

# Quality Healthcare Agency Limited

## 45 Gildridge Road

### Inspection report

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### Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

45 Gildridge Road is a domiciliary care agency providing personal care to people in their own homes. At the time of the inspection, care was being provided to nine people.

CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. The service was mainly providing care and support to people who were in receipt of palliative and end of life care.

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

People told us they felt safe and were able to contact the agency if they had any concerns. Staff told us they could also report any concerns with the knowledge that action would be taken. People were supported by regular staff, who arrived at a time that suited them and who stayed for the allocated call time. Those who needed support with medicines told us this was managed well. They said staff always asked if they needed pain relief and checked with them later to see if it had been effective.

Staff were recruited safely and received an induction and opportunities for regular training to ensure they could meet people's needs. Staff told us they received regular supervision and they valued this. As the service was small the registered manager and care coordinator regularly provided care and led and supported the staff team.

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

People and their relatives were involved in their care and support. Care plans provided staff with information about how people preferred to be supported and people told us staff listened to them and provided care in line with their wishes. People and their relatives described staff as, kind, caring and obliging.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Records were kept up to date to ensure staff had the information they needed, including when people's needs changed. Staff spoke positively about the management of the service, the open culture and the support they received. A staff member told us, "I am very happy and looked after well."

People, their relatives and staff spoke highly of the registered manager. The agency had systems to carry out regular auditing. Surveys had been carried out to seek people's views on how they could improve. The registered manager had developed positive relationships with professionals who worked with them.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

This service was registered with us on 17 September 2020 and operated for a short period but then became dormant until 10 March 2022.

#### Why we inspected

This was the first inspection of a newly registered service.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# 45 Gildridge Road

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 28 June 2022 and ended on 6 July 2022. We visited the location's office on 28 June 2022.

#### What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a Provider

Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

We used all this information to plan our inspection.

During the inspection

We spoke with registered manager, a care co-ordinator and two care staff. We reviewed a range of records. This included three people's care plans and associated risk assessments and medicines records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, satisfaction surveys and policies and procedures were also reviewed.

After the inspection

We spoke with three people and three relatives over the telephone about their experience of the care provided. We also spoke further with the registered manager and gathered additional evidence in relation to the care delivery people received and how the service was run. We received feedback from one health professional.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were safeguarded from harm because staff had been trained in safeguarding and told us they knew what steps to take if they felt people were at risk. A staff member told us, "We were given a leaflet about safeguarding and this has numbers of who to contact if we have any concerns."
- The service had only been in operation a few months and the registered manager had not had to raise any safeguarding incidents. However, they and staff were confident in the process they would use if the need arose.
- We saw that there had been a discussion about whistleblowing at a recent staff meeting and staff told us they would be confident raising issues if the need arose.

Assessing risk, safety monitoring and management

- People had regular care staff and felt safe with them. Arrangements to enter people's homes were clear to ensure safety. We asked one person if they felt safe and they said, "Oh yes, definitely, I have a key safe, but they always knock or call through the door, so I know it's them."
- Care plans included advice to support people in relation to known risks, for example in relation to support with skin integrity, nutrition and management of falls.
- Environmental risk assessments had been carried out to determine if there were any risks in people's homes that could affect people's safety.
- Although there was very limited lone working, the home had procedures in place for staff to seek help in an emergency. This included calling for support and using a particular phrase to indicate they needed help straight away.

Staffing and recruitment

- People received support from staff that were recruited safely and were competent to meet their needs. There were enough staff to meet people's needs safely. Most people required two staff to attend for calls and as there was only a small team of staff, they got to know staff well. Staff often travelled together to calls. Staff told us that if they were late for a call, they always called ahead to let the person know. People confirmed this happened, but said that overall, this had not been a problem.
- There were clear shift rotas in place. Most people told us staff stayed the full allocated time. One person said that staff rarely completed their allocated time. However, the registered manager told us that this had been investigated and staff had consistently completed all personal care tasks along with additional tasks requested of them on each occasion.
- There were safe recruitment checks carried out. Checks had been completed before staff started work at

the service including references and employment history. See further in well led key question. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- People's medicines were managed safely. If people needed support with medicines this was clearly recorded.
- All staff had received online training in the management of medicines. In addition, four of the staff had been assessed in terms of competency before they were able to give medicines. There were plans to assess additional staff in this area.
- People told us that staff always checked if they needed pain relief or if medicines given for pain relief had been effective.
- Staff were able to describe to us the steps they would take in the event of a medicine error or if medicines were ever refused.
- A medicine's audit was carried out monthly. Where shortfalls were identified actions were taken to address matters promptly.

