Quality Care Team Ltd

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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

Quality care Team Limited provides personal care for people living in their own homes. This includes short visits and live in care.

This unannounced inspection took place on 19 and 24 August 2016. There were 24 people receiving care at that time.

Our last inspection took place on 22 July 2015. The overall rating was requires improvement, with improvements needed to be made to the risk assessment process, the management of medicines and the management of people's money. In addition, where people did not have the mental capacity to make decisions, processes were not in place to protect people from unlawful restriction and unlawful decision making. This was a breach of Regulation 11. During our inspection on 19 and 24 August 2016, we saw the necessary improvements had been made.

The service had a registered manager in place. 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 were only employed after the provider had carried out comprehensive and satisfactory pre-employment checks. Staff were well trained, and well supported, by the registered manager. There were sufficient staff to meet people's assessed needs. Systems were in place to ensure people's safety was effectively managed. Staff were aware of the procedures for reporting concerns and of how to protect people from harm.

People received their prescribed medicines appropriately. People's health, care and nutritional needs were effectively met.

The Care Quality Commission (CQC) is required by law to monitor the operation of the Mental Capacity Act 2005 (MCA) and the Deprivation of Liberty Safeguards (DoLS) and report on what we find. We found that there were formal systems in place to assess people's capacity for decision making. Staff respected people choices and staff were aware of the key legal requirements of the MCA and DoLS.

People received care and support from staff who were kind, caring and respectful to the people they were caring for. People and their relatives had opportunities to comment on the service provided and people were involved in every day decisions about their care.

Care records were detailed and care plans provided staff with sufficient guidance to provide consistent care to each person. Changes to people's care was kept under review to ensure the change was effective.

The service was well run and the registered manager was approachable. People and relatives were encouraged to provide feedback on the service in various ways both formally and informally. People's views were listened to and acted on. People were aware of how to make a complaint should the need arise and were confident their concerns would be taken seriously.

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.

There were systems in place to ensure people's safety was managed effectively. Staff were aware of the actions to take to report their concerns of any poor practice.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely

People were supported to manage their prescribed medicines safely.

Is the service effective?

Good

The service was effective.

People's rights to make decisions about their care were respected. Where people did not have the mental capacity to make decisions, they had been supported in the decision making process.

Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were trained and well supported.

People were supported to eat and drink sufficient amounts to maintain their health and access appropriate healthcare.

Is the service caring?

Good

The service was caring.

People received care and support from staff who were caring and respectful.

Staff knew people well and supported people to maintain control of their lives. People were involved in every day decisions about their care.

Is the service responsive?

Good

The service was responsive.

People's care records were detailed and provided staff with sufficient guidance to ensure consistent care to each person.

People were supported to maintain family and community links to prevent social isolation.

People had access to information on how to make a complaint and were confident their concerns would be acted on.

Is the service well-led?

Good

The service was well led.

The registered manager was experienced and staff were managed to provide people with safe and appropriate care.

People were encouraged to provide feedback on the service in various ways. People's comments were listened to and acted on.

The management of staff ensured that people benefited from safe and appropriate care.

Quality Care Team 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.

This announced inspection took place on 19 and 24 August 2016. It was undertaken by one inspector. We told the provider two days before our visit that we would be coming. We did this because the registered manager is sometimes out of the office at other services that they manage. We needed to be sure they would be present for our inspection.

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

We asked for feedback from the commissioners of people's care and Healthwatch Cambridge.

During our inspection we spoke with five people, and one person's relative, about the service they received from Quality Care Team Limited. We also spoke with the registered manager and four care workers. We also received feedback from a specialist nurse and an occupational therapist.

We looked at four people's care records, staff training records and other records relating to the management of the service. These included audits and survey results.

Good

Is the service safe?

Our findings

People receiving the service said they felt safe and trusted the registered manager and staff who provided their care. One person told us, "I wouldn't have [the staff] in my house if I didn't trust them." A relative told us, "I trust [the care workers] entirely."

Staff told us they had received training to safeguard people from harm or poor care. They showed they had understood and had knowledge of how to recognise, report and escalate any concerns to protect people from harm. Staff were aware of the provider's whistle blowing policy. Staff told us they felt confident that the registered manager would act on any concerns they raised.

Where staff made purchases on behalf of a person receiving care, records were maintained of the transactions that had taken place. This included the items purchased, the amount paid and the signature of the care worker carrying out the transaction. This meant that people were protected from the risk of financial abuse.

People's risks were assessed and measures were in place to minimise the risk of harm occurring. People had individual risk assessments and care plans which had been reviewed and updated. Risks identified included assisting people to move, and for those people at an increased risk of choking, and with poor skin integrity. Appropriate measures were in place to support people with these risks. For example, there was very clear guidance for staff on how to use equipment to help people to move safely. Staff were aware of people's risk assessments and the actions to be taken to ensure that the risks to people were minimised.

