preparation, cooking and storing of food. A person told us, "We get our shopping delivered as sometimes easier than going to the shop."
- We were assured that the provider was using PPE effectively in line with government guidance and their infection prevention and control policy was up to date.

Learning lessons when things go wrong

- There was a system in place for recording accidents and incidents and these were well evidenced. Lessons were learnt as a result and discussed with staff to ensure knowledge was fully embedded and any actions taken were proportionate and appropriate.

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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

- There was a holistic approach to assessing, planning and delivering care and support. The whole organisation worked together to create care which was personalised around each individual person.
- People's protected characteristics such as age, gender, sexual orientation, ethnicity, and religion had been recorded to ensure their identity, lifestyle and cultural needs could be met.
- Care was delivered in line with good practice and the law. The registered manager used resources effectively to learn and improve the service.

Staff support: induction, training, skills and experience

- Staff had a comprehensive induction to the service and to meeting people they would be supporting. A staff member said, "I was very welcomed, and the induction covered everything, and I felt confident working unsupervised."
- People were supported by staff who had received relevant and good quality training. There was a range of face to face, online and training from specialist professionals such as a pharmacist. A staff member told us, "I had to complete many courses before I could even start work." Another said, Training is ongoing and if we need something specific to help a person, it is provided."
- Staff received support in the form of supervision, spot checks, an annual appraisal and regular team meetings. A staff member told us, "It is a very supportive organisation to work for. I feel I can develop and learn here, alongside working with such lovely people."
- The provider was very proactive in encouraging and supporting staff to seek and complete professional training to develop their career opportunities.

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

- People were involved in choosing their food, shopping, and planning their meals. Information in accessible formats was used to help people make choices and decisions.
- Staff supported people to prepare and cook their own meals. They had received training in food hygiene to support people. One staff member said, "I have done courses on healthy eating. If someone has to follow a special diet, we make sure it is person centred to them and they know why."
- People could eat alone or with other members of the house. A person told us, "I love cooking and I love eating!" Another said, "Going to the pub is great then you don't have to cook when you get home, makes sense."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People were referred to health care professionals to support their wellbeing and help them to live healthy lives. Staff supported people to follow any health advice when and if needed. A person told us, "[Name of staff member] comes with me and helps me when I go to a nurse or the doctor. It helps me feel not so worried about it." A relative said, "The staff keep an eye on all aspects of [person's name] health, like their feet. They go to the chiropodist when needed."
- Staff supported people to attend their GP and hospital appointments. Accessible information such as symbols, pictures, booklets for people who used alternative ways of communicating were provided to help them understand any hospital trips or treatment needed. A relative told us, "The staff always let me know if [person's name] has been to an appointment, for example the optician. They help with all that, so I don't need to worry."

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- For people who the service assessed as lacking mental capacity for certain decisions, the staff were aware of the risks and what actions were in place. This ensured people's rights and liberties were not restricted unless authorised.
- Where decisions had been made by the court of protection to deprive a person of their liberty, staff had consulted and liaised with health and social care professionals and people's representatives. Information was recorded so staff were aware of the actions to take.
- Staff had a good understanding of issues around consent and capacity. There were assessments to measure people's capacity in varied areas, such as whether they were able to consent to take their medicines.
- Care plans advised staff about how people made choices and decisions about their day to day care and support. A staff member told us "We always assume that people have capacity unless it is proven that they do not. Just because someone is in a wheelchair and non-verbal, we don't think they can't choose what they want to eat, wear or do. We look at different ways for them to express what they want i.e. through pictures, signs, symbols, and gestures till we get it right."

