

Quorndon Care Ltd

# Quorndon Care Ltd

## 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

This inspection took place on 20 July 2017 and was announced.

Quorndon Care Ltd is a domiciliary care service providing care and support to people in their own homes. It caters for older people; people living with dementia, mental health needs and physical disabilities, and sensory impairments; and younger adults.

The service has a registered manager. This 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.

People were satisfied with the service provided and said they would recommend Quorndon Care Ltd to others. They said the staff were compassionate and caring and treated them with dignity and respect. Relatives told us the staff built positive relationships with their family members and themselves. Records showed staff providing a caring service and taking action if the person they were supporting needed company or was distressed.

People felt safe using the service and said the staff checked on their safety and made sure they had everything they needed. Staff knew how to protect people from harm and who to tell if they had any concerns about people's well-being. There were enough staff employed to meet people's needs safely. Staff supported people with their medicines in the way they wanted.

The staff were well-trained, knowledgeable and skilful and understood the need to gain people's consent before providing them with care. They supported people with their meals where necessary and understood their dietary requirements. They also took prompt action if they had concerns about their health, alerting GPs and family members when they needed to and staying with people until assistance arrived.

People's needs were fully assessed when they began using the service. Care plans set out how they wanted their care provided taking into account the views of health and social care professionals and relatives. People and relatives said they were satisfied with their care plans which were regularly reviewed to keep them up-to-date.

People knew who the provider and registered manager were and had confidence in their ability to oversee the safe delivery of care. One relative said they felt able to go away on holiday knowing their family member would be well-cared for by staff at the service.

During our visit to the office we saw the provider and registered manager deal with a number of calls and enquiries from people and relatives. They were always friendly and helpful, offering advice, reassurance and friendly conversation.

People told us the office staff were easy to contact and always friendly and polite. A relative said the office staff were flexible if they wanted changes to their family member's package of care and extra visits were provided on request.

Staff told us they were well-supported by the provider and registered manager. They said there was a senior member of staff on call at all times day and night if they needed advice or support.

People were given the opportunity to comment on the service through telephone calls, during care reviews, and by completing an annual quality questionnaire. The provider and registered manager listened to their comments and suggestions and made changes and improvements to the service as a result.

The provider and registered manager carried out a series of audits and checks on all aspects of the service. These helped to ensure the service was running effectively and staff had the ongoing support and training they needed.

## 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.

People using the service felt safe and staff knew what to do if they had concerns about their welfare.

Staff knew where people were at risk and took action to minimise this.

There were enough suitable staff employed to keep people safe and meet their needs.

Medicines were safely managed and administered in the way people wanted them.

### Is the service effective?

Good ●

The service was effective.

Staff were trained to support people safely and effectively and sought their consent before providing care.

Staff had the information they needed to enable people to maintain a balanced diet.

People were assisted to access health care services when they needed to.

### Is the service caring?

Good ●

The service was caring.

Staff were caring and kind and treated people with compassion.

Staff respected people's privacy and dignity and involved them in decisions about their care and support.

### Is the service responsive?

Good ●

The service was responsive.

People received personalised care that met their needs.

People knew how to make a complaint if they needed to and were listened to if they did.

**Is the service well-led?**

**Good** ●

The service was well led.

The service had an open and friendly culture and the staff were approachable and helpful.

The provider and registered manager welcomed feedback on the service and made improvements where necessary.

The provider and registered manager used audits to check on the quality of the service.

# Quorndon Care Ltd

## **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 20 July 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of an inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service. Our expert by experience had experience of the care of older people.

We reviewed the 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 reviewed the provider's statement of purpose and the notifications we had been sent. A statement of purpose is a document which includes a standard required set of information about a service. Notifications are changes, events or incidents that providers must tell us about.

We spoke with four people using the service and nine relatives. We also spoke with the provider, the registered manager, the administrator, and two support workers.

