

MRDI Associates Limited

Quality Home Care

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This comprehensive inspection carried out by one inspector, commenced on 1 November 2018 and ended on 5 November 2018.

At the last inspection in August 2017, the service was rated Requires Improvement and the provider was in breach of three regulations. These related to unsafe recruitment practices, staff training and support and governance; these affected the key questions of Safe, Effective and Well-led. Following the last inspection, we asked the provider to complete an action plan to show what they would do and by when, to improve these key questions to at least good. We checked to see that the action plan had been completed and found progress had been made in some areas, including staff recruitment. However, there continued to be concerns with staff training and a lack of governance systems. This is the second consecutive time the service has been rated requires improvement.

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older and younger adults.

Not everyone using Quality Home Care receives a regulated activity; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided. At the time of our inspection, five people were receiving a regulated activity.

There was a registered manager in post. 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.

Systems to recruit staff safely had been improved and relevant pre-employment checks were in place. We found the registered manager and provider were now compliant in this area of the regulation. However, staff training and governance, areas they were required to improve during the last inspection, had not been sufficiently improved and they continued to be in breach of the regulations in these areas.

Some small improvements had been made to how the service was run, such as ensuring staff received supervision and an appraisal. Although some training for staff was now planned, assurances that staff had the necessary skills and abilities to carry out their roles effectively could not be provided. There was no evidence new staff had received a thorough induction to equip them with the skills and knowledge for the role.

There continued to be a lack of systems to assess, monitor and improve the quality and safety of the service. This had led to shortfalls in the management and recording of medicines, risks not always being assessed and recorded, and a lack of documentation of how the Mental Capacity Act 2005 (MCA) had been followed.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. However, the policies and systems in the service did not always support this practice.

Medicines were not always managed and recorded in line with the provider's policy and best practice guidelines were not always followed by staff, which led to some shortfalls. The provider could not provide evidence that staff had received appropriate training in medicines management and staff's competency had not been assessed in this area. We have made a recommendation regarding the safe management of medicines.

Staff were aware of how to recognise and respond to safeguarding concerns. Staff knew people well and could tell us how they would recognise a deterioration in people's health and how they would respond to certain risks. Staff supported people to access appropriate healthcare and supported them to maintain a diet of their choosing.

Overall, people's care plans contained appropriate information and detail to direct staff to provide person-centred care. These were not always reviewed and updated as people's needs changed.

Staff supported people to maintain their independence and treated people with dignity and respect. People and their relatives told us staff were kind caring.

People told us they felt able to raise any issues or concerns. The provider had system in place to manage and respond to any complaints.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to staff training and good governance. You can see what action we told the provider to take at the back of the full version of the report.

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 not always safe.

People were supported with their medicines, but the provider's medicines policy was not always followed. We found some recording errors and missing guidance for staff about how to apply creams.

Assessments of risk had not always been considered. This meant there was potential for some risk to have been missed and actions to minimise these may not always have been taken. Despite this, staff were aware of how to protect people from harm and keep people safe.

Systems to recruit staff safely had improved and there was enough staff to meet people's needs.

Requires Improvement 

Is the service effective?

The service was not always effective.

The registered manager could not provide assurances that staff received an appropriate induction and training at intervals, which ensured they maintained their skills and knowledge to meet people's needs effectively.

Staff had awareness of the Mental Capacity Act 2005 (MCA). They sought people's consent before providing care and support and could tell us how decisions were made in people's best interest for those that lacked capacity. However, there was a lack of recording in this area.

Staff supported people to meet their nutritional needs and access healthcare.

Requires Improvement 

Is the service caring?

The service was caring.

Staff respected people's privacy and treated them with dignity and respect. Staff were aware of people's likes and dislikes and supported them in line with their preferences.

Good 

Staff promoted people's independence; people described staff as kind and caring.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people well. They had a good knowledge of their needs, preferences and preferred routines. This meant staff could provide person-centred care.

People had care plans in place which were personalised, although there were some areas where more details could be provided.

People had access to the complaints procedure and told us they knew how to make a complaint if needed.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Effective systems or processes to assess, monitor and improve the quality and safety of the services had not been implemented. This has led to a number of shortfalls.

