

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

Quality Home Care is a domiciliary care agency that supports people to live in their own homes. The office is situated in a central area of the town. On the day of the inspection visit there were six people using the service who received personal care. This was the first inspection of this service.

The service did not have a registered manager in post, they had resigned in January 2017 and the provider had been managing the service since then. 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.

We found there was no clear governance system in place to monitor how the service was operating and drive any improvements needed. For example, there was no auditing programme and shortfalls identified during the inspection had not been identified by the provider.

The provider could not demonstrate that staff had been supported to receive necessary training relevant to their role before they started providing care to people. This meant people could be supported by staff who did not have the right skills and knowledge to meet their needs.

The provider had not carried out all of the required pre-employment checks on staff before they commenced work which meant people were exposed to an avoidable risk.

Sufficient numbers of staff were employed to meet the needs of people who used the service. People told us they received consistent care from a regular care worker who arrived on time and supported them in a caring and unrushed manner.

Procedures were in place to guide staff on the safe administration of medicines. The records we checked showed people had received their medicines as prescribed. We found improvements were needed with the recording of the administration of topical medicines. We have made a recommendation about the management of this.

Staff demonstrated a good understanding of the Mental Capacity Act 2005 and consent was sought for care support.

People told us they felt safe and staff understood their responsibilities to protect people from the risk of abuse. Risks to people's health and safety were assessed and appropriately managed.

People were supported to eat and drink to promote their wellbeing, and staff supported their healthcare needs where needed.

There were positive and caring relationships between people and staff because staff took the time to get to know the people they supported. People and their relatives were involved in the planning and reviewing of their care. Feedback we received from people and their relatives about the care staff was positive and complimentary. People told us they were treated with respect and individuality by staff who were kind and caring.

Feedback systems were in place where the views of people and relatives were sought. People were given information on how to raise a complaint should they choose to do so. There had been no recorded complaints about the service.

We found three breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. These related to staffing, fit and proper persons employed 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?

Requires Improvement ●

The service was not always safe.

The required pre-employment checks had not always been carried out before new staff commenced work.

There were sufficient numbers of staff to meet people's needs. People received the support required to keep them safe and manage any risks to their health and safety.

People received the support they required to manage their medicines. Topical medicines, such as creams, had not always been appropriately recorded.

Is the service effective?

Requires Improvement ●

The service was not always effective.

The provider could not demonstrate staff had completed training for their role. Some staff had received supervision but there was no appraisal system in place.

Staff showed a good knowledge of the Mental Capacity Act 2005. People were asked for their consent before receiving care.

People were supported to eat and drink enough and to access relevant healthcare professionals.

Is the service caring?

Good ●

The service was caring.

There were positive and caring relationships between people and staff.

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

People's privacy and dignity was respected.

Is the service responsive?

Good ●

The service was responsive.

People had care plans in place to meet their individual needs, although the quality of person centred information was variable.

People indicated the service was flexible. Arrangements were in place to respond to people's changing needs and preferences in a timely manner.

There was a system in place to manage complaints and comments. People felt confident any complaints would be listened to and acted upon.

Is the service well-led?

The service was not always well-led.

There were no formal, recorded auditing processes in place to effectively monitor the quality of the service. The provider was not carrying out spot check visits to review the quality of care support provided.

The service had undergone significant management changes in recent months and the provider was aware that the recruitment and appointment of a manager was a priority.

People were asked to provide their feedback about the quality of the service.

Requires Improvement 

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 inspection took place on 30 August 2017 and was announced. The provider was given short notice of the visit to the office in line with our current methodology for inspecting domiciliary care agencies. The inspection team consisted of one adult social care inspector and an assistant inspector. We visited the office and spoke with the provider, an administrator and a care worker. We also visited two people in their homes. Following the inspection we spoke with a second care worker and two people about their care and satisfaction with the service.

To help us to plan and identify areas to focus on in the inspection we considered all the information we held about the service, such as notifications. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well, and improvements they plan to make. We also contacted the local authority safeguarding team for their views of the service.

