

True Quality Services Ltd

True Quality Services - West London

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

True Quality Service – West London is a domiciliary care agency. It provides personal care to older people living in their own homes. At the time of our inspection the service was providing care to three people.

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

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

People told us they felt safe. Where there were risks to people's safety and wellbeing, these had been assessed and the provider had done all that was reasonably practicable to lessen those risks. People who used the service did not require support with their medicines. However, the provider had a medicines policy and procedure in place and staff received training in these.

People's care and risk management plans set out the care tasks they required help with and these contained personalised information about people and their preferences for how they liked to be supported.

There were robust systems in place to monitor the quality of the service and recognise when improvements were required. The provider was transparent and there was clear communication within the team, so they learnt from mistakes and made improvements when things went wrong.

We received positive feedback from people about using the service. People said staff were caring and treated them with dignity and respect.

There was enough staff to support people and staff usually arrived on time at people's homes. The provider's monitoring system helped ensure people received all their visits as planned. Staff received an induction, training and supervision and felt supported in their roles.

The provider sought feedback from people, relatives and staff and used this to develop the service. People and staff were confident they could raise any concerns they had with the registered manager and felt they would be listened to.

The registered manager and senior staff were responsive to and worked in partnership with other agencies to meet people's needs.

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.

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

Rating at last inspection

When we last inspected the service on 16 January 2019 (published 21 March 2019), they were providing personal care to only one person. This meant we were unable to judge in detail whether the agency was meeting the regulations and providing safe, effective, caring, responsive and well led care to people. Consequently, we could not rate the quality of the service as we had insufficient evidence on which to do so.

Why we inspected

The inspection was prompted in part due to concerns received about the service from a member of the public. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe, effective, caring, responsive and well-led sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

True Quality Services - West London

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave a short period 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.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

We spoke with two people who used the service about their experience of the care provided. We spoke with the deputy manager and the recruitment officer. We reviewed a range of records. This included all three people's care records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found and liaised with the director. We looked at training data and quality assurance records. We emailed three members of staff to obtain their feedback about the service and received a reply from them.

Is the service safe?

Our findings

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

At the last inspection this key question was inspected but not rated. 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 we spoke with told us they were happy with the service and felt safe with the care workers who supported them. One person told us, "I have never felt unsafe. If I was not treated well, I would call the office" and another stated, "I get on well with my carer, [they are] regular. I feel safe with [them]."
- The provider had systems in place for noting and responding to safeguarding concerns. At the time of our inspection, there had not been any safeguarding concerns.
- There was a safeguarding policy and procedures in place and staff were aware of these. Staff completed training on safeguarding adults and demonstrated how they would recognise and respond to safeguarding concerns. One staff member told us, "I understand abuse to be anything that can cause harm to me or any client. If I suspect abuse, I will report to the manager immediately" and another stated, "I have not alerted my manager of any safeguarding issues, but I know to report immediately if I notice something wrong."

Assessing risk, safety monitoring and management

- Where there were risks to people's safety and wellbeing, these had been assessed. Risk assessments were thorough and included measures in place to reduce the risk. Each risk was assessed as low, medium or high. Risks assessed included those associated with the environment, food handling and meals, medicines, mobility and falls.
- The staff reported they understood how to protect people from avoidable harm and found the relevant information in people's care plans. One staff member told us, "The risk assessments are present to help us know how to prevent risks from happening. These are all found in the file that is in the service user's home" and another said, "Before we start a new package, [Deputy manager] will explain to us what is required. We also read the support plan to see what is needed and the risk assessment to see what we need to do to prevent risks."
- Each person who used the service had a COVID-19 risk assessment in place. This considered their individual needs and measures in place for staff to reduce the risk of infection. The agency had not had any cases of COVID-19 among people and staff.

Staffing and recruitment

- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity. New staff underwent training and were assessed as part of an induction, before they were able to work independently.
- There were enough staff deployed to meet the needs of the people who used the service. At the time of our inspection, there were only three people using the service. However, the deputy manager told us they hoped to take on more contracts from the local authority and would be recruiting more staff to meet their

needs.

- Most people told us they received their visits on time, and if their care worker was running late, they were informed of this by the office staff.
- The registered manager monitored closely people's daily visits. The service was in the process of having an electronic system in place to monitor staff attendance and lateness. Currently they monitored staff closely by calling the people regularly. They also encouraged people to call them as necessary if they had a concern.

