

Real Quality Care Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 9 July 2015. Real Quality Care Limited is a domiciliary care service which provides personal care and support to people in their own home in Nottingham. On the day of our inspection 7 people were using the service.

The service had a registered manager. 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.

Staff took the necessary steps to keep people safe and understood their responsibilities to protect people from the risk of abuse. People received the support required to safely manage their medicines. Risks to people's health and safety were managed and detailed plans were in place to enable staff to support people safely. There were enough staff to meet people's care needs.

Staff were provided with the knowledge and skills to care for people effectively. People received the support they required to have enough to eat and drink. Where required, staff monitored people's nutritional intake and acted on any concerns.

Summary of findings

The Care Quality Commission (CQC) monitors the use of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS). The provider was aware of the principles of the MCA and how this might affect the care they provided to people. Where people had the capacity they were asked to provide their consent to the care being provided.

Positive and caring relationships had been developed between staff and people who used the service. People were involved in the planning and reviewing of their care and making decisions about what care they wanted. People were treated with dignity and respect by staff who understood the importance of this.

People were provided with care that was responsive to their changing needs and staff were aware of people's care needs. People felt able to make a complaint and knew how to do so. The complaints that had been received were responded to appropriately and in a timely manner.

People and staff were asked for their opinions about the quality of the service. There were effective systems in place to monitor the quality of the service and these resulted in improvements where required. The culture of the service was open and honest and the registered manager encouraged open communication.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

People received the support required to keep them safe and manage any risks to their health and safety.

People received the support needed to manage their medicines.

There were sufficient numbers of staff to meet people's needs.

Good



Is the service effective?

The service was effective.

People were cared for by staff who received appropriate support through training and supervision.

Where people lacked the capacity to provide consent for a particular decision, their rights were protected.

People were supported to eat and drink enough.

Good



Is the service caring?

The service was caring.

People were cared for by staff who had developed positive, caring relationships with them.

People were involved in their care planning and made decisions about their care.

People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

People received care that was responsive to their needs. People's care plans were regularly reviewed and updated.

People knew how to make a complaint and these had been responded to appropriately.

Good



Is the service well-led?

The service was well led.

There was an open, positive culture in the service and people were asked for their views about the service.

There was an effective quality monitoring system to check that the care met people's needs.

Good



Real Quality Care 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 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.

We visited the service on 9 July 2015, this was an announced inspection. We gave 48 hours' notice of the inspection because the service is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. The inspection team consisted of two inspectors.

Prior to our inspection we reviewed information we held about the service. This included information received and statutory notifications. A notification is information about important events which the provider is required to send us by law. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we spoke with three people who were using the service, three relatives, two members of care staff and the registered manager. We looked at the care plans of three people and any associated daily records such as the daily log and medicine administration records. We looked at five staff files as well as a range of records relating to the running of the service such as quality audits and training records.

Is the service safe?

Our findings

The people we spoke with told us they felt safe when staff were caring for them. The relatives we spoke with also felt their loved ones were safe while receiving care from the staff. One relative said, “I have peace of mind knowing (my relative) is safe when staff are here. They are very good.”

People were supported by staff who knew how to keep them safe and what action they would need to take to report any concerns. Staff described the different types of abuse which can occur and told us they would not hesitate to report anything of concern. The registered manager ensured staff were provided with the required skills and development to understand their role in protecting people. Although no referrals to the local safeguarding authority had been required, clear procedures were in place to enable this to happen.

Steps had been taken to protect people and promote their safety. People’s care plans contained information about how staff should support people to keep them safe. For example, one person’s care plan noted that staff should use a key safe to enter the property. The care plan provided guidance to staff about how they should enter and leave the property to ensure security was maintained and observed this happen in practice. The staff we spoke with told us that the registered manager encouraged them to report any matters of concern.

People told us that any risks to their health and safety were appropriately managed by staff. One person said, “Staff are very careful when using the equipment.” One relative said, “They do everything properly. Everything has a plan.” The registered manager visited each person’s property prior to any care being provided to assess any risks to their health and safety. For example, the manager had noted potential risks at one person’s property and identified how staff should work safely and reduce these risks.