#### Preventing and controlling infection

- Infection control was managed safely. Staff told us, and people confirmed that staff wore masks, gloves and aprons when providing personal care. Used PPE was disposed of safely in people's homes or taken away to dispose of safely.
- The registered manager told us they had a plentiful supply of PPE. Staff that could drive carried sufficient stock in their cars and some people had agreed to store PPE in their homes. Staff told us the system ran well and they never ran short of PPE.
- All staff had completed training on infection control. An audit on infection control was completed monthly and if actions were highlighted, they were addressed.
- People told us that whilst staff wearing masks did affect communication, staff were good at speaking clearly to make sure they were understood. One person told us that they used lip reading to aid their communication so sometimes they asked staff to remove their masks momentarily. They said staff did this at a distance, to aid communication but there was always a window open. We saw a risk assessment following the inspection and made recommendations to improve this further.

#### Learning lessons when things go wrong

- The registered manager had systems to review and learn from any mistakes made. The registered manager confirmed that one person's medicines had been missed on one occasion. This was because the carer who attended to a person's call had not been medicine's trained, so arrangements had been made for another carer to call to give the medicines. This was overlooked. As a result, the agency improved communication at the end of each shift to ensure nothing was missed. They also increased the number of staff signed off as competent to give medicines. There had been no further incidents.
- The registered manager told us their new electronic system, once up and running, would highlight straight away if someone had not received their medicines or if a call was missed.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs had been fully assessed before the person, their relatives, if appropriate, and the registered manager agreed the support to be provided. The registered manager told us that they ensured staff had the appropriate training and skills to support people's needs. All referrals to date had come via the continuing health care team.
- Information from the pre-assessment documents were transferred into care plans which were regularly updated and audited. Two copies were held, one in the office and one in each person's home.
- People generally made their own health and social care appointments or were supported by family members or friends to do so.
- A staff member told us that sometimes unexpected things happened that they had to respond to. They told us, "When I went to see one person, they were not very well, so I called for medical help and waited till they arrived. I also called the person I was due to visit next and they understood that I would be late."
- A professional told us, "The agency is great, wonderful. The registered manager communicated well with us and the staff were incredibly caring and gentle with their client. A relative told us that they supported their relative with medicines and food, but that the carers always communicated with them about skin integrity and bowel management so they could take this into consideration."

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training to meet people's needs. Training was a mixture of online and classroom-based training in areas such as moving and handling, nutrition, privacy and dignity and equality and diversity. Specialist training had also been provided in relation to skin integrity, catheter care, palliative care and end of life care.
- Staff completed an induction that involved completing training in key areas and staff told us they shadowed more experienced staff until they felt confident and competent. As most of the people supported required two staff, newer staff were nearly always working with more experienced staff.
- The registered manager told us that staff had completed the Care Certificate. The Care Certificate is an agreed set of standards that define knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- The service has a small staff team and the registered manager and care co-ordinator spoke with and

worked with staff members daily. This gave opportunities to observe care being provided and to raise any issues that could be of concern. Formal supervision had also been carried out for most of the staff team. A staff member told us, "I am happy, I have no problems and I'm well looked after."