People's feedback was gained to improve the quality of the service.

Staff told us the registered manager was approachable and people said they could contact the registered manager and staff if needed.

Quality Home Care

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This was a comprehensive inspection, carried out by one inspector. We gave the service 24 hours' notice because the location is a domiciliary care service providing support to people in their own homes. We needed to be sure that someone would be available at the office.

Inspection activity started on 1 November 2018 and ended on 5 November 2018. We visited the office location on these two dates. Following the site visit, we spoke with more people by telephone for their feedback and requested some more information from the registered manager, which they sent us including information about an additional three members of staff.

Before the inspection, we looked at information the provider sent us in the Provider Information Return (PIR). This is information we require providers to send us at least once annually, to give some key information about the service, what the service does well and improvements they plan to make.

We looked at the notifications received from the service and reviewed all the intelligence CQC held, to help inform us about the level of risk for this service. We also contacted the local safeguarding team and Healthwatch to request their views of the service. Healthwatch is the independent national champion for people who use health and social care services.

We looked at three people's care records and three medication administration records (MARs). We also looked at a selection of documentation in relation to the management and running of the service. This included quality assurance audits, complaints, accident and incident records, recruitment information for three members of staff, staff training records and policies and procedures.

We spoke with two people who used the service, two relatives and two health and social care professionals. We spoke with three members of staff, as well as the registered manager.

Is the service safe?

Our findings

We found medication was not administered in line with the provider's policy and there was no evidence staff had received training in this area. Although there were recording errors, we did not find anyone who had received incorrect medication. Medication Administration Records (MARs) were not returned to the office at regular intervals to be checked. The registered manager had not completed audits of these, so if there had been any errors they would not have been able to identify and rectify these at the time.

Staff were administering one medication for one person, which was not from its original packaging. This meant staff could not be sure what medicines they were giving the person. This is called secondary dispensing and is against best practice guidelines, as well as Quality Home Cares own medication policy.

There were no records of staff having completed medication training. Some staff said they had received this in previous jobs, but there was no record of this. The registered manager said they informally observed staff when they worked with them. However, there was no formal assessment carried out to test their competency in this area. This meant the provider could not assure us staff were competent at administering medication safely. Following the inspection, the registered manager, confirmed staff would receive training and their competency would be assessed.

Medication Administration Records (MARs) had not been completed correctly. For example, one medication did not include the recorded dose on the MAR. Another medication had the dose recorded, but didn't include the frequency of when this could be taken. This should match the label on the packaging. There was no guidance to show staff where creams should be applied. Recording practices were also inconsistent and were not always in line with provider's policy, including crossings out and the use of a different coloured pen.

We recommend the provider seeks guidance from a reputable source regarding the safe management of medicines. We have referred to staff training in the Effective key question and auditing medicines in the Well-led key question.

During the last inspection, the provider was in breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not carried out all of the required pre-employment checks.

The registered manager told us they had not recruited any new staff since the last inspection, but they were in the process of recruiting new staff who they had recently interviewed. They described the steps they would be taking to recruit the new staff safely. Following the inspection, we became aware that three new staff had already been recruited. We asked the registered manager for confirmation of the three new staff members pre-employment checks. They provided assurances that relevant checks had been carried out including a DBS check. The Disclosure and Barring Service (DBS) carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helps employers make safer recruiting decisions and also minimises the risk of unsuitable people working with children and

vulnerable adults.

The registered manager confirmed the new members of staff were not working alone before all their pre-employment checks were completed. However, they had not documented a risk assessment to show what steps and precautions they had taken to ensure the safety of people they were visiting in the meantime. We have commented on this in the Well-led section.

Risks assessments were not always carried out in some areas. This meant there was potential for risks to be missed and therefore all steps to mitigate such risks may not have been taken. One person was cared for in bed with bed rails in situ. No risk assessments had been completed to consider risks in relation to the bed rails, moving and handling or skin integrity. There were no risk assessments for a second person's bed rails or skin integrity. Risk assessments had been carried out in some areas. For example, of people's home environments, to identify any potential hazards and steps had been taken to minimise these. However, we found this had not been completed for one person. Despite these recording shortfalls, we did not find any negative impact for people. We have commented on this in the Well-led section.