People’s care plans contained risk assessments which determined the level of risk of various activities. For example, assessments were carried out of each person’s property, the risk of a person falling and the risk of their skin breaking down. Staff we spoke to were aware of the different risks to people’s health and safety and knew how

to manage these and this matched the information in care plans. For example, one care plan gave staff guidance in how to safely support a person to transfer from their bed into a wheelchair.

People were supported by staff who knew how to safely operate any equipment they had in their home. Staff received individualised training in how to operate different equipment people used, such as a hoist. The registered manager ensured all parties were happy that equipment could be safely used prior to a care package starting.

People told us there were sufficient numbers of suitable staff to meet their needs and staff were punctual. One person said, “They are always on time.” A relative we spoke with said, “There seems to be enough staff and they are always on time.” Another relative told us that staffing was consistent and it was usually the same staff who provided care, which they appreciated.

The registered manager calculated how many hours of care were required each week. This information was used to create a rota to ensure that there were sufficient staff available to meet people’s needs each week. The registered manager also covered some shifts so that staff could take their allocated rest days and also covered for sickness. The staff we spoke with told us that they felt there were enough staff and they were able to provide the required support in the allocated time.

The provider had taken steps to protect people from staff who may not be fit and safe to support them. Before staff were employed the provider requested criminal records checks through the Disclosure and Barring Service (DBS) as part of the recruitment process. These checks are to assist employers in making safer recruitment decisions. The staff we spoke with told us appropriate checks were carried out before they started work.

People received the support they required to safely manage their medicines. The relatives we spoke with confirmed that staff provided the support their loved ones required to safely manage their medicines. During our inspection we observed a member of staff following appropriate procedures when helping one person to take their tablets.

Staff provided the level of support each person needed to manage their own medicines. Some people only needed a reminder of when to take their medicines, whilst staff prepared other people’s medicines for them. The care

Is the service safe?

plans we looked at contained information about what support, if any, people required with their medicines. Staff completed medication administration records to confirm whether or not people had taken their medicines. Staff were able to correctly describe to us the different levels of

support people required and the procedures they followed when assisting people. The registered manager ensured that staff received training and support before administering medicines and this was provided on an on-going basis to ensure staff remained competent.

Is the service effective?

Our findings

The people we spoke with told us they were well cared for by staff who were competent. People also confirmed that new members of staff were introduced to them prior to caring for them. One relative told us, “She (the manager) introduces each person that is going to work with (my relative) herself and makes sure that they know even the tiniest thing.”

Staff were provided with training that was relevant to their role and told us the registered manager ensured certain courses were delivered during their induction. Staff were positive about the quality of training provided to them and said it was delivered in a way that met their needs. One staff member said, “I think the training is very good, we get different types of courses such as face to face and online training.” The records we saw confirmed that staff received training relevant to their role, such as safeguarding and infection control. The registered manager had also implemented the Care Certificate and was supporting staff to work through this.

Staff received regular support through supervision and the staff we spoke with felt well supported. They said the registered manager provided any help needed. Records confirmed that staff received regular supervision meetings where they could discuss any support they required. The registered manager carried out periodic visits to people’s homes to observe staff practice and obtain feedback from people about the competency of staff. We saw that, where any issues with staff performance were noted, these had been quickly dealt with. New staff were provided with an induction which included training and shadowing more experienced staff. A member of staff told us the induction had prepared them well for their role.

People were asked for their consent prior to any care being delivered and we saw that copies of documents had been signed as confirmation of this. The registered manager told

us that people were fully involved in deciding what care they wanted and the creation of their care plan. The care plans we viewed had been signed by the person or their appointed representative to provide their consent.

Whilst people did have the capacity to make their own decisions, the registered manager ensured that procedures were in place to follow the principles of the Mental Capacity Act 2005 (MCA) and ensure people’s best interests would be considered. The staff we spoke with described how they supported people to make decisions where possible and understood the importance of gaining consent. The care plans we looked at also confirmed that staff should seek the person’s consent prior to delivering care.

Where required, people received support from staff to have access to food and drink. We saw that the registered manager had provided detailed information to staff about one person’s food preferences and how to prepare certain meals. Staff were fully aware of this information and applied it in practice. One person’s records showed that staff were monitoring their food intake to check if they were eating sufficient amounts. Staff told us that they were in regular communication with the registered manager should they have any concerns about this person.