We looked at records relating to all aspects of the service including care, staffing, and quality assurance. We also looked at three people's care records.

# Is the service safe?

## Our findings

People told us they felt safe using the service. One person said, "I like to know they [the staff] are around, they keep me safe, check on me and make sure I have everything I need." Another person said, "They make sure the door is locked as they leave and that makes me feel safe."

Relatives also said they thought the service was safe. One relative told us, "All the staff are very nice. My [family member] doesn't need too much support really just someone for safety and I can relax when they are here." Another relative said, "The carers are very good with my [family member], they will prompt her with medication and pick up things lying around which my [family member] could trip over."

Records showed staff were trained in safeguarding (protecting people from abuse) during their induction. The staff we spoke with knew how to keep people safe and what signs to look out for if a person may have been abused. One staff member told us, "If I have any concerns at all about a client [person using the service] I would contact the office straight away. I have total confidence in the current management to do everything they should to keep people safe."

Staff gave us examples of how they had protected people from harm. One staff member had contacted the registered manager, the local authority, and the police when they had been unable to gain entry to a person's house. Another person said they had noticed a sign that the person they were supporting had possibly been abused. They immediately contacted the registered manager who alerted the local authority. These examples showed staff took appropriate action to help ensure people were safe.

The provider's safeguarding policy needing improving to make it clear that all safeguarding concerns must be reported to the local authority, as they take the lead in safeguarding investigations, and that CQC must also be notified of these. The provider and registered manager said they would address this.

Staff knew what to do to minimise risk to people. One relative told us, "They make sure my [family member] is standing near the bedpost when washing and dressing so they are steady and won't fall." A staff member said, "We always have two members of staff for hoisting to make sure the client is safe."

Before people began using the service the registered manager or another senior member of staff visited them in their homes and carried out a series of risk assessments to identify any areas where they might be at risk. This included safety relating to the person's physical and mental health and in the home environment.

Risk assessments for people's physical and mental health were mostly of a good standard and included clear instructions to staff on how to support people safely. For example, one person's risk assessment for moving and handling stated the number of staff required followed by detailed step-by-step instructions on how to assist them safely. This person also had a pressure-relief mattress and their risk assessment stated, 'Staff must check daily that the mattress remains on the correct setting.' By following these instructions staff helped to ensure risks to people were minimised.

Some people needed additional or more detailed risk assessments to keep them and the staff supporting them safe. For example, records showed one person could be verbally challenging at times due to their mental health needs but there were no instructions for staff on what to do if this happened. Another person had a sensory condition that could result in them becoming dizzy and although staff were aware of this there was no risk assessment in place to tell them how to respond to this symptom.

In addition, risk assessments for safety in the home were generalised. They covered different areas of the premises and what the risk might be in each one, for example faulty electrical equipment or tripping hazards. However they didn't fully address hazards that might be specific to individual people in their own homes, for example, smoking, pets, 'hoarding', and other lifestyle choices that may impact on the safety of the environment.

We discussed these issues with the provider and registered manager. They said they would review all risk assessments to ensure they included all the information staff needed to keep people safe.

Records showed the numbers of staff people needed for each visit was decided prior to their care commencing. So, for example, if a person needed two staff to support them safely they were provided. Care plans included clear instructions on when two staff were needed to provide care, for example when a person was being assisted to mobilise, and the staff we spoke with understood these.

The provider's recruitment procedure helped to ensure the staff employed were safe to work with the people using the service. The staff files we checked showed the recruitment procedure had been followed and staff had the required documentation in place including police checks and references.

Prior to commencing work for the service staff were trained in health and safety, fire safety, first aid, food hygiene, infection control, and COSHH (control of substances hazardous to health). This helped to ensure they had the skills and knowledge they needed to keep people safe.

People told us staff supported them with their medicines. One person said, "The staff will bring my tablets in for me so I don't forget them." A relative told us, "[My family member] will forget to take medication so staff will prompt them." Another relative told us staff 'kept an eye on' their family member's medicines and let them know if stocks were getting low and needed re-ordering.

