

Your Quality Care Services 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

About the service

Your Quality Care Services Limited is a domiciliary care service providing personal care to 24 people living in their own homes in the Haywards Heath and Burgess Hill areas. People using the service were both young and older adults with a range of care and support needs. These included dementia, physical disabilities and Asperger's syndrome.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People told us that they were happy with the service they received. One person said, "It's like a little family. We are well looked after. I would recommend them."

People were protected from avoidable harm and abuse. Safeguarding policies and procedures were being followed, while staff recognised signs of abuse and had reported any concerns.

People told us that staff helped them to feel safe. Risk assessments and care plans guided staff in how to provide care safely and how to support staff to manage specific health needs. People were protected from the spread of infection by staff who wore appropriate protective equipment.

There were enough suitable staff employed to cover all the care visits. People said they received their calls on time and for the duration that they expected. Staff supported people to have their prescribed medicines safely. People were supported to eat and drink when this was part of their support.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were supported by staff who knew their needs well and provided person centred and responsive support. People knew how to make a complaint should they need to. People were supported compassionately in their homes at the end of their lives.

People spoke positively about the engagement and involvement of the registered manager. The registered manager received good levels of support from the provider and operational staff to ensure that the quality of the care provided was monitored effectively.

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

Rating at last inspection

The last rating for this service was Requires Improvement (published 13 March 2019). There were three breaches of regulation in relation to people's safety, safeguarding and the leadership and management of the home. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

Why we inspected

This was a planned inspection based on the previous rating.

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.

Your Quality Care Services 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

This inspection was announced. We gave the service 24 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. Inspection activity started on 26 February 2020 and ended on 28 February 2020. We visited the office location on 27 February 2020.

What we did before the inspection

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We looked at notifications we had received from the provider about important events that had occurred. We used all of this information to plan our inspection.

During the inspection

We spoke with four members of staff including the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We spoke with the registered manager and two care staff. We reviewed a range of records. This included five people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We spoke with five people who used the service about their experience of the care provided. We also spoke with two relatives. We contacted three health and social care professionals who worked in partnership with the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

At our last inspection the provider had failed to ensure the safe management of medicines. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- People's medicines were managed safely.
- Improvements had been made to the format of the Medicines administration records (MAR). The provider had followed best practice guidance on the formatting of MAR charts so that they included the correct information for staff to administer medicines safely. One staff member said, "The MAR charts have all the information you need."
- We looked at the MAR charts of four people. Staff were now completing these correctly and ensuring that there were no gaps in recording. Where people had refused medicines, or when they were in hospital, staff had recorded the correct codes to evidence this.
- The provider had introduced a more robust auditing system to ensure that medicines were administered safely, to act on any concerns and drive improvement. The nominated individual said, "Staff are better at reporting, so we are dealing with it straight away. We spoke with carers about the gaps in recording in the MAR. Training is now face to face rather than online."
- People told us that they felt confident that they were receiving their medicines safely and effectively. When asked if staff supported them safely, one person said, "Yes they do they are spot on with this."

Assessing risk, safety monitoring and management

At our last inspection the provider had failed to ensure that risks associated with people's health needs were identified and assessed. This was a breach of regulation 12 (Safe Care and Treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 12.

- Risks to people's health needs had been assessed and were being managed safely. There was sufficient guidance in place for staff to safely support people with these needs.

- Following the last inspection, improvements had been made to ensure there was a consistent approach to the management of risk.
- Risks were now being recorded effectively and related to the specific needs of that person. For example, guidance for one person at risk of urine infection provided carers the signs and symptoms of urinary tract infections and what to look for if one was suspected.
- One person was living with insulin-controlled diabetes. Their care plan and risk assessment provided specific guidance on monitoring the condition, as well as mitigating the risks of infection and adverse blood sugar levels. Risk assessments guided staff on what actions to take that were specific to that person. One relative told us, "Risk has to be managed at an acceptable level. They did a very thorough risk assessment."
- Some people had risks associated with their mobility and needed support to move around, and there was detailed guidance for staff in how to support people in the way they preferred.
- Since the last inspection, the provider had created a clinical lead role who had supported the registered manager on updating guidance and completing reviews of people's complex health needs.

Systems and processes to safeguard people from the risk of abuse

At our last inspection the provider had failed to recognise and take action with incidents that had the potential to put people at risk of harm. This was a breach of Regulation 13 (Safeguarding) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 13.