Using medicines safely

- None of the people who used the service required support with their medicines. However, the provider had a medicines policy and procedure in place and staff had received training in the administration of medicines in the event they would provide care to someone who might require this support in the future.

Preventing and controlling infection

- There was an infection control policy and procedures and staff received training in this. Staff were provided with suitable personal protective equipment (PPE) such as face masks, aprons and gloves, and were able to obtain these when they required. Staff told us they were happy with the support they received from the agency during the pandemic.
- Staff told us the people they supported understood the need for staff to wear PPE. One staff member stated, "The people I care for were actually very happy that I wear masks all the time. For them, it shows that we are concerned for their safety."
- The staff received training in the use of PPE and people confirmed they used this correctly. A member of staff stated, "The manager made us do online training and we also have meetings where they give us update." Staff were regularly tested for COVID-19 and nobody had tested positive. However, when a member of office staff had been exposed to a family member who had COVID-19, the whole office team self-isolated to prevent the risk of infection.

Learning lessons when things go wrong

- There was an accident and incident reporting policy and procedure in place and staff were aware of these. There had not been any incidents or accidents in the last year. The deputy manager told us, "We haven't had any issues and provide good quality care to people. We were visited by the local authority and they gave us advice. They were satisfied but gave us information on how to get better. We got important information and put systems in place."
- Lessons were learned when things went wrong. The staff told us they were given the opportunity to discuss anything of concern and were listened to. One staff member explained, "We have meetings where we discuss issues that happen. Information is shared through [group social media] messages" and another said, "The managers will hold a meeting with us when something goes wrong and explain to us any change that we have to do to make sure the issue does not happen again."

Is the service effective?

Our findings

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

At the last inspection this key question was inspected but not rated. 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

- People's needs were assessed before they began to receive care from the agency. The deputy manager explained when they received a referral from the local authority, they went and assessed the person's needs and recorded this as a person-centred care plan. This was devised with the person and their relatives. Following the inspection, they improved this system by ensuring the initial assessment was separated from the care plan. This enabled staff to review and update this regularly.
- Pre-assessment plans were detailed and included a background of the person, including their medical conditions and specific needs, who was involved in the person's care, what support they currently had and what they needed from the agency. The information they recorded formed the basis for devising a support plan for each person based on their requirements, wishes and choices.

Staff support: induction, training, skills and experience

- People who used the service were supported by staff who were well inducted, trained and supervised. Staff received an induction into the service before they were able to support people. This included all aspects of the service, an introduction to people who used it and a period of shadowing more experienced staff. Staff were expected to follow the principles of the care certificate. They were then assessed to ensure they understood what they had learned and were able to deliver care appropriately and as expected. The Care Certificate is a nationally recognised set of standards that gives new staff to care an introduction to their roles and responsibilities.
- The provider had an 'Induction training plan and record' which outlined each training requirement. These included the staff handbook, roles and responsibilities, time keeping, uniform and policies and procedures. Staff signed each section when they had completed this.
- When staff shadowed more experienced staff members during their induction, a summary of the tasks carried out was recorded daily, at the end of which the assessor recorded their feedback about the staff performance and if there were any areas for improvement.
- Staff received training in all subjects the provider identified as mandatory. This included medicines administration, moving and handling, safeguarding and infection control. They also received training specific to meet the needs of the people who used the service such as awareness of mental health, dementia and learning disabilities, incontinence awareness, Mental Capacity Act (MCA), medicines management and person-centred care. We viewed the training matrix and saw evidence that staff received training and refreshers appropriately.
- Staff told us they received regular supervision and felt supported by the registered manager and senior staff. Supervision included checking on the staff member's wellbeing, duties and responsibilities, work

performance, personal development and training and any concerns. A staff member told us, "I feel very supported. The company is good. Managers support me well. I get supervision every month" and another said, "We get monthly individual supervisions and group supervisions every quarter."

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

- People's nutritional needs were recorded in their care plan, including their likes and dislikes, and any preferences they might have. Staff supported people with already prepared meals and the preparation of snacks of their choice. People told us staff respected their choices in relation to food and drinks. One person told us, "[Care worker] does not cook for me, just warms up the food."