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

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

- During our meeting with people who used the service, we observed staff and people together who knew each other well and people appeared comfortable and relaxed. The conversation flowed, memories recounted, old jokes remembered, and laughter filled the room. A person told us, "My life is good, the best. Without [staff member's name] I wouldn't be able to do what I want." Another person said, "I go out a lot, football, dancing, clubs and I love it."
- Staff showed a genuine interest in people's well-being and quality of life. They told us of times working with different people, how people were welcoming of them when they were new to the role and the joy they felt working for Quinn. A staff member said, "I have worked with everyone for a long time now and would like to think I have a good understanding of their likes and dislikes. Like when something is upsetting them or they have something on their minds. I know they will open up to me to resolve any issues. That is a real privilege."
- People's different cultural and lifestyle choices were acknowledged and respected. Staff had received training in equality and diversity including attending a lesbian, gay, bisexual and trans awareness course to support people well.
- Staff supported people to maintain links with those that were important to them. Staff communicated well with families. A relative told us, "Communication with Quinn couldn't be better, they let us know when needed and of course we have contact with [person's name] every week, so they tell us everything anyway."
- Relatives told us the service was so caring during the COVID-19 pandemic. A relative told us, "It was so difficult for everyone, but they kept in touch, reassured [person's name] as to why they couldn't visit and were creative at doing things with [person's name]."

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

- People were very supported to have a voice, express themselves in whatever way they could and be fully involved in making life choices and decisions. One person said, "I can do what I want and they {staff} help me sort things out myself." Another person gestured they were happy with the support given by staff.
- Interaction between staff and people was warm, calm and people were not rushed. Staff gave people time and helped them to express their views and experiences. Staff talked to and about people in a caring and respectful way, reminding them about their achievements, positive traits and aspirations.
- Staff told us they really enjoyed supporting and encouraging people to live their lives to the fullest. Comments included, "I am very flexible and go with the flow whatever [person's name] wants to do" And, "Its great supporting [person's name], never a dull moment." A social care professional told us, "Overall I think they are a very caring service which probably go above and beyond."

Respecting and promoting people's privacy, dignity and independence

- People told us they had privacy when at home. A person said, "I can do my own thing in my room, it's my space." Another person told us, "I like sharing with [person's name] as we all get on okay and I am not lonely." A staff member said, "I always make sure confidentiality is maintained, along with privacy when providing personal care."
- People had the opportunity to be as independent as possible. The care plans and daily notes showed people's lives were full of choices and experiences as well as the daily physical and emotional support provided. A relative told us, "[Person's name] has two priorities, food and holidays. They are having the best life." Another relative said, "I am so happy that [person's name] is with Quinn. The staff are just wonderful, creative and warm. I can't fault them."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People had care and support plans that reflected their needs and aspirations, including their physical, emotional and mental health needs. People, those important to them and staff reviewed plans regularly to ensure they fully reflected people's needs. A relative said, "We feel that nothing is too much trouble and we are very happy with the quality of service given to [person's name]."
- Care was planned in a way that supported and encouraged choice, control and independence. A person said, "I like cooking, but not that good at it, but it's fun and get to eat it." Another person told us, "I love being out and doing things, I never get bored." A relative told us, "The staff are really inventive and always trying something new. For example, [person's name] needed new trainers so they found ones that they can put on themselves with Velcro but look like trainers with laces."

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 (AIS). The AIS 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.

- The registered manager and staff were very aware and knowledgeable about AIS. As the care and support to people was individual, so was the support needed about people's different communication needs. This included staff learning and using British Sign Language for one person.
- Staff adapted to people's ways of communicating. This included use of photographs, pictures, symbols and gestures which helped people understand, learn and make decisions about the information they received by letter, email or spoken to them. For example, health appointments or understanding the voting system.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People were supported to participate in their chosen social and leisure interests on a regular basis. This was personalised and based on their individual needs and preferences, including clothes shopping, theatre, dancing, cinema, football and other hobbies and leisure interests. A person told us, "I have a busy week, only Sunday's I have a day off from everything." A relative told us, "There are so many things [person's name] does, I lose count. They are now volunteering at a residential home playing board games with the old people there."
- The service was proactive in ensuring people maintained their relationships with family and friends. Staff

supported people to visit and/or do video calls. A relative said, "We facetime 2 times a week on [person's name] iPad. Another told us, "[Person's name] comes to us every other weekend and has a good time with the family."