The staff we spoke with clearly described the different levels of support they provided to people regarding eating and drinking. For example, staff prepared meals for some people or heated up frozen meals for other people. Staff told us they had been provided with food and nutrition training which had helped them understand the importance of assisting people to eat well. Staff would also check to see if people had enough supplies of food and drinks remaining and alert them or a family member if something was running low.

Whilst staff were not responsible for assisting people to make healthcare appointments, they told us they would advise people if they felt it would be beneficial to book a doctor’s appointment. The people and relatives we spoke with confirmed that staff often spoke with them about booking healthcare appointments if they had any concerns. Staff also logged this information in people’s care records.

Is the service caring?

Our findings

The people we spoke with told us they got on well with the staff and enjoyed their visits. There were positive relationships between the staff and people who used the service. One person said, “They do everything good.” The relatives we spoke with told us staff were genuinely caring and had developed positive relationships with their loved one. One relative said, “(My relative) likes the staff and they seem to get on well.” We visited two people in their homes whilst staff were present and saw that staff had good relationships with people.

Staff were able to describe the different ways people preferred to be cared for and any likes and dislikes they may have. For example, staff were aware that a person like staff to arrive within a certain timeframe otherwise they wouldn’t answer their door. Staff told us they valued the relationships they had built up with people and enjoyed the time they spent with them. The same staff were assigned to care for people so that relationships could be developed over time. Staff told us this consistency helped them build relationships with people.

People and staff told us there was sufficient time available on each call for staff to be able to develop positive relationships and carry out any tasks in an unhurried manner. People’s care plans described their needs in a personalised way and gave staff clear guidance about the preferred way to care for each person. Care plans contained information about people’s likes and dislikes and how this impacted on the way they preferred to be cared for.

People and their relatives were involved in making decisions and planning the care to be provided. One person said, “The manager did a review of what I wanted and gave me a copy of the care plan.” The relatives we spoke with also confirmed they were involved in decision making where appropriate. One relative said, “The

manager made sure I was involved in starting up the care plan. She communicates with me regularly as well.” People had a copy of their care plan in their home and we saw these were reviewed with people on a regular basis.

Records confirmed that people and their relatives had been involved in providing information for their care plans. Care plans were reviewed with people on a regular basis if they wished to be involved in this process. We saw from records that changes to the care plans had been made based on any feedback people had provided. Staff told us the information in people’s care plans was accurate and helped them to understand the way people wished to be cared for.

Staff described how they involved people in day to day decisions relating to their care and gave people choices. For example, one person liked staff to place their clothes for the next day on a radiator. Staff were aware of this information and described how they supported the person to choose which clothes they wanted to wear. Staff supported another person to choose what food they wanted to eat.

The people we spoke with told us they were treated with dignity and respect by staff. The relatives we spoke with also felt their loved ones were treated well by staff. One relative said, “Staff always close the doors before they start providing care.” During the home visits we carried out we saw that staff ensured people’s privacy was maintained at all times. People were cared for by staff who understood why it is important to protect their dignity and respect their privacy. Staff described how they would provide personal care in a dignified manner, such as by ensuring people were appropriately covered when being given personal care.

People were encouraged to maintain independence by carrying out tasks for themselves where they were able to. For example, one person required assistance to prepare meals but was able to eat themselves. Staff ensured that the person had the necessary equipment to hand so that they could eat independently.

Is the service responsive?

Our findings

The people we spoke with told us they received the support they wanted and this met their needs. One person said, “The staff do what I need them to do.” A relative told us the manager responded quickly to commence their care package at short notice due to an emergency situation, commenting, “The manager responded quickly, did an assessment and started the service as soon as possible.” Relatives told us that their loved ones received the care they needed, one relative said, “They provide good care. The staff know what needs doing.”

Before people started to use the service the amount and length of calls they needed was agreed. The registered manager was able to schedule each call at people’s preferred time and also gave staff a realistic rota which allowed time for them to travel between addresses. During our home visits we saw that staff arrived promptly at each call. If people required additional support for any reason staff would stay for the amount of time required to ensure that people received the support they needed. The registered manager responded to a change in one person’s needs by increasing the amount of time the staff spent on each call.