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

- The management team liaised with healthcare and social care professionals who provided support to people. The deputy manager told us, "We work with social services, the GPs, ambulance service when necessary, we liaise with family members to give the best care to people. We report to CQC as necessary."
- People's healthcare needs were recorded in their care plan. We saw evidence care workers communicated well with the office and reported any concerns promptly. Where people had a specific health condition, care plans included details of symptoms to look out for and guidance about how to meet people's needs to avoid them becoming unwell.

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

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

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

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People told us they were consulted about their care, and their choices were respected. People's mental capacity was assessed and we saw evidence of assessments in care plans. These were regularly reviewed. We saw, where possible, people had signed their records to show they had been consulted and agreed with the content of these.
- Staff received training on the principles of the MCA and demonstrated an awareness of this. One staff member told us, "I always seek the service user's consent just to make sure they agree with the support I am providing."

Is the service caring?

Our findings

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

At the last inspection this key question was inspected but not rated. 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

- People told us the staff who supported them treated them with kindness and respect. One person stated, "They treat me with dignity and they are kind."
- People were consulted in relation to the gender of their care workers and this was recorded in their care plan. Where possible, they were supported by staff who could speak their language to facilitate good communication. Their preference about this was recorded in their care plan.
- The provider had an 'Equality and diversity' policy and procedure which detailed the company's philosophy and approach to diversity, equality and human rights and which took into account people's protected characteristics. Protected characteristics are specific aspects of a person's identity defined by the Equality Act 2010. Staff received training in equality and diversity and demonstrated a good understanding of this. People's religious and cultural needs were recorded in their care plan.

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

- People were encouraged to express their views via quality questionnaires and telephone monitoring. Documents we viewed indicated people were happy with the service.
- Senior staff conducted regular home visits to people to find out if they were happy with the service they received and if there were any concerns and these were recorded. However, one person told us they had not received a visit for a long time. We discussed this with the deputy manager who told us they would liaise with the person to discuss this.

Respecting and promoting people's privacy, dignity and independence

- People's choices and wishes were recorded in their care plans and respected. People told us the staff knew their individual needs and met these.
- Staff told us they cared for people and valued and respected them. They demonstrated they knew how to promote people's dignity and privacy when providing personal care.
- People who used the service confirmed the staff supported them with dignity and respect. We saw this subject was discussed during team meetings to reinforce the expectation for staff to treat people well at all times.
- People were supported by regular care workers who knew their needs well. The deputy manager explained, "When we receive a package of care, we identify the client's needs and which carer is the most suitable to this particular person. For example, where they live, to minimise the travel time. We always try to keep the same carer for each person whilst having a backup carer ready in case of emergency or sickness."

Is the service responsive?

Our findings

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

At the last inspection this key question was inspected but not rated. 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 plans were developed from the initial assessments. These were clear and contained enough information for staff to know how to support people and meet their needs. One staff member told us, "Information about clients is in the care plan. The manager also explains to make us understand better. Care plans are in the client's house and we can check it anytime in the client's home." Care plans were person-centred. They included how the person wanted their care delivered in all areas of their life.
- A support plan was in place which detailed how the person wished to be supported at each visit. For example, "I am able to wash my hair, face, torso and arms but will require support with washing my back and lower body as I find it hard to bend down." These were reviewed regularly to reflect any changes to the person's requirements. A member of staff confirmed this and said, "The manager will let me know if there are any changes. If I notice something changed with client, I will also tell the manager."
- The staff told us they always made sure people were happy with the care they received and did their best to meet their individual needs. One staff member told us, "I ask the service users if they are satisfied with their care before I leave to make sure I have helped meet their needs."
- Where people had specific care needs, there were details about this, possible risks identified and how to mitigate these, such as how to manage catheter and stoma care. Each assessment detailed possible concerns, how to identify these and what action to take. For example, should a person's catheter come out, staff were expected to report this immediately to the community nurses and the office.

Meeting people's communication needs

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

- People's communication needs were sought and recorded in their care plans. This included their desired outcome and how they wanted staff to support them to achieve this. For example, one person's care plan specified, "I would like my care workers to be patient and attentive when communicating with me. I sometimes require more time to process information before making an informed choice."
- Staff received training in effective communication to help ensure they understood how best to communicate with people who used the service, according to their individual needs. During their recruitment stage, the provider assessed potential staff's language and numeracy skills, to help ensure they were suitable to deliver care to people and communicate well with them.