The registered manager had carried out risk assessments in each person's home to ensure the environment was safe to provide care. These included checking safe access to the property, that there was sufficient space to provide care and that equipment was well maintained. However, we noted that people's risk assessments did not include considering ways people could be evacuated from their homes in an emergency, for example, in case of a fire. On the second day of our inspection we saw the registered manager had spoken with two people and their relatives. As a result they had introduced individual evacuation plans into these people's care plans. These helped to ensure that appropriate support would be given in the event of an emergency. The registered manager assured us that all other people would have these in place within two weeks of our inspection.

The staff we spoke with told us that the required checks were carried out before they started working with people. One staff member told us, "I had to wait for references and DBS [criminal records check] before I started work." Another staff member told us also told us this and said the process had taken three months. The checks the provider obtained included two written references, proof of recent photographic identity as well as their employment history and a criminal records check. They also obtained evidence of the person's right to work in this country. This showed that there was a system in place to make sure that staff were only employed once the provider was satisfied they were suitable to work with people who used the service.

There were sufficient staff to provide care and safely meet people's needs. People told us, and their care

records showed that care workers arrived within 30 minutes of their agreed time. One person said, "[The care workers] are sometimes a bit late. You can't be exact in that job with the traffic. It's not a problem." People told us that staff met their needs. One person said, "They do everything I need."

The registered manager confirmed there were sufficient staff employed by the service to ensure that people received their care as agreed. She told us that the service was only offered to new people if she was confident there were sufficient staff to cover the care. The registered manager told us she sometimes provided direct care and was available to cover short notice staff absence.

Live in care workers carried out a risk assessment prior to taking their daily two-hour break. This included checking the person was comfortable, had a drink and or snack available, and if the person was well enough to be left for two hours. We saw that where the care worker was not able to leave the person, the registered manager arranged alternative cover. This showed people's welfare was continuously assessed and the service was responsive to people's changing needs.

People were satisfied with the way staff supported them to take their prescribed medicines and said they received these in a timely manner.

We saw that people were safely supported with the administration of their medicines. There were appropriate systems in place to ensure people received their medicines safely. Staff told us, and records verified, that they had received training and their competency for administering medicines was checked regularly. Appropriate arrangements were in place for the recording of medicines administered. The registered manager made checks of medicines and the associated records to help identify and resolve any discrepancies promptly.

Good

Is the service effective?

Our findings

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. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Since our last inspection the registered manager had reviewed the provider's policy in relation to MCA and DoLS. Arrangements were in place for external agencies to make DoLS applications to the Court of Protection [CoP] should the need arise. The registered manager and staff confirmed that no-one was deprived of their liberty at the time of our inspection.

We found the service was working within the principles of the MCA. Staff had been trained and had knowledge of the MCA. Where people had been assessed as not having the mental capacity to make specific decisions, we saw that decisions were made in their best interest. For example, in the provision of their personal care. This showed that consideration had been taken to ensure the service provided was in people's best interest and was provided in the least restrictive manner. Records showed that the views of appropriate people had been taken into consideration. This included people who knew the person well.

People told us they liked the staff who worked at the service and that their care needs were met. One person said care workers were, "Always very supportive to me. They do the job. I've been happy with them for many years." Another person told us, "I'm quite happy with [the care workers]."

People told us they felt staff were well trained. One relative told us, "They know how to do everything we expect." A healthcare worker said, "The registered manager works really hard to [train staff] and bring them up to speed." They went on to describe how the registered manager worked with staff until they were confident in caring for a person with particularly complex needs.

Care workers knew people and their preferences very well. Care workers told us they felt they had received sufficient training to enable them to meet people's needs. One care worker told us, "We're always updating [our training]." Prior to providing care we saw that care workers were inducted with the reading of provider's policies and procedures. They also undertook training in key areas such as safeguarding, assisting people to move, and medicines administration. Records showed that this training was updated annually. The registered manager told us they intended to introduce the Care Certificate, a national qualification, for newly appointed staff. Where people had specific needs, additional training was provided. For example, in the care of percutaneous endoscopic gastronomy (PEG). This is a tube that means people can receive nutrients and medicines directly into their stomach.

Staff members told us they felt well supported by the registered manager. Records showed that staff

received regular, formal supervision. Staff said that this was a useful experience and provided an opportunity to discuss their support, development and training needs. One staff member said, "I tell my manager everything. She's very understanding." Another staff member told us, "My manager is very good. She takes good care of the staff and clients." The registered manager explained that they spent time with staff carrying out 'spot checks' where they assessed the staff member's competency in key skills. For example medicines administration. This helped them to ensure the quality of care provided was of the standard they expected.