We sent questionnaires to six people who used the service and four were returned. We sent questionnaires to four staff and one was returned. We did not receive any completed questionnaires from relatives and community professionals involved with the service.

We looked at the care files of three people and any associated daily records, such as the daily log and medicine administration records. We looked at three staff files as well as a range of records relating to the running of the service such as records of staff recruitment and training records, surveys and policies and procedures.

Is the service safe?

Our findings

People could not be sure staff were of good character because the provider had not taken all necessary steps to check if staff were suitable to work with people using care services. 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. Checks on staff files showed the DBS checks had been requested for two staff following their employment at the service and were provided five and three months after they started. In addition to this, a criminal record check had not been requested for one member of staff and the provider had relied upon a check made by their previous employer. The check was not 'portable' in style and the provider's policy did not detail any acceptance of DBS checks from previous employers.

Where references had been requested and not received, there was no record to demonstrate that the provider had chased for these references, we found one member of staff's file contained only one reference.

Applicants had not always recorded the dates of previous employment in detail on the application form, such as the month, which could mean there were potential gaps in their employment history which had not been explained. Records of the interview were not maintained to demonstrate any gaps in employment history had been discussed.

The provider had not carried out all of the required pre-employment checks which meant there was a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

A policy and procedure was in place for the safe handling of medicines. When each person started using the service, an assessment of their ability to manage their own medicines was carried out. The level of support they required was determined following this assessment. Discussions with the staff and checks on records showed the support the staff currently provided with medicines administration, was the application of topical medicines for two people. When we checked the care plan records for those persons we found the application of topical medicines was not clearly recorded. One person's records did not detail their current prescribed medicines and the second person's plan did not detail the site of application. Staff told us they were made aware of the support with medicines each person needed.

We saw a sample of the medicine administration records (MARs) which had been completed to show when a person had been supported with their medicines, and these did not have any omissions on. The MARs indicated staff were providing the level of support that each person needed, however when we visited one person they raised concerns about the way their care worker applied their creams. We passed these concerns to the provider to look into.

We recommended that the provider consider current National Institute for Health and Care Excellence (NICE) guidance on the medicines support and take action to improve their practice accordingly.

Policies and procedures were available regarding keeping people safe from abuse and reporting any

incidents appropriately. The provider was aware of the local authority's safeguarding vulnerable adult's procedures which aimed to make sure incidents were reported and investigated appropriately. People and their relatives told us they felt safe in the presence of care workers. Staff we spoke with demonstrated a good knowledge of safeguarding people. They could identify the types and signs of abuse, as well as knowing what to do if they had any concerns. One care worker told us, "Safeguarding is about keeping people safe from harm. I would report any concerns straight away." Surveys returned to the Commission by people who used the service told us 100% of respondents felt safe from abuse and or harm from care and support workers.

Environmental risks were assessed to ensure the safety of staff working into people's homes. This included an assessment of environmental hazards such as tripping, poor lighting or pets present in the home. We found there was no risk assessment completed when staff supported people who smoked in their home, which the provider said they would address. Assessments relating to individual risks to people were completed and staff we spoke with understood the risks presented by people we asked them about.

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 support. They had been made aware that a person had experienced two falls when on their own and their family had provided appropriate support and accessed relevant health care professionals. This was documented in the person's care records. The provider acknowledged the need for formal incident recording and monitoring systems to be in place to support people's on-going safety and well-being.

Staff we spoke with demonstrated a good understanding of people's needs and how to keep them safe. They also described the arrangements in place for them to access people's homes while maintaining a good level of security. There was an on-call system for staff support out of usual working hours. Staff confirmed they felt safe when working early or late evening hours.

The provider informed us they employed three care workers and this was a sufficient number of staff to provide care and support to their clients. Attempts were made to deploy staff in a convenient geographical area so that they did not have to travel long distances between care calls. Staff told us they were given travelling time between calls. People who used the service told us the staff were punctual and they received a reliable service. The staff we spoke with felt that there were enough staff to meet people's needs and ensure they had their planned rest days and holidays. One member of staff told us, "We help each other out where necessary and change shifts and cover the calls." There had not been any missed calls in the past 12 months which showed the provider had enough staff to respond to people's care and support needs.