There were no systems to monitor accidents and incidents. The provider confirmed there had been no incidents or accidents whilst staff were on duty or providing care. They had been made aware that a person had experienced a fall by family, but this had not been recorded by the service. The registered manager agreed to log similar incidents in future, so patterns and trends could be analysed to prevent similar incidents reoccurring.

Staff were aware of how to protect people from abuse and keep people safe. They were aware of safeguarding procedures and how to report concerns. They knew people well, which meant they could recognise any changes in their mood or presentation. They could also tell us how they would respond to certain risks or situations, for example, if somebody didn't answer the door when they visited to provide care.

There were enough staff available to meet the needs of people who received a service. Staff told us they had time to travel in-between calls. People told us staff arrived on time and stayed for the duration of the call. One member of staff said, "We are trying to recruit more staff. We need to find more carers." There were enough staff to meet people's needs, however more staff were required so the registered manager had time for their management responsibilities; the registered manager told us they had been spending the majority of their time providing care to people.

Systems were in place to protect people from the spread of infection. Staff were provided with personal protective equipment (PPE), which we saw was available at the office.

Is the service effective?

Our findings

During the last inspection, we found the provider was in breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not ensured staff had received appropriate training, professional development, supervision and appraisals.

During this inspection, we found improvement in one area, for example, the registered manager had implemented a system to ensure staff received an annual appraisal and supervision. A member of staff confirmed they now had supervision and said, "It's nice to know I am supported and can get a second opinion."

Staff files contained evidence of an induction list which covered a range of topics, however, there were no details of the content of this induction training. The only certificate in the staff files was a moving and handling training certificate. Essential training topics not covered in the induction training list included safeguarding vulnerable adults, medicines (including competency assessments) and the Mental Capacity Act 2005. The registered manager said they had delivered the staff induction, but they only showed us evidence that staff had completed moving and handling training. Staff employed at the service said they had completed a full range of training in their previous work places and one had completed a nationally accredited qualification in care. None of the staff files contained any training certificates from their previous workplace to confirm this. Evidence of induction for three new members of staff was not available. Therefore, we were not assured that staff received an appropriate induction and training at intervals, which ensured they maintained their skills and knowledge to meet people's needs effectively.

We found insufficient improvement had been made since the last inspection for staff training. The registered manager told us they had started to put plans in place to arrange training for staff. A member of staff told us, "This is why we wanted [Registered managers name] back because we haven't had any training." Following the inspection, the registered manager confirmed staff who had not completed moving and handling training were booked to do this and medication training would be completed within three months for all staff. Confirmation of other training had not been provided yet.

We found this continued to be a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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.

We checked whether the service was working within the principles of the MCA. Despite gaps in staff training, we found staff had awareness of the MCA and could tell us how this applied to the people they supported. Staff could tell us about how they consulted others on some decisions and how they supported people to

make small everyday choices on a daily basis. For example, helping people to choose appropriate clothing or making choices about what to have for a meal. Staff encouraged people to make their own choices wherever possible.

Staff told us of the importance of gaining people's consent before supporting them with personal care. They showed a good understanding of protecting people's rights to refuse care and support. People, who were able, confirmed staff sought their consent before providing care.

Staff had awareness of the MCA and the least restrictive options were in place for people. However, we found decisions, including consent to people's care plans and bed rails had not been documented, which we have commented on in the well-led section.

Staff were aware of how to support people with communication needs; we saw this was recorded in people's care plans. For example, details were provided about people requiring the use of hearing aids or glasses.

The registered manager was aware of the Accessible Information Standard. This is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. The registered manager told us they would provide adapted information if this was needed.

Staff could tell us how they would respond to certain situations and when they may need to seek medical advice. Staff liaised with health professionals where needed and supported families to seek out medical advice. This included ensuring people were referred to occupational therapy, to ensure the appropriate moving and handling plans were in place and equipment was in use. We saw staff contacting health professionals during the inspection to seek their advice and request referrals. One health and social care professional told us, "They are good at getting in touch and arranging joint visits. They are really good at asking for advice and following my advice." A relative said, "They [staff] are good at calling the GP and district nurse. They are good at keeping me informed too."