People told us that staff supported them to eat and drink where this was included in their care plan. Where meal times formed part of the care provided, guidance was included for staff to follow to ensure that people were provided with sufficient suitable food and drink. Where people were at risk of malnutrition or dehydration, staff monitored their food and fluid intake.

Staff supported people to access healthcare. Staff referred people to healthcare professionals when the need arose. For example, we saw referrals had been requested for one person for occupational therapy and hydrotherapy for another. Records showed detailed records of staff liaison with healthcare professionals, such as the speech and language therapist (SALT), community nurse and GPs. Staff understood the importance of following the guidance provided by healthcare professionals. This included guidance from the SALT to minimise the risks of the person choking. Healthcare professionals told us that the service often cared for people with complex health needs. They told us the registered manager worked very hard and ensured staff were sufficiently trained and supported to follow the guidance healthcare professionals put in place. This showed that staff supported people to manage and maintain their health.

Good

Is the service caring?

Our findings

People and their relatives were complimentary about the service they received. One person said, "[The staff are] very good. I'm happy with them. I've no complaints. I'm very lucky to be in my own home. It's nice to be sitting here in my own chair looking out at my garden. [The staff] look after everything for me." Another person told us, "They're marvellous." A third person described the staff as, "Brilliant."

The service had received some written compliments about the service provided. These included , "Thank you for your dedicated care and attention of [my family member]." Another relative wrote, "Thank you so much for all the help [the registered manager] and the lovely [care worker] gave me in [family member's] last days. I will always remember your kindness." A young relative of a person who received a service had drawn a picture for the registered manager and written "To [registered manager], thank you for looking after my [family member]. The registered manager told us that the relative was often there when they visited the person.

Responses to the provider's survey also contained positive comments about staff. For example, one relative said, "We are very happy with [care worker], she is kind and caring and give [my family member] time without impatience. She is delightful, competent and responsible." Another person said, "We are very pleased with our carer, with her help we have a better quality of life."

Most people told us they got on very well with, and liked, the staff who provided their care. One person said, "I'm good friends with all of [the care workers]. I get on with them all." A relative told us, "We were very lucky that very early on we got a carer who is absolutely wonderful. I feel it boils down to the carer. We were really lucky and have nothing but praise for [the service]. It's been very good." A core of staff had worked at the service for a long time and knew the people they supported very well. This continuity of staff had led to people developing meaningful relationships with the staff.

Staff were mindful of ensuring people's comfort. We saw they looked for ways to monitor people's wellbeing and communicate people's needs to other professionals. For example, the registered manager had introduced a chart with prompts to help staff record their observations of the pain levels experienced by a person who was not able to verbally communicate. This helped the person's GP to prescribe appropriate pain relief and relieve the person's discomfort.

People told us, and the provider's survey confirmed, that staff treated people with respect. Four people rated this as 'good' and 11 as 'excellent'. All said the care worker respected their home environment. One relative commented, "All carers have treated [my family member] with great respect and are cheerful and positive."

Staff knew people well and supported people to maintain control of their lives. Staff told us about people's history, health, personal care needs, religious and cultural values and preferences. This information had been incorporated into people's care plans. People said they were consulted about their care. Staff told us they involved people in decisions about their everyday lives. For example, what people wore, the food they

ate and the time when their care was delivered. The provider's survey showed that people felt in control of their care. Fourteen people responded to this question. One person said that 'with help I have some control of my life'. The other 13 people felt they were 'in control of my life and care'.

Good

Is the service responsive?

Our findings

People and relatives felt that staff understood and responded to people's needs. One person told us, "I think [staff understand my needs]. They seem to understand what's going on. They provide everything I need." A relative said, "The carer knows [my family member], how [my family member] likes [their] food. They don't need guidance. They keep a daily diary – if you see that you know [my family member is] getting good care."

The two healthcare professionals we spoke with also praised the care staff provided. One told us, "They provide a bespoke service" and went on to describe how staff had worked successfully with people where other services had struggled. They told us about one person who liked things to be done in "a very, very precise way." They said the registered manager and staff had worked hard to provide the persons care in the way the person preferred. They told us, "[The staff and registered manager] have a real desire to get things right for [the person]."

People's care needs were assessed prior to them receiving the service. This included people's life history, preferences, needs, hobbies and interests. This helped to ensure staff could meet people's needs. The assessment formed the basis of people's care plans and helped ensure that the care that was provided effectively and consistently met people's needs.