- People were protected from the risk of abuse.
- At the last inspection, the registered manager had not always recognised when incidents put people at potential risk of abuse and had not made appropriate referrals to the local authority safeguarding team.
- The provider and registered manager had ensured that safeguarding reporting systems were more robust and that there was a framework in place to ensure appropriate safeguarding referrals had been made.
- The registered manager had recognised when incidents had put people at potential risk of abuse and made the appropriate referrals and notifications. Records of referrals made since the last inspection demonstrated this.
- The registered manager received support and guidance from the nominated individual and safeguarding trainer when incidents had occurred to determine the most appropriate response.
- Staff had the training and knowledge to ensure they could recognise when people may be unsafe and to identify potential signs of abuse. Staff had a clear understanding of the different types of abuse.
- One staff member said, "With your regulars it's easier. If you see any changes, how they are talking or behaving, you pick up on it." Another staff member said, "You look for agitation or unexplained bruising, someone might not be eating properly. Anything that is impacting on their wellbeing. Things we have seen have always been a lot more subtle. That's where (the registered manager) comes in to discuss with them."
- People and their family members told us that they felt safe with the support of their carers. One relative said, "They are very wary of everything. They are extremely careful."

Learning lessons when things go wrong

- Incidents and accidents were consistently recorded, and staff understood their responsibilities to report any concerns. Records showed that staff had sought professional support when people needed it following an incident.
- There was greater oversight of recorded incidents from the provider to determine whether changes to people's support needed to be made. Incidents were monitored monthly by the quality assurance lead and

provider to ensure that they had been managed appropriately and escalated when required.

Staffing and recruitment

- There were sufficient numbers of staff to meet people's needs. The registered manager told us that they monitored the number of people they supported and staffing levels, and only considered taking on new work if it did not affect existing people they supported.
- The registered manager told us that staff were proactive in covering calls when carers were sick. One staff member said, "If she asks for cover, staff will jump at it."
- Staff were given travel time between calls to allow carers adequate time to complete their work. Staff told us that people had continuity of carers. One staff member said, "(The registered manager) does try and keep you to your regulars. Your schedule will give you the travel time so you're not going from one to the other. I don't feel rushed."
- Staff were consistently recruited through an effective recruitment process that ensured they were safe to work with people. Appropriate checks had been completed prior to staff starting work which included checks through the Disclosure and Barring Service (DBS). These checks identify if prospective staff have a criminal record or are barred from working with children or vulnerable people.

Preventing and controlling infection

- People were protected from the prevention and control of infection.
- Staff were trained in infection control and there was a policy and procedure in place which staff could access. Staff demonstrated a good understanding of how to prevent the spread of infection.
- Each person told us that their carers were diligent in ensuring they used protective aprons and gloves when supporting them.

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were supported by trained staff who provided them with effective care. One person said, "Most definitely well trained. They do everything for me. They're good at everything."
- Staff were provided with a range of training courses that provided them with the skills to meet the specific needs of people they supported. For example, staff received training in moving and handling, medication, catheter care and diabetes.
- Staff told us that they found training to be very informative to their role. One staff member said, "The training is absolutely brilliant. It's very in depth. It opens your eyes to how much better prepared this company is. I just took away a lot more information."
- New staff received an induction prior to them starting their role. Staff received training in mandatory areas such as safeguarding and health and safety as well as a period shadowing an experienced worker.
- Staff were positive about their induction into the service. One staff member said, "Our induction was really good. It was over three days. Before I started, I got all the training I needed. We went through the medicine log etc. We did everything."
- Staff told us, and records confirmed, that they received regular supervision and appraisals.

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

- People were supported to have food and drink of their choice. When people had been assessed to have this support, people told us that they were well supported. One person said, "They cook my meals very well. We tell them what we want to eat."
- People's care plans detailed people's preferences and when they wanted their food. For example, staff were guided to ask one person whether they wished to have their meal before or after they had received their personal care.
- Where people had any specific dietary preferences or food allergies, these were recorded so staff could support them effectively.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's needs and choices were assessed before they started to receive care. People told us that their care was re-assessed when needed and reviewed regularly. Records confirmed this.
- People's protected characteristics and diverse needs under the Equality Act formed part of this process. For example, people's religious needs and preferences were captured.