Is the service effective?

Our findings

Staff files contained evidence of an induction and orientation training list which covered the following areas: values of the service, roles, relationships with workers, communication, confidentiality, care planning, customer service, policies and procedures, customer needs and rights, moving and handling, health and safety, fire safety, emergency care, food hygiene and infection control. However, the files contained 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 provider told us the registered manager at the time had delivered the staff induction training and was qualified to do this, however the provider was unable to evidence the registered manager's training qualifications. Care workers told us the registered manager had 'gone through things' with them, but they had not completed any formal training whilst working in the service.

The three care staff employed at the service were experienced and had all worked in other care settings. The two care workers we spoke with confirmed 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. Therefore, we were not assured that care workers received an appropriate induction and training at intervals which ensured they maintained their skills and knowledge to meet people's needs effectively.

Records showed some staff had met with their line manager and received supervision but not all. The care workers we spoke with confirmed this. There was no formal appraisal programme in place.

The provider had not ensured staff had received appropriate training, professional development, supervision and appraisal which meant there was 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. 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 domiciliary care agencies are to be made to the Court of Protection.

The provider and care workers confirmed the people they supported had capacity to say how they wanted their care delivered in their own homes. Care plans evidenced that people had been involved in making decisions around the care and support that was provided.

Care workers told us of the importance of asking for people's consent before supporting them with personal care. They showed a good understanding of protecting people's rights to refuse care and support. They told

us they would try and encourage the person and if they still refused they would report this to the office. One care worker said, "Although I generally do the same tasks on each visit, it's always important to ask people first. Always check, I would not presume." Another care worker told us, "I visit a person who often declines support with their shower if they are not feeling well. I respect this and understand it's their choice and offer assistance with a wash." Relatives told us care workers asked their family members for consent before providing them with any care or support. One relative said, "Oh yes, they always ask him about his care before they provide assistance."

People and relatives were complimentary about the standard of care provided. They told us staff were capable of carrying out their jobs to a good quality. One relative told us, "We are very pleased with the staff and the agency, everything is good and I have no complaints." Another relative told us, "The staff are experienced and I trust them. They know what they are doing and we are very happy with everything. Just knowing they are there has made a huge difference."

Surveys returned to the Commission by people who used the service told us 75% of respondents considered they received care and support from familiar, consistent care and support workers. 100% of respondents considered staff had the necessary skills and knowledge and 100% of respondents considered staff stayed for the agreed length of time and completed all of the tasks that they should do during each visit.

People were supported with eating and drinking. Care workers told us they tried to ensure people had enough to eat and that they had a healthy diet. A worker told us a person they supported needed some assistance in preparing or heating meals but they did not require any additional assistance to eat these.

People were supported with their health needs and a range of professionals supported people where necessary. Care workers said they understood any health issues with the people they visited had and they always asked people how they were feeling. A care worker told us, "I wouldn't hesitate to contact the person's GP or the community nurse if there were concerns about a person's health."

Is the service caring?

Our findings

The feedback we received from people and their relatives was positive. People and their relatives told us that staff were caring, helpful and respectful. One person said, "It's spot on [the care]. I can't fault her. Lovely girl." A relative told us, "The carers have a very jolly approach. They always come in and say 'Good Morning. How are you today?'" We were also told by a relative, "I like the way the girls communicate with [Name of person]. I am always in earshot and they are always friendly and kind." Another relative said, "The carers are always very polite to me and support me as a carer. When there have been staff changes, the new carer has always visited first and been introduced. Excellent."

From the surveys we received 100% of respondents told us they were happy with the care and support they received from this service. 100% of respondents also said the support workers always treated them with respect and dignity and the support workers were caring and kind. 75% of respondents said they were always introduced to their care and support workers before they provided care or support.