Care plans provided detailed guidance to staff on how to effectively meet people's needs in the way they preferred. For example, we saw one care plan provided clear instructions for staff explaining how to care for a person who was fed via a percutaneous endoscopic gastrostomy (PEG). This was a tube that provided nutrients, fluids and medicines directly into the person's stomach. Care plans also included people's preferences. For example, people's preferred time for getting up and whether each person preferred a bath or shower and the preferred frequency. We looked at the care records for one person who had complex needs and was not able to communicate. Their care plan had been developed with their family members and was frequently reviewed. It contained very clear, detailed instructions for the care workers about all aspects of the person's care. This included how care workers should respond to the person's reactions, for example, their body language and facial expressions, when assisting the person.

Staff told us, and records confirmed, that people's care plans were reviewed and regularly updated to reflect people's changing needs. One staff member said, "If there's a change [in a person's needs], I let [the registered manager] know to change the paperwork. She updates [the records]." A healthcare professional told us that staff had the confidence to tell them if the guidance they supplied was no longer meeting the person's needs. They said, "Staff will say to us 'this isn't working, what else can we do?'" This showed staff were responsive to people's changing needs.

Within people's care plans there was information on how people liked to spend their time. For example, whether they liked to watch television and read a newspaper, and if so, the types of programmes or newspapers they preferred. There was also information on the assistance the person required when leaving their home, for example to go to the shops. There was clear information about people's relatives and or friends and ways of maintaining contact with them. Staff were aware of this information and provided

people with appropriate support to continue doing things they enjoyed and keep in touch with people who mattered to them. This helped to prevent people from feeling socially isolated.

The registered manager and staff liaised and worked with people, their families and other professionals to ensure people had equipment that provided them with the best quality of life achievable. For example, one person had been assessed and had taken delivery of a bespoke armchair and shower chair. This enabled the person to leave their bed for short periods during the day and spend time with their family in rooms other than their bedroom.

People told us they knew how to complain or where to look for this information. They said they felt the staff and registered manager listened to them. Information about how people could complain, make suggestions or raise concerns was available to people in the folders they held in their homes. One person told us that there had been some concerns that they had raised with the registered manager. They felt these had been satisfactorily resolved without the need to complain. A healthcare professional told us that the registered manager was "very quick" to address any issues that they had raised.

The registered manager told us they had not received any formal complaints since our last inspection. Staff had a good understanding of how to refer complaints to the registered managers for them to address.

Good

Is the service well-led?

Our findings

We received positive comments about the management of the service from the people, relatives and staff. One person told us "I've very satisfied [with the service]. I'd rate them as excellent." Another person said, "If I wasn't happy I wouldn't have [the service]. I'm very happy with them." A relative also praised the service. They said, "[The service] has enabled [my family member] to stay in their own home."

The service had a registered manager in place. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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. The registered manager was supported by a staff team that included live in care workers and care workers who provided short visits. Staff were clear about the reporting structure in the service. From discussion and observations we found the registered manager and staff had a good knowledge and understanding of the care needs and preferences of the people receiving this service.

The registered manager was approachable and responsive. Staff member told us, "I'm happy. The registered manager is really a good boss and that's why I'm here. I love this agency." Another said, "Immediately you report something [the registered manager] always helps. She drops in and talks to me and [person receiving care]." Healthcare professionals told us the registered manager ensured the service "Maintain a really good standard." They told us that the registered manager provided a high level of support to staff, enabling them to meet the needs of people who had complex needs.

Staff told us they would be happy with a family member being cared for by the agency. One staff member said this was because, "The carers are checked before they start the job they get good training and provide good care." Another said it was because, "My manager briefed me a lot about the client. I would recommend [the service]."

The registered manager sought feedback from people in various ways. They had frequent contact with people who used the service by visiting them regularly. They also covered short notice staff absence. People's views were sought more formally through an annual survey. The results of the last survey, collated in January 2016, were very positive. All 15 people who responded said the service meet their needs. Five people rated it as 'excellent' and the remaining 10 people rated it as 'good'. Positive comments included, "At first we were resistant to having help in the house, but now we find it invaluable."

The quality of people's care and the service provided had been monitored in various ways. This included audits of people's medicines, food and fluid charts and repositioning charts. People's care plans were reviewed at least twice each year and often more frequently. The registered manager carried out unannounced 'spot checks' where she assessed the care worker's competence in providing care. An external consultant carried out annual audits of various aspects of the service. This helped the registered manager identify trends and areas that needed to be addressed. These showed that the registered manager had oversight of the service provided to people and checked the quality of the service regularly.

The registered manager understood their role and responsibilities. They were aware that they were legally obliged to notify the CQC of incidents that occurred while a service was being provided. The registered manager confirmed that no such incidents had occurred since our last inspection.