Care plans included information for staff on how to administer people's medicines in the way they wanted. For example, one person's read, '[Person] will have his medication blister pack out ready. Staff are to put his medication on a black plate, this allows him to see his medication better as he has limited vision.'

Staff were trained in medicines administration. The provider oversaw the safe handling of medicines at the service and dealt with any medicines issues or queries. Staff competency to give our medicines safely was assessed at the end of their training and during their three monthly 'spot checks'. These measures helped to ensure staff managed people's medicines safely.



# Is the service effective?

## Our findings

People told us they thought the staff were knowledgeable and skilful and provided effective care. One person said, "I think they are well trained. The things they do for me they do well." Another person said, "They are all very professional. They wear gloves and aprons when they are carrying out personal care. They sometimes send new staff and they usually come with one of the other [more experienced] staff." A relative said, "I believe they do a lot of training in-house and some new ones get sent out to [observe] more experienced staff." Another relative said "They are very well trained."

Staff told us they had a thorough induction when they began working for the service. Records showed this included completing the Care Certificate (a nationally-recognised introduction to care course) and working alongside more experienced staff. One staff member said, "When I started I shadowed other carers and did double-up calls which gave me the chance to get to know the job and the clients." Another staff member told us, "Some training is online and some in person. The hoist training is in person as you get to use the actual hoists."

Staff said the mixture of online and face-to-face training worked well and helped to ensure they had the skills and knowledge they needed to provide effective care. A staff member commented, "They [management] keep my training up to date and let me know there are any courses I need to do." The staff training files we looked at showed staff training included assessments and competency checks to help ensure staff had understood the training they had received.

We talked with staff about the training they had in dementia care as a number of the people they supported were living with dementia. One staff member said, "I have had some online dementia training and have asked for more in supervision as I would like to learn more about it." Another staff member said this subject was covered in their induction but there would like a more in-depth understanding of it. We discussed this with the provider and registered manager who said they would look into providing further training in dementia to all staff.

In addition to online and face-to-face training the provider and registered manager sent staff training information in the form of a 'topic of the month'. Records showed that past topics had included: Parkinson's disease; infection control; stoma care; catheter care; record keeping; dementia care; and mental capacity. This helped to ensure staff kept their knowledge and skills up to date.

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.

Staff had a good understanding of the MCA and the need to gain people's consent before providing them with care and support. People had their mental capacity assessed when they began using the service and

then re-assessed every six months in case their needs had changed. If a person appeared to lack the capacity to consent to the care being provided staff referred them to the local authority to be formally assessed. This helped to ensure that people received effective care and support lawfully and in line with MCA legislation.

Staff supported some people with their meals. A relative said, "The staff check what [my relative] likes to eat and will make what they fancy."

Care plans set out people's dietary requirements and gave staff the information they needed to help ensure these were met. For example one care plan stated, 'Carers are to make a list with [person] of what shopping he requires and are to carry out his shopping at his preferred supermarket.' And, 'Carers are to ask [person] what he would like for lunch, he always has plenty of food in, so please give him the choice.'

If people needed their food presented in a particular way or needed support and encouragement to eat this information was also in their care plan. For example, 'Carers are to make sure the food is cut up into manageable pieces.' Staff recorded what people ate which showed how their nutritional needs were being met.

We looked at how staff supported people with their health. One relative told us the staff noticed if their family member had any medical issues. They said, "They will inform me so I can contact the GP if necessary." Another relative told us, "They will pick up on the things that aren't 'normal'."

Records showed that staff took prompt action if they had concerns about a person's health. For example, one staff member noticed a person had an injured limb. They reported this to the registered manager who took action to ensure the person received medical attention. On another occasion a person was having difficulty weight-bearing so staff supported them and their relative to involve healthcare professionals including a GP and district nurse. Both these people received effective healthcare as a result of staff actions.