The provider ensured people were provided with a regular carer and staff told us they appreciated this consistency and found it helped them build relationships with people. The staff we spoke with demonstrated a good knowledge of the people they supported, their care needs and their wishes. They were able to tell us about people's personal preferences as well as details of their personal histories. Staff spoke fondly and with respect about the people they supported.

The staff we spoke with told us they enjoyed working at the service and valued the relationships they had with people. One member of staff talked about how they had spent time getting to know a person they cared for and had gained an understanding of what was important to them. As the person's needs had changed they had become more involved in their care and in recent weeks had supported health professionals to provide end of life care support for the person. The member of staff told us how rewarding the experience had been.

The people we spoke with told us they were treated with dignity and respect by staff. One person said, "The support with bathing is good. I would rather not have someone else washing me, but she understands this and makes it as nice as she can." Another person said, "My carer is lovely and I like her visits." Staff spoke clearly and confidently about how they preserved people's privacy and dignity. One staff member said, "It's important to shut doors and windows, close curtains and cover the person up whenever possible. We should care for people as we would like to be treated." We also saw information in care plans which promoted people's privacy.

People who used the service had information available that advised them of what they could expect from the service. There was no one using the services of an advocate during our inspection. Information about local advocacy services was included in the customer information guide. An advocate supports people to express their views and helps to protect their rights.

Staff understood the importance of keeping people's information confidential. They explained about not

speaking about people's care needs in front of others and stated that information should only be shared with other staff members on a need to know basis. We saw paper files were held securely in locked cupboards in the office. The provider confirmed information about people who used the service and staff was also held on a secure computer system, which was password protected. They were unable to confirm if the service was registered with the Information Commissioners Office which is required under the Data Protection Act 1998 and confirmed they would follow this up.

Is the service responsive?

Our findings

People told us the service was person centred and responded well to meeting their needs. Comments included, "We have a regular carer and we are very pleased with everything she does. It's just the way we want" and "Very personalised, we appreciate their care and support. Couldn't ask for better."

From the surveys we received from people who used the service, 75% of respondents told us they were involved in decision making about their care and 100% of respondents knew how to make a complaint.

Before services commenced an assessment of the person's needs was undertaken and information was provided to help staff understand the care and support that was required. The amount and length of calls the person needed was agreed and efforts made to schedule each call at the time the person requested. We found people and, if appropriate, their relatives were involved in making decisions and planning their own care. One person said, "When they first started coming, they went through everything and wrote it all down. I haven't read my care plan and I'm not interested, they just get on with things and that's okay." A relative told us, "The manager completed a very thorough assessment and spent a long time asking questions about everything. It's all in the care plan, I've checked, I'm a stickler for that."

Referrals for services predominantly came from people independently or their family members. From discussions with the provider, staff and checks on records, we found the service was not providing support to people with complex care needs and staff were mainly providing support to people with bathing or showering. The provider explained that they had not taken on any new clients since the care supervisor left the service in June 2017 and they would consider new referrals carefully to ensure they could meet people's needs.

During the inspection we looked at the care files for three people. People had care plans in place to meet their individual needs. The quality of person centred information varied in different people's care records. The provider acknowledged this and confirmed improvements would be made to the consistency of the recording.

People had a copy of their care plan in their home. Where people had requested changes to be made to their care package, such as changes to the times staff visited, these were implemented. However, records of these reviews were not completed which would better demonstrate how the person's care support had been evaluated and any changes in care agreed and made. The staff we spoke with told us the information in people's care plans was accurate and helped them to understand the way people wished to be cared for. Staff also told us they were kept informed about any changes in visits and the support people required. This was either by face to face discussion with the provider or via phone conversation or text.

Records of the care and support provided to people were completed at each visit and included any personal care provided, assistance with medicines, meals prepared or housekeeping tasks. This enabled staff to monitor and respond to any changes in a person's well-being. Staff told us any concerns about people's health or anything considered to be unusual were immediately reported to the office, for further advice and

support. The care records were returned to the office on completion and the provider confirmed the records were regularly checked. We looked at a sample of the records and noted people's care support was detailed and they were referred to in a respectful way.