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

- Staff liaised effectively with other organisations and teams and people received support from specialist health care professionals. Records showed that appropriate and timely referrals were made when needed.
- When it was required, staff supported people to access healthcare services and respond to their needs.
- Staff worked with local healthcare services, like district nurses, to provide coordinated support for some people.

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 Act 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.

- Staff understood the principles of the MCA and told us how they put this into practice. One staff member said, "It's understanding the person, assuming capacity and that they have the right to make their own choices and decisions but that it is safe for them."
- People told us that staff asked for their permission and consent before providing care. One person said, "They ask me what I want, and I tell them what I want. They are very good at that."

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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People told us that staff treated them well and provided them with caring support. One person said, "They are friendly kind and very caring. They are willing to listen."
- People told us that staff provided compassionate support and would often lift their spirits. One person said, "I can't get out of bed, I've had the time of my life. They have been supportive, and I've had that many laughs with them. I'm so pleased to have met them all. They are a great bunch. I've had some real down days and they've been there to support me."
- People's religious and spiritual needs were recorded when they were initially assessed. This detailed what support they needed from staff to meet these needs.

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

- People and their family members were involved in decisions about their care. One person said, "Yes they do the yearly review and come around to discuss anything that's changed or in the interim." Another person said, "I do get involved, it is my care."
- People told us that the registered manager was active in their support and would visit them to deliver support and speak with them.
- Staff were given the time, opportunity and training to provide care and support in a compassionate way. Rotas ensured that staff had adequate time to support people and chat with them without being rushed. One relative said, "They always ask after you. There's always chat with my husband. They will have long conversations with him."

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us that they were respected by staff and that staff supported their dignity. One person said, "They are on first name terms with me which I like, and they are very respectful." Another person said, "They treat us very well, they treat us like grandparents."
- People told us that staff were respectful and aware that they were supporting people in their own homes. One person said, "They are respectful of my home and how I like things done."
- People were supported to maintain their independence as much as possible. Care plans instructed staff on what people were able to do for themselves and guided them to encourage this.
- People told us that staff understood their needs well and that continuity of staff meant that they understood what tasks they could and could not do. This allowed staff to encourage them to be as independent as possible. One person said, "Yes they encourage us to do things." One staff member said, "It's the continuity of care. It's about understanding their ways and how they like things done. There is good

continuity here. It's allowing them to do as much as they can for themselves. If they can only wash their hands and face you must encourage that."

- People told us that staff were diligent in ensuring their dignity was maintained, especially when receiving personal care. Staff demonstrated how their practice ensured this. One staff member said, "You make sure you close the doors if there is someone else in the house. If there is bed care, make sure there is a towel covering both halves. You make sure they understand what you are going to do before you do it, as many people have dementia. You talk to them about what you are doing."

- People's privacy was maintained. Staff ensured that private information they held was kept securely. Staff also asked people where they wished for their recording book and care plans to be stored securely in their own homes. One staff member said, "The only person you speak to about that client are people you work with who need to know that information. It's private information at the end of the day."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 were provided with personalised care and support that met their needs and preferences. One relative told us, "They know his needs very well. If they notice something, they'll tell me."
- Staff knew the needs of the people they supported well and were able to provide responsive support. People told us that they had regular carers who knew their needs. One staff member said, "When I was shadowing, I went around with (senior carer). What she showed me was their routine so when I went out on my own, I knew what to do."
- People received a flexible service that responded to their needs. For example, to support one person with their wound dressings, the registered manager had spilt and adjusted call times to coordinate with the district nurse visits.
- Care plans were detailed and provided staff with person centred guidance on how people wanted to receive their support and what staff needed to do to ensure this. For example, one person's personal care routine guided staff on how to safely complete this, taking into account their stoma bag and mobility needs.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were captured in their initial assessment.
- Risks associated with people living with a sensory loss were assessed and staff were provided guidance on how to mitigate these. For example, one person often neglected to wear their hearing aids. Although staff encouraged them to do so, the person was at risk of not receiving information or communication from their carers. Staff were guided to ensure that the person wore their aids and that they faced them when speaking.
- People with other communication needs were supported by responsive staff. For example, one person was living with a degenerative disorder that affected their speech and memory. There was detailed guidance for how staff should communicate with them and when not to speak in situations that would distract them and put them at risk.
- No one currently receiving the regulated activity required information to be given in an alternative format. When needed the provider could produce information to people in large print, audio as well as translation services for people whose first language was not English.