People's health care needs were assessed when they began using the service and staff were made aware of these in care plans. People had hospital 'grab sheets' (forms summarising people's needs) in place. Some of these needed updating. We discussed this with the provider and registered manager who agreed to review all 'grab sheets' and update them where necessary. This will help to ensure that healthcare staff have the information they need if a person is admitted to hospital.

## Is the service caring?

### Our findings

People told us the staff were compassionate and caring and treated them with dignity and respect. One person told us, "They are always polite with me, they are great." Another person said, "I feel very much involved in what is happening. The staff are always checking if there is anything else I need. I know if I ask for something they would get it for me."

Relatives also made many positive comments about the staff including: "Some of them go the extra mile for us like making the bed if they have time"; "The carers are super, they are all really nice. It's a difficult job and they do it well"; and "The staff are very good, they never rush off they will always ask if there is anything else they can do. It's like having your own family, we have got to know them so well."

Relatives told us staff built positive relationships with people using the service and themselves. One relative said, "The staff will always say 'we're here for you too', they are very caring."

Staff told us they thought the service they provided was caring. One staff member said, "The staff are lovely and helpful and always there for each other and the clients. We're like a big happy family." Another staff member told us how she encouraged a person she supported to eat more by collecting a take-away for them on the way to their call. The staff member said, "I phone them in advance to see if they would like that and they always say 'Yes'. They love it when I do that."

The records we saw showed staff proving a caring service and took action if the person they were supporting needed company or was distressed. For example, one care plan stated, 'Carers are to sit with [person] during the call and have a chat with them.' An entry in a person's daily notes stated, '[Person] a little upset as had had bad news. Chatted, lifted [person] in spirits. All well and ok on my leaving.' This showed a staff member having a caring approach to the person in question.

People and relatives gave us a mixed response when we asked them if they had regular staff. One person said, "I normally get the same carers and they are usually on time." A relative told us, "We normally get the same carers." However some relatives disagreed. One relative told us, "It is not normally the same people who come so I don't feel there is continuity and we always have to explain things." Another relative said, "It would be preferable for us to have the same carers. It varies. The weekdays work quite well but we struggle at the weekends."

We discussed this with the provider and registered manager. They said their aim was to provide regular staff but it was not always possible due to staff turnover, holidays and sickness. They said they currently had a good staff team who received bonuses if they carried out all their calls each month and were also paid mileage, travel time and a phone allowance. They said these incentives should help to ensure that staff stayed with the service and were able to provide the continuity of care that people and relatives said they wanted.

During our visit to the office we saw the provider and registered manager deal with a number of calls and

enquiries from people and relatives. They were always friendly and helpful. One person rang up for advice on payment and once they had provided this the registered manager talked to the person about events in both their lives and had a humorous exchange. A relative called the provider for advice on caring responsibilities. The provider gave the relative reassurance and told them, "We're not just here for [person using the service], we're here for you and other relatives as well." These were examples of the caring nature of the provider and registered manager.

People told us they knew about their care plans and had been involved in developing them. A relative said, "Most of the staff understand my [family member's] condition. Everything is down in the care plan which is adhered to most of the time. They will always ask if my family member is ready to do things and they let them be as independent as possible." Another relative told us, "They [the staff] will sign the care plan which they leave out for me to look at."

The provider and registered manager told us care plans were written in conjunction with people and their relatives who were also consulted if any changes were made to them. Care plans were left in people's homes along with their daily notes so they and their relatives could see what staff had written.

People told us staff respected and promoted their privacy and dignity. One person said, "They are all very respectful. They are very caring and I trust them to do the right thing." A relative told us, "They are gentle, thorough and really look after [my family member]. They are brilliant."

One person described how staff assisted them with their personal care. They said, "They make sure they have closed the blinds and door so I am not in a draft. They use a bowl at the side of the bed. It is all very good. I can do most myself and they help with the bits I can't reach. They cover me with towels to keep me warm."