People's nutritional needs were met. Dependent on their needs and preferences, people were supported with meal preparation and/or shopping. People were offered choices and encouraged to maintain a healthy, balanced diet.

Is the service caring?

Our findings

People were supported by kind and caring staff who knew them well. Staff were positive about their roles and the team, which had a positive impact on people's wellbeing. A member of staff said, "I love it."

A health professional told us, "Staff were very encouraging. They were very helpful." They also said, "They [staff] are brilliant."

A relative said, "[Name] enjoys them [staff] coming in. They are quite happy with them. They trust them and have a good relationship."

People were supported by a small and consistent staff team, which provided continuity to people. Staff were reliable; they arrived on time and stayed for the allocated time. A relative told us, "[Name] has consistent carers." A person who used the service said, "[Name of staff] rings me and tells me if they are going to be a bit late. They arrive on time and stay for the full 30 minutes."

Staff knew people's likes, dislikes, preferences, preferred routines and interests. This enabled them to have meaningful conversations and provide care in a person-centred way. Staff promoted people's choices and valued their individuality and what was important to them.

Staff were compassionate and cared about people. One member of staff told us, "I know my clients and I adore them. I hope someone will care for me like that when I'm older." They also said, "I have had people pass away and I cry. If I don't, that's not human. You should be able to do that. You are a carer, that's what you do; you care." They were also aware of the importance of their role in supporting people to remain at home. They went on to tell us, "They should be able to be in their own home where their memories are, for as long as they can."

Staff could tell us how they maintained people's dignity and respected their privacy. People and their relatives confirmed staff did this. A member of staff said, "I always ask before I do anything. I let them know that's what I'm going to do. If [Name] gets themselves dressed, I will wait outside the room."

Staff promoted people's independence and encouraged people to maintain their skills and abilities. For example, a member of staff described how they enabled one person to get dressed by themselves by ensuring they had clean and appropriate clothing laid out for them.

Staff were aware of equality and diversity and how to protect people from discrimination. Staff were aware of people's protected characteristics and respected their individual needs and circumstances.

People were signposted to advocacy services if required. An advocate is an independent person who supports people to make and communicate their decisions. Although there was nobody using an advocate at the time of our inspection, the registered manager was aware of how to signpost people to these services.

Staff were aware of the importance of maintaining confidentiality. We saw people's care records were stored safely in the office.

Is the service responsive?

Our findings

Staff were responsive in meetings people's needs and provided person-centred care to people. People's needs were assessed before they received a service to ensure they could be met. One person said, "The help in the morning is brilliant. They [staff] are very good. I enjoy having my toast and coffee in the morning made for me."

Staff had regard for what was important to people and had awareness of their preferences and preferred routines. They knew people well and were knowledgeable about their needs and could provide person-centred care as a result. One person told us, "I am quite happy with the service. If I wasn't, I would have changed it a long time ago. I think it is very good."

People had access to their care plans. One person said, "Staff fill my care plan in daily; my son always checks it." A relative told us, "I have looked at that [care plan]; I'm pretty happy." People's care plans contained information about what support they required, their health conditions and their preferred routines. There was also some information about people's histories, family and interests.

There were some gaps in care plans where more details could be provided. For example, one person's care plan referred to their depression, which could affect their mood, but did not provide details for staff about how to recognise low mood or what action to take. Another person had anxiety, but again there was no detail about how this affected the person. Despite this, staff had awareness of these issues and knew both people well; they could tell us what support was needed and how to reassure both people. We spoke to the registered manager about including these details, so this could be shared with any new members of staff.

Staff were responsive to people's needs and care plans had been reviewed to ensure they contained relevant and personalised information. However, we found one person's care plan had not been updated to reflect their recent change in need. This meant their care plan did not reflect their current needs and relevant care could be missed. Despite this shortfall staff were knowledgeable about the person's needs and were aware of recent changes and recommendations made by health professionals. As a result of support from a small consistent staff team that knew them well, the person continued to receive individualised care. We spoke to the registered manager who agreed to ensure the person's care plan was updated to reflect their current needs.

People were supported to access social and leisure activities as they chose, dependent on their needs. Support was available to people to access community facilities and services. Although, most people did not wish to request this support.