The staff we spoke with told us they were provided with sufficient information about people’s needs before visiting them for the first time. One member of staff said, “Yes we get the time to read people’s care plans.” Staff also told us that they felt the registered manager listened to their feedback if they felt a person’s care needs had changed. One staff member told us they had spoken with the registered manager about possible changes that may have been required to one person’s care plan and these had been responded to.

Whilst Real Quality Care Limited were not contracted to support people with any hobbies and interests they had, staff made efforts to help people to avoid social isolation.

Staff told us they enjoyed chatting with people whilst they were providing their care and sometimes let them know of any events in the local area. Staff also ensured people had any items they wanted within easy reach. Staff told us that they did not feel under any time pressures and could stay longer than the allotted time if the person needed additional support and this was recorded in people’s care plans.

People’s care plans were reviewed on a regular basis with the full involvement of people and their relatives if they wished to be involved. We saw that changes and additions were made when required and staff were made aware of any changes. For example, one person’s care plan had been updated to reflect a person’s wishes about how staff disposed of any waste generated during each care visit. Staff told us they were always updated by the registered manager when there had been any changes to a person’s care.

The people we spoke with felt they could raise concerns and make a complaint and knew how to do so. The relatives we spoke with also told us they could make a complaint if required, but had not needed to do so. One relative said, “There were a few blips at the start. I spoke to (the manager) and she changed the carer, and no problems since.” People and their relatives had been provided with information about how to make a complaint as well as the manager’s direct contact number.

We looked at the records of complaints that had been received. These had all been investigated and responded to quickly and resolved, where possible, to the satisfaction of the complainant. The registered manager said that they used each complaint received as an opportunity to improve the quality of the service. Any feedback from these complaints was also shared with staff to ensure the response was consistent for all people who used the service.

Is the service well-led?

Our findings

The people we spoke with told us they felt able to approach the staff or manager if they wished to discuss anything. People felt there was an open and honest culture within the service and that the registered manager listened to what they had to say. The relatives we spoke with told us the registered manager was approachable and they felt they could contact them at any time. One relative said, “Whenever I contact the manager she takes the time to listen to me. She also visits the home every so often and wants to know if everything is alright.”

The registered manager maintained regular contact with each person or their relative to check they remained satisfied with the service. This meant that communication remained on-going and the registered manager acted on any issues that were raised. The staff we spoke with told us there was an open and honest culture in the service and would feel comfortable discussing any mistakes that may have been made. One member of staff said, “If I made a mistake I would be comfortable to tell (the manager) – I would have to – it’s my job.” There were regular staff meetings and, although there were no records of these meetings, staff told us they were encouraged to contribute and found the meetings helpful. Staff told us they valued the ‘close-knit’ nature of the team and felt communication was good.

The service had a registered manager and they understood their responsibilities. The people we spoke with told us the registered manager demonstrated good leadership skills and strived to improve the service. One person said, “The manager also provides care sometimes, so I think she understands what it’s like for the carers.” The relatives we spoke with told us that the registered manager led by example.

There were clear decision making structures in place, staff understood their role and what they were accountable for.

Staff told us they could contact the registered manager at any time whilst they were working should they have any queries. Sufficient resources were provided to maintain the quality of the service. For example, the manager ensured that staff always had access to sufficient personal protective equipment.

The provider had not had cause to send CQC any notifications but was aware of the events that require a notification. Providers are required by law to notify us of certain events in the service.

People and relatives benefitted from effective systems which were in place to obtain their feedback about the quality of the service. The people and relatives we spoke with told us they had been asked for their opinion of the quality of the service. One person said, “We had a survey a while back which I filled in.” The relatives we spoke with also confirmed they had been asked for their views about the service either by being sent a survey or when the registered manager had visited their home. The returned surveys showed that there was a high level of satisfaction with the service and any issues raised had been resolved by the registered manager. The registered manager had also produced a report about the survey responses which was shared with people and staff.

The quality of the service people received was regularly assessed and monitored. The registered manager completed regular audits and observations of staff practice. For example, medication administration record (MAR) charts were audited upon their return to the office. The registered manager had noted that staff had added information to somebody’s MAR chart without prior authorisation. This issue was dealt with promptly and the information was shared across the staff team to reduce the likelihood of this happening again. Accurate and up to date records were maintained in respect of people who used the service and staff.