Care plans instructed staff to be courteous at all times, for example, 'When entering say "Good Morning [person's name] it's [staff member's name] from Quorndon Care.' All staff were trained equality and diversity to give them an understanding of people's various cultures and beliefs. This helped to ensure they were empathetic towards the people they supported.

## Is the service responsive?

### Our findings

People told us staff supported them to be as independent as possible. One person said, "I used to need two carers but we have it down to one now. They are supporting me to do as much as I can for myself." A relative told us, "They [the staff] help me keep my [family member] as independent as possible."

Care plans set out how people wanted their care provided. For example, 'To assist [person] with putting their shoes on staff are to use [person's] shoe horn'; 'Ask [person] if they would like the coffee pot putting on'; and '[When assisting a person to move] say "Ready, steady, slide".' These details helped to ensure staff provided personalised care.

People and relatives said they were satisfied with their care plans. A relative told us, "The staff stick to the care plans." Records showed that people's needs were fully assessed when they began using the service. Assessments addressed the needs of the person concerned and how they wanted their care provided. They also took into account the views of health and social care professionals, family, and close friends where appropriate. Care plans were then produced and these were reviewed at least every six months to take into account any changes to the person's needs. This meant care plans were up to date so staff could provide ongoing responsive care.

We had mixed views from people about the timeliness of calls. Some people were satisfied with the times staff arrived to provide their care. One person said, "They are usually on time they've never been too late. It doesn't usually bother me but if it did I would ring the office." Another person said, "I get a list on a Monday. It tells me what time they are coming, who is coming, and how long they will be here. It is usually correct unless they have last minute sickness."

However other people said they had had difficulties with staff being late. One relative told us, "There seems to be a problem getting staff to arrive within the agreed time. It can be anywhere up to an hour either side. I have spoken to them and they assure me they are trying to sort it out. They do stay the full length of time though." Another relative said that although they were 'very happy' with the staff, and they stayed the full length of time, staff arriving late had caused them difficulties. They told us, "The timing can be so bad. I never know when they are coming and it means I am not sure when to use the bathroom myself. I have been caught out a couple of times. We get a rota each week but it's never the same team. They swop and change them around. Some of the staff come from the other side of the city. No wonder they get caught in traffic." A further relative said staff arrived 'more or less' on time during the week but at weekends they were sometimes up to an hour late.

We discussed these concerns with the provider and registered manager. They said there had been a problem with some calls being late earlier this year. They said this had been due to staff sickness however they had since recruited extra staff which they hoped had helped to resolve the problem. We looked at the provider's call monitoring records for July 2017. These showed there were no missed calls and the vast majority were within 15 minutes of the agreed start and end times. The provider said this improvement meant people were getting a more efficient and responsive service.

People told us the staff usually let them know if they were running late. One person said, "If they are running late someone will let me know." However two relatives said they weren't always informed of staff delays. One relative said, "I have spoken to them on numerous occasions about the times. If they could just let us know if they are not going to make the time it would be so helpful." Another relative felt the service could be better at informing them of changes to the rota or if staff were running late. They told us, "They are not always organised and don't tell us if they have changes to staff or times."

Staff told us that if they were running late for a call they endeavoured to call the person and let them know. They said this could sometimes be difficult because they had to find the person's contact number amongst their records which could be time consuming. One staff member said, "It would be good if the office could ring the client for us so we didn't have to search out the client's number and ring them ourselves."

We discussed this issue with the provider and the registered manager. They said that staff were meant to notify people using the service or the office if they were likely to be over 15 minutes late or early. However, they accepted that it was not always easy for staff to do this. They told us they had a new IT system in place which could automatically notify them if a staff member was going to be over 15 minutes late or early for a call. During our inspection they set this up. They also said that they would look into the possibility of office staff being responsible for notifying people of early/late calls so the staff providing care did not have to do this. Addressing these issues will help to ensure that people's calls are timely and responsive.