Improving care quality in response to complaints or concerns

- People told us that they would feel comfortable making a complaint should they wish to. All those we spoke with said that they did not feel the need to make a complaint and were happy with their care. One person said, "I would complain but I have no reason to."
- The service had not received any formal written complaints but would try and resolve issues quickly as they arose. One relative raised a concern that their loved one's calls were becoming later than they had wished. The registered manager worked with them to adjust timings.
- People had access to the complaints policy which was held in their service user guide.

End of life care and support

- People were supported compassionately at the end of their lives.
- People had end of life care plans in place. These reflected their preferences and wishes about how they wanted to be supported. One person was receiving end of life care and their care plans reflected how staff should support them with bed care.
- Some people were referred to the service from the continuing healthcare team for 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the registered manager and provider had failed to ensure there were effective systems and processes in place to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The provider and registered manager had ensured that systems and processes were now in place to monitor and improve the quality of the service.
- These systems were found to be effective in identifying areas that required improvement and in driving the quality of care people received. Steps had been taken immediately following the last inspection which ensured that auditing systems were now fully embedded in practice.
- The registered manager had ensured that people's medicine administration records were audited regularly to ensure that staff were completing them correctly.
- Audits were also carried out on the recording books in people's homes to undertake random checks of care plans and to ensure they contained up-to-date information.
- The registered manager completed weekly reports of how the service was running. These reports were monitored by the operations manager and quality lead.
- The registered manager told us that they felt more confident with quality assurance processes and had improved oversight of the service.
- The registered manager and nominated individual had responded positively to the issues raised at the last inspection and taken steps to improve the governance of the service. For example, the provider had created new clinical and quality assurance lead roles. The clinical lead had supported the registered manager in assessments and reviews of people with more complex health needs. This involvement had led to the improvement of guidance and care planning for staff and is highlighted in the safe domain of this report.
- Oversight of incidents that had occurred had improved, while the registered manager had followed the providers safeguarding policy and demonstrated a greater awareness of reportable incidents.
- The registered manager and nominated individual had shared the last inspection report with staff so that there could be shared discussion and learning. Staff had responded positively to this involvement and told

us that they worked together to implement the necessary improvements. One staff member said, "There's been a lot of things put in place since last year. The clients are always at the forefront. The balance is so much better than it was."

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

- The registered manager demonstrated a commitment to person centred care and a focussed commitment to the people they supported. One person said, "(The registered manager) quite often visits. She contacts us a lot."
- The nominated individual supported the direct approach of the registered manager. They said, "She is very hands on with the care, staff respect that and like that. She will put herself on double-up calls so she can have that relationships with staff and so she can see how people react with them."
- People and staff spoke positively about the influence and support of the registered manager. Each person told us that the registered manager was actively involved in their care and support. One person said, "I know her well and I've been with her a long time. Yes, she runs it well. If there's ever a problem, she sorts it out."

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 and nominated individual were both aware of their responsibilities under the Duty of Candour. The Duty of Candour is a regulation that all providers must adhere to. Under the Duty of Candour, providers must be open and transparent, and it sets out specific guidelines providers must follow if things go wrong with care and treatment. The nominated individual told us, "You have to tell them. If something happens it's your responsibility. If you are honest and explain and discuss, it's never an issue."

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

- People, their relatives and staff were involved in the service, providing feedback and comments that the provider used to improve service delivery.
- People and their family members told us that they had been asked for feedback about the service on a regular basis through reviews and quality assurance surveys. One person said, "Yes they do the yearly review and come around to discuss anything that's changed or in the interim. I did a survey just before Christmas."
- The results from surveys were analysed by the provider in order to review what has been done well and what areas they could improve. The feedback we observed from people and their relatives was positive.
- The nominated individual emphasised their commitment to engaging with people and their families and seeking their feedback. They said, "We always make sure we talk to clients and families, it's not just a paperwork process."

Working in partnership with others

- Staff worked closely with a number of specialist agencies to ensure that people's needs were met. These included district nurses, the clinical commissioning group, and physiotherapists.
- When people required specialist support with health needs such as diabetes, additional training for staff and support with care planning was sought from professionals with specialist knowledge.