We received positive feedback about the responsiveness of the service. People and their relatives told us staff were punctual and always stayed the allocated time. They also told us the service was flexible and could provide additional calls if requested and would work round any health appointments. A person told us, "They always turn up on time. Only once had a late call and they let me know they were running late and it sounded unavoidable." Another person said, "Oh yes, their timekeeping is very good, always on time." Another person said, "I can rely on them completely, they have never let me down. I've had to request a couple of changes with times now and then and it's all been sorted very easily."

People were provided with information on what to do if they had any concerns or complaints with the service. There was information about how to make a complaint in the information guide they gave to people when they started to use the service. One relative told us, "I haven't had any problems; on the contrary I'm really pleased with everything. I've used different agencies in the past and this is one of the best. If I had any concerns I wouldn't hesitate to ring the office." There had not been any formal complaints made about the service.

Is the service well-led?

Our findings

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. We identified people were at risk from poor recruitment procedures and staff not being provided with the training and support they needed to ensure they could carry out their duties. Additionally, a member of staff had not received supervision and there was no appraisal programme. Spot checks had not been completed on staff to ensure they delivered the care and support people required safely and effectively. There were no systems in place to record accidents and incidents.

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 the Commission to identify shortfalls. This demonstrated that they failed to operate effective governance systems and processes. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

From reviewing records in the service we found correction fluid had been used on some staff records to change information recorded, which is not considered good practice.

The service was registered in February 2016. The registered manager had resigned and left the service in January 2017. The clinical supervisor had also resigned and left in June 2017. Since then the provider has had responsibility for the day to day management of the service. The provider explained the difficulties they had experienced in recruiting a new manager, due to the size of the service and that they were currently considering applying for registration with the Commission. We discussed the importance of ensuring a manager was appointed and registered, and further delays could mean enforcement action would be considered.

Despite the shortfalls we identified in aspects of the management of the service, people we spoke with told us they were happy with the service provided to them. They told us they were satisfied with the care and the contact and communication they had with the agency was good. Comments included, "I chose the agency because it's small and has that personal touch. I have high expectations and they haven't let me down" and "It is an excellent service and is well-organised."

The staff we spoke with told us there was an open culture in the service. Staff felt able to raise issues, make suggestions and told us they would feel able to report any mistakes. The provider told us they operated an 'open door policy' and usually saw all staff at least once a week. The staff considered communication was effective and the provider contacted them regularly via phone or text. Staff told us, "I like working here. I have my regulars. The management are pleasant and approachable. I like going into the office, I would feel comfortable discussing issues with them" and "It's a small agency and I like it better here. We really care about our clients and the management care about us. We feel part of a team and help each other out."

We found appropriate resources were provided. For example, the provider ensured staff always had access to sufficient personal protective equipment.

Formal feedback systems were in place for people who used the service but less so for staff. From the surveys we received from people who used the service, 100% of respondents told us they knew who to contact in the agency if they needed to and 75% of respondents said the care agency has asked what they think about the service they provide. We looked at satisfaction surveys people who used the service had completed over the phone for the provider. These were all positive and comments included, "All the girls are really helpful, they help out at short notice and do extra time for me if needed" and "Very happy with the service I receive." Staff were not given surveys to complete. Records showed staff meetings had been held since the service opened, but not on a regular basis.

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	Regulation 17 HSCA RA Regulations 2014 Good governance Effective systems or processes to assess, monitor and improve the quality and safety of the services had not been implemented.
Regulated activity	Regulation
Personal care	Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed Recruitment procedures were not operated effectively to ensure that persons employed were of good character.
Regulated activity	Regulation
Personal care	Regulation 18 HSCA RA Regulations 2014 Staffing The provider could not demonstrate that staff had received all the required training, professional development, supervision and appraisal to carry out their duties.