People told us they knew how to raise issues with the service and felt that they were listened to when they did this with action being taken to put things right. A relative told us, "We had an issue with one of the carers who my [family member] had difficulty getting on with. I rang and spoke to [the registered manager] and she dealt with it straight away." Another relative said, "I would know who to speak to and we sometimes see [the registered manager] and can talk about anything then."

The provider's complaints procedure was made available to people and relatives when the service commenced. It demonstrated a positive approach to complaints stating, 'complaints often provide an opportunity to do something better in the future'. However the procedure for submitting a complaint was formal and complex and could put some people off raising concerns. We discussed this with the provider and registered manager who agreed to review the complaints procedure with a view to putting a simpler and more user-friendly version in place. This will make it easier for people to share any concerns they might have with the provider, registered manager, and staff.

## Is the service well-led?

### Our findings

All the people we spoke with said they would recommend the service to others. Comments included: "I have recommended them to a neighbour she has thanked me for doing so as she is so pleased with them"; "I am very impressed with the company and would certainly recommend them. We work together to make sure my [family member] is cared for. It's a partnership"; and "I would definitely recommend them as a company."

People told us they found the office staff easy to contact and said were always friendly and polite. One person told us, "The office staff are very helpful." Another person told us, "The office staff are helpful and polite. If I ring through they usually can help with my needs." A relative said the office staff were flexible if they wanted changes to their package of care and as long as they gave notice extra visits were provided on request.

People told us they knew who the provider and registered manager were and had confidence in their ability to oversee the safe delivery of care. One relative said they felt able to go away on holiday knowing their family member would be well-cared for by staff at the service. Another relative told us, "I couldn't fault them at all. (The provider) sorts everything and always lets us know what is going on and the office staff and manager are all very helpful."

Staff told us they enjoyed working for the service because of the dedication of the staff team. One staff member said, "I would recommend Quorndon to others because everyone who works there goes above and beyond for the clients." Another staff member told us, "I would recommend Quorndon. The people who run it are so kind and caring and will always help out."

People were given the opportunity to comment on the service through telephone calls, during care reviews, and by completing an annual quality questionnaire that was sent out to them. People told us they had filled in questionnaires in the past. One person said, "I had a survey a while back and they sometimes ask [for my views] when I ring up." A relative said, "I have had a written questionnaire in the past." A couple of people said they were often in contact with the registered manager and were always asked for feedback on the service.

We looked at the results of the most recent quality questionnaire sent out in April 2017. This showed that the majority of respondents rated the service as 'good', 'very good' or 'excellent' in all areas. Following each questionnaire the provider produced a 'You Said, We Did' newsletter for people to show what they had done in response to their suggestions and comments. For example, the colour of the staff uniforms was changed to a brighter more cheerful one, a new computer system was introduced to improve the timeliness of calls, and weekly rotas were sent out to people so they could see which staff would be providing their care. This showed the provider and registered manager listened to people and made changes as a result.

Staff told us they were well-supported by the provider and registered manager. One staff member said, "I feel valued as a member of staff. The owner and manager look after us as well as the clients and are always

there for us." Another staff member told us, "I have had great support through my three months probationary period. The manager couldn't have been nicer." Staff also told us there was a senior member of staff on call at all times day and night if they needed advice or support.

The provider and registered manager carried out a series of audits and checks on all aspects of the service. For example, records showed that care documentation was audited on a monthly basis to see if it was complete and up-to-date. Staff 'spot checks' (when staff were observed providing care), training and supervisions were carried out so the provider and registered manager could see that staff were delivering a good standard of personalised care. The provider and registered manager also sent out weekly memos to staff informing them of any changes to people's needs and let them know which senior staff were on call if they needed support. These audits, checks and communications helped to ensure the service was running effectively and staff had the ongoing support and training they needed.