Improving care quality in response to complaints or concerns

- The service treated all concerns and complaints seriously, investigated them and learned lessons from the results, sharing the learning with the whole staff team.
- Staff told us they felt they could raise concerns with the manager at any time. A staff member said, "[Name of registered manager] is very approachable and I know that if I have an issue, I can go to them to get help with any concerns."
- The service had a complaints policy. There were no outstanding complaints or concerns at the time of the inspection and relatives told us they knew how to make a complaint should they need to.

End of life care and support

- No one using the service was receiving end of life care at the time of the inspection.
- There was ongoing work being done with people to discuss and record their end of life wishes. Discussions had taken place about organ donation and staff had obtained easy read NHS organ donation leaflets to help people understand what it was all about and make an informed decision. The registered manager told us, "We should listen to people and do our best to put what they wish for in place. We have used easy read booklets to explain things around dying and have developed one in their care plan which contains details of their wishes, some of them in conjunction with their family."
- Staff have undertaken training in end of life care. A staff member told us, "Two things are important; training and real life experience of being with my [relative] at the end of their life. This means I know that being peaceful and comfortable is good end of life care."

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.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The registered manager worked hard to promote a culture of care in which people and staff were truly valued. They championed people's individuality, protected their rights and enabled them to develop and flourish. A staff member said, "I would recommend Quinn to anyone because I know they would be well cared for and have opportunities to do all sorts of things to fulfil their life."
- Feedback from relatives was very positive about the quality of care, consistency of staff and management. A relative told us, "We feel that nothing is too much trouble and are very happy with the quality of service. The support the staff give to our [relative] is outstanding."
- The service worked in a very inclusive and flexible way. The staff empowered people to be independent, make choices and be involved in developing the service. A staff member said, "The management is well lead and this reflects in the loyalty of the staff."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 registered manager had the skills, knowledge and experience to perform their role and a clear understanding of people's needs and oversight of the services they managed. A staff member said, "[Name of registered manager] is very approachable and I know that if I have an issue I can go to them to get help with it."
- Governance processes were in place and helped to keep people safe, protect their rights and provide good quality care and support. Audits were undertaken to check all aspects of the service and any improvements put in place quickly. The business contingency plan was being updated to ensure it was fit for purpose and provided up to date information so that staff would know what to do in an emergency.
- The use of a new management system was being explored in order to have all information and reporting done electronically. The registered manager told us the system they had was not good enough and so investing in a new one would help manage the service more effectively.
- The registered manager was clear about their regulatory responsibility and requirements and provided CQC with statutory notifications in a timely way. They were aware of their duties under duty of candour to inform us when things went wrong.
- The directors of the service took a keen interest in the welfare of the people receiving support. They also carried out visits to people's homes to see them. This promoted good quality care and reduced the risk of closed cultures developing.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Staff encouraged people to be involved in decisions about the support they received as well as listening to what people were saying about the service, how they felt and what could be done better to support them. Asking people to meet with us to discuss their support was just one example of this.
- The provider sought feedback from people and those important to them and used the feedback to develop the service. For example, during the pandemic staff had remained working with the same people so they did not spread the COVID-19 virus. People had requested that the rota change so that staff could work with everyone. This change was in process. One person said, "It would be good to be able to see all the staff as I really like everyone."
- We received positive feedback about how well staff and the registered manager worked together with people's families. Comments included, "The team of staff are always very professional, and the management team are fantastic." And, "Staff have been there a long while, not surprising they are a good employer."
- Staff were well supported, and regular meetings and supervision were held. Issues were discussed openly, dealt with and recorded. The senior roles and responsibilities delegated to experienced staff were working well. This included creating dignity champion roles and updating support plans with profiles about people and who they were.

Working in partnership with others

- The service worked well in partnership with health and social care organisations and professionals, which helped improve the wellbeing of people who used the service. The provider sourced specialist support and advice when needed and enabled people to access services that would support them to live their lives to the full.