There was a complaints policy in place and people were provided with this information when they received a service. The service had not received any complaints and people told us they knew how to make a complaint. One person said, "I have never had to make a complaint, but I can call the office. I don't often have to ring them." A relative told us, "I have never needed to [complain], but I have some paperwork telling me how to."

Staff could tell us how they would support people to have a pain-free and dignified death should they choose to remain at home for end of life care. They worked in partnership with relevant health professionals for their support and input. There was no care plan to reflect people's future wishes for end of life care. The registered manager agreed that they would incorporate this in future when required.

Is the service well-led?

Our findings

Following the last inspection, the provider was in breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. They had failed to ensure systems or processes were in place to assess, monitor and improve the quality and safety of the service. During this inspection, we found this continued to be an area of concern.

There was no audit system in place. As part of a robust quality assurance system the provider should actively identify improvements on a regular basis and put plans in place to achieve these and not wait for other agencies to identify shortfalls. We found shortfalls in medication recording, gaps in care records and risk assessments, staff training and recruitment. These areas demonstrated that the provider failed to operate effective governance systems and processes.

We found one person's care record was out of date and had not been updated to reflect their current needs. The registered manager did not have any system to support them to identify when care plans needed reviewing and to ensure there were no gaps in care records.

There was a lack of systems in place to assess and monitor the service provided in order to mitigate any risks to people who used this. Staff had failed to complete risk assessments for areas including the use of bed rails and skin integrity. Some people were missing risk assessments of their home environment and moving and handling needs.

There were gaps in staff records including a missing DBS check for one member of staff. Following the inspection, the registered manager provided assurance this had been in place and confirmed a new one had been requested to ensure a copy was available on file. Three new staff had recently been recruited and had started working with other staff before all their pre-employment checks had been returned. Risk assessments had not been implemented to demonstrate what steps had been taken to safeguard people until these checks had been completed. A lack of systems to monitor staff support and training, also meant it was more difficult for shortfalls in staff training to be monitored.

There was no documentation to evidence how the Mental Capacity Act 2005 (MCA) had been applied. There was space for people to sign consent to their care records, but no documentation to show how this had been agreed in people's best interest, where they lacked capacity. One person had signed consent to their support plan when they first received a service. However, this had not been reviewed and their capacity had since deteriorated, which may have meant they were no longer able to give valid consent. The registered manager told us a second person was unable to sign consent, but their family member had legal authority to do so, however they told us they had not seen any evidence of this. One person required the use of bed rails, but lacked capacity to consent to them. Although the registered manager could tell us how this had been decided in their best interest, this had not been documented.

There continued to be no systems in place to record accidents and incidents. The registered manager told us there had not been any, but they would ensure there was a log book in place for documenting these

should the need arise.

People's feedback had been requested in an annual survey in December 2017. This had been positive feedback, although this information had not been collated. The registered manager confirmed these would be sent again in December 2018 and feedback would be collated, so this could be analysed and any action taken if necessary to improve the quality of the service.

These issues continued to be a breach of Regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The service was registered in February 2016. The registered manager had resigned and left the service in January 2017. They had returned and became the registered manager again in September 2018. There had been minor improvements since the registered manager had returned; they said two factors had impacted on their ability to drive change within the service. These were limited staffing levels, which meant they had been providing care as well as managing the service and the short time they had been back at the service. The registered manager explained they were in the process of recruiting more staff so they could concentrate on their management role, which would then allow them time to drive change.

Despite the shortfalls, people felt the registered manager and staff could be contacted at the office, no concerns were reported by people using the service or their relatives and staff said they felt supported in their role. A member of staff said, "If we are having any problems [Name of registered manager] will come and help us."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not implemented effective systems or processes to assess, monitor and improve the quality and safety of the service provided to people.</p> <p>The provider had not assessed, monitored and mitigated all the risks relating to the health, safety and welfare of service users.</p> <p>The provider had not maintained an accurate, complete and contemporaneous record in respect of each service user.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 18 HSCA RA Regulations 2014 Staffing</p> <p>The provider could not demonstrate that staff had received all the required training and professional development to carry out their duties.</p>