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

- People's nutrition and hydration needs were met. People's family members or friends generally supported people with their nutritional needs. Staff heated up food for some people or prepared simple meals. One person told us they would like staff to prepare meals for them, however, this had not been agreed as part of the care package, so they were making alternative arrangements for food. Staff told us they ensured people had enough to drink before they left, and people confirmed this happened.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People's ability to make decisions about their care and support had been assessed.
- Staff had received mental capacity training and understood the importance of gaining consent from people. We asked people if staff asked for consent before providing care. They all told us they did, and one person said, "Very much so and they are aware of any discomfort I might have." A staff member told us, "We always seek consent from clients before providing care. If a person declined care that we thought was needed, we would arrange to have a best interest meeting, but we have not had this situation yet."
- There were systems to check if people had a Recommended Summary Plan for Emergency Care (ReSPECT). These documents contain decisions and recommendations to consider if a person has lost capacity to make certain decisions.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew about the importance of respecting people's wishes and how they wanted to be supported. People and their relatives told us that staff were very caring. One person told us, staff were, "Very obliging and can't do enough." Another said, "I'd have a job to find anything bad to say, they are cheerful, kind and reliable. They remember things, the little things that need to be done."
- One person told us, "They always ask how I'm feeling and if I am having a good day. We like to have a giggle." They also said, "I know they have a lot to do in the time they are here, but I don't ever feel rushed, they give me as long as it takes."
- Care plans reflected people's wishes and needs. People were asked if they had any specific needs in relation to culture, faith or sexuality. The registered manager acknowledged that this was an area that could be improved upon as they developed the service.
- A staff member told us, "I have been learning about professional ethics. I am caring and I respect people and their conditions. I like to put my learning into practice, and I think I am achieving this. I see the smile on their faces when I am honest with them."
- A staff member said, "We always ring if we are running late. We can't do our job in as rush, so we are always polite. We nearly always work in pairs so I'm learning a lot about teamwork."

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

- People made decisions about the care they received. They told us they continued to make choices in relation to how they were supported, what they wore and if supported with food, what they ate.
- A relative told us, "This is our second agency, so we have something to compare with. The other agency told us how things would be done, this agency, do it as we want it done, they listen to us."
- A staff member told us, "Sometimes people decline care. If they do, we try to encourage them, but we check if they are just having a bad hour or day and if they don't want support, we respect that and just make them comfortable. We would record the actions we have taken."

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was protected. One person told us, "Oh yes, they are very good at that and always make sure I'm covered."
- A staff member told us, "We always try to maintain people's privacy and dignity. I always close doors and curtains and when giving personal care I keep people covered as much as possible. We also know not to share information about the people we support."

- Care plans described what tasks people could do themselves and what they needed support with. One person told us, "I try to be independent and they encourage that, but they also recognise the days when I am not up to it and will encourage me to accept help."
- Care plans were stored in a locked cabinet in the office and only available to those with a right to see them. Staff had completed training on the safe handling of information.

## Is the service responsive?

### Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People's care was provided in a person-centred way. One relative told us, "We didn't want carers to come too early and they have been flexible with this. Another person told us, "I had one occasion to ask the agency to come very early so that I could attend a hospital appointment that had been arranged at my normal care time. They agreed, and were here prompt, very obliging."
- People also told us that staff always asked if there was anything else they could do in the time they were there, for example some people said staff supported with taking the bin out or feeding a dog.
- One person told us, staff always stay the allocated time and ask if anything else needs doing. They don't intrude but I do like to chat with them."
- The registered manager and care coordinator made changes to the care plans as necessary. They told us that changes to care plans were communicated to staff straight away. One person told us, "I see the staff read through my care plan, so I know they are up to date with any changes made."

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- People's communication needs, and wishes were met. All of the people supported could communicate their needs and wishes or lived with or had support from someone who could act on their behalf. As the service was small, all the staff knew people well and how they communicated. One person had a sight impairment and the registered manager told us the person was very clear in how they wanted to be supported and how they wanted staff to work to fit in with their needs and wishes.
- One person told us that they used lip reading to aid their communication so staff wearing masks sometimes had an impact on what they could hear. They said staff responded well to requests to speak more loudly and that if they could still not hear, staff would stand back and remove their masks to make sure they could be understood.
- People's communication needs were clearly recorded within their care plans.

Improving care quality in response to complaints or concerns

- People's concerns and worries were addressed promptly. Whilst there were no formal complaints, there

had been some issues raised informally. In relation to one issue, the registered manager told us matters had been investigated and was able to tell us about the details of the investigation and actions taken but the records had been archived as they person was now deceased. In relation to a second person it was evident the concerns had been addressed and the actions were clearly recorded but again the detail of the investigation was not easily accessible. The registered manager agreed more comprehensive records would be kept that were easily accessible.