Improving care quality in response to complaints or concerns

- People who used the service told us they did not have any concerns and felt listened to when they made a complaint. One person explained, "One carer I had was not very good, so I discussed this with the management and I had a new carer" and another person stated, "No complaints at all. Nothing else to say, I get on very well with my carers."
- The provider had a complaints policy and procedure in place and people knew how to use this. We saw evidence the provider investigated complaints in line with their policy and procedures and informed the relevant authorities. For example, where a complaint had been received from a relative in relation to the conduct of the care workers, the care workers had been interviewed and relevant information had been given to the investigating officer.

End of life care and support

- At the time of our inspection, the provider was not supporting people receiving end of life care. However, care plans included a section about people's end of life wishes when they were ready to discuss these. The deputy manager told us they would ensure all staff received appropriate training in end of life care before supporting people at this stage.

Is the service well-led?

Our findings

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

At the last inspection this key question was inspected but not rated. 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

- People spoke positively about staff and management. They told us the registered manager was approachable, and the office staff responsive to their needs. One person stated, "The office staff are good. My [relative] calls them and is happy with them."
- Staff told us they felt supported by the management and could contact them at any time. Their comments included, "I feel very supported. The manager is very caring and [they] listen if anyone has a problem. We have staff meetings every two or four months, but we also have supervision every month", "We have never had any issues obtaining gloves, face masks and aprons" and "I feel supported. The manager and the team have been very good so far. I have no complaints."
- Staff told us there was good communication and teamwork and this contributed to a happy and good service, particularly during the pandemic. One staff member stated, "We were updated on any changes to the guidelines and we were even provided with private transportation to reduce the risk of infection on public transport."

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 provider had a 'Duty of Candour' policy in place. They understood their duty to report any accident or incident, to take appropriate action and to offer an apology if necessary. The deputy manager told us their priority was to ensure people were safe and had their needs met. They said, "We liaise with families and encourage everyone to be involved, report anything of concern and we work together."

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

- The provider had effective monitoring systems in place. The senior staff undertook regular unannounced spot checks of the staff when they were delivering care to people who used the service, to help ensure people received the support they required in line with their care plans.
- Spot checks were recorded and included which activity was observed, what was done well and if there were any areas for improvement. Where there were concerns, these were recorded and action was taken with the relevant care worker, for example, additional training and supervision.
- Records of spot checks also included the comments of the person using the service and the staff being observed. We viewed a range of these and saw people were happy with the care they had received and the

staff had felt well supported.

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

- The provider undertook regular quality monitoring visits of the service people received and these were recorded. We viewed a range of these and saw people appeared satisfied. Areas assessed included checking if people were happy with their meal support, how they were supported with their personal care needs, and if their staff treated them well and arrived on time.
- In addition to visits, the office staff regularly telephoned people who used the service to check if they were happy, if the staff used the correct PPE and if they had any concerns. We saw no concerns had been raised by anyone.
- People who used the service were consulted via quality questionnaires, to obtain their feedback about the service and the care they received. We viewed a range of these and saw people were happy and did not have any concerns about the agency or the staff who supported them.
- There were regular staff meetings, and these had been done virtually during the pandemic. We viewed the minutes of the previous three meetings and saw subjects discussed included, infection control and the use of PPE, COVID-19 updates, absence from work, dignity and respect, training, dress code and communication.

Continuous learning and improving care; Working in partnership with others

- The registered manager was absent at the time of our inspection. However, the deputy manager was able to provide us with all the necessary information and was knowledgeable about the management of the agency. They told us, "Our vision is to grow, increase our team, have more people using our service. We have worked together before and are experienced in managing a service. This is the first step for us. As we grow, we will continue to work with our staff, increase our resources and look at getting better."
- The senior team attended events organised remotely by the local authority. They kept themselves involved and informed of all developments within the social care sector. They shared relevant information with the care workers, so they felt informed and valued. The staff confirmed they were informed of all relevant guidelines and changes in the sector.
- The deputy manager told us they had a good relationship with the local authority and other external professionals who were involved in people's care and support. They said, "At the moment we liaise with another provider to share ideas, we have worked well with Ealing. They have been very supportive and give us a lot of information."