- One person told us they had requested that a particular staff member not support them in future, and this had been respected. The reason for the request had been thoroughly explored with the person and the funding authority. As a result, changes had been made to the care package. The person wanted additional hours and a higher level of support with domestic tasks and although this was reported back to the funders, this was not a matter the agency could support.
- Apart from the above, all others spoken with had nothing but praise for the agency and staff. One person said, "I could complain if I needed to, but I have never had any cause to. I once raised a niggle and it was addressed straight away. Staff couldn't be nicer."

#### End of life care and support

- People received palliative and end of life care from that that had been trained to support them. The registered manager told us that most of the people supported were already in receipt of this type of care before they took on the package and their wishes and plans were in place. The agency worked closely with professionals such as district nurses and the hospice at home teams.
- Relatives were encouraged to complete an evaluation of care form. One relative of a person who had died said, 'My mum was extremely well cared for by lovely staff who always turned up on time. The care team went above and beyond to make sure my mum was kept comfortable and clean.' They went on to say, 'Your team also supported me at a very upsetting time, they were amazing, thank you.'
- Another relative fed back, 'The carers were very attentive and sensitive to [person's] needs. Thank you to you all for your patience and understanding in a very difficult time.'

# Is the service well-led?

## Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an open and positive culture at the service. All staff told us they felt well supported and were clear about the values of the service. One staff member told us, "We want to be the best agency in East Sussex to provide good quality care. We want to be the best of the best."
- A staff member told us, "I enjoy the spirit of the agency and I know they appreciate me. They are there for me and if I need anything, I can call at any time. I am grateful for this and do my best to pay back with good working quality."
- We looked at surveys carried out in May 2022. All of the comments received were very positive. Comments included: 'My mother was cared for with love and dignity.' Another stated, "Staff were punctual, friendly, efficient and above all caring. I honestly do not think there was more that you and your team could have done to help, and I would certainly recommend your service to others in a similar position." All of the people and relatives we spoke with told us they would recommend the agency to others.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The registered manager was aware of their legal responsibility to report certain significant events that affect their service, to the CQC. The registered manager was transparent and open with us throughout the inspection process.
- The registered manager had not needed to notify the CQC of events or incidents, but they were able to describe to us the type of incident that required reporting and the steps they would take to achieve this.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Staff roles and responsibilities were clear. As the agency was small, the registered manager and care coordinator also carried out care tasks. They were mindful that as the service grew, they would need to take a step back from direct care provision but felt that the current way of working ensured that staff were trained to high standards and their competency was checked regularly. The registered manager told us, "I want to lead from the front and demonstrate good practice. I am easily accessible to staff and we will learn from experiences."
- Staff meetings were held monthly. This gave staff the opportunity to share their views on the running of

the service and to be kept up to date with any changes.

Continuous learning and improving care; Working in partnership with others

- As the service was still relatively new, they were developing systems and processes and adapting them as necessary. We made some recommendations to improve the systems further for example, daily records were task oriented and did not always refer to people's wellbeing. This had little impact as people told us they were supported well. Staff training was carried out intensively often on one or two days, we recommended spacing this out to give opportunities to check staff understanding and the impact of training. We also recommended ensuring a risk assessment was carried out if references could not be obtained from previous employment. In addition, making sure references were from employers rather than work colleagues. As staff worked alongside senior staff this posed little impact but would be more important as the service grew.
- The registered manager confirmed they had recently completed a master's degree in Healthcare Management.
- The registered manager told us they were getting new technology that meant care plans would be on an app and changes could be added and visible to all staff instantly. Staff were receiving training on the new technology. The new technology will also log call times and let the registered manager know if a staff member is running late for any reason.
- The registered manager kept themselves up to date with bulletins circulated by the CQC and Local Authority. They told us they linked with others as mentors for each other and this had been very helpful.
- There were plans to slowly increase the size of the agency, but the registered manager was mindful of the need to increase the staff team before taking on additional care packages. They were also hoping to diversify as the registered manager recognised that only caring for people who were nearing the end of their lives could be stressful for staff.
- Positive professional relationships had been formed with, for example, the hospice at home team and with the occupational therapy team. A professional told us that the registered manager worked well with them.