

Quality Care Homegivers Limited

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## Inspection report

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### Ratings

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

# Summary of findings

## Overall summary

This inspection took place on 21 and 26 June 2017 and was announced.

Quality Care Homegivers is a domiciliary care service providing personal care to people in their own home. On the day of our inspection there were 26 people using the service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

At our last inspection of May 2016, we rated the service as requires improvement because of concerns we identified in safety and well-led. We received an action plan stating the service would resolve those issues in a month. At this inspection we found the senior staff had systematically worked through an action plan to address those issues and improve the service.

We received positive feedback from people who used the service. People told us they were supported by the same small groups of staff. The staff came on time to support people and occasionally when there were problems, the senior staff informed the person and made arrangements to ensure the support was provided.

Action had been taken by the management of the service to ensure people received their medicines as prescribed and this information was clearly documented. Risk assessments were in place with the guidance for staff to follow to reduce the risk of harm to people. Staff had received training in the safeguarding of vulnerable people.

There were sufficient numbers of staff to meet people's needs. People received support from a staff team that treated them with kindness, respect and dignity.

Staff were supported with a planned induction and on going training to develop their knowledge and skills. Supervision, spot checks and appraisals were carried out by managers to support staff.

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

The service supported people as stated in their support plan and this included for some people ensuring they had enough and choices of what to eat and drink. Arrangements were in place and information recorded when the staff had supported people to meet professionals such as GP's regarding their health care needs.

The service staff supported people to be involved with their own support planning and was flexible to

changing the times of support so that people were assisted with personal appointments. Each support plan had been written with the person to identify how their support would be provided to address their individual support needs. Before support was provided an assessment of the persons needs was completed to ensure the staff could meet the person's needs.

There was a clear complaints system in place and this was explained to people, once they used the service and reminded to them at times of review.

The philosophy of the service was open, transparent and focused on the needs of people who used the service. Staff were supported by a management team who they described as understanding and helpful. The senior staff had systems in place to monitor and audit the service and to take subsequent actions as required.

## 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.

Risk assessments were in place identifying people's needs and actions staff should take to keep people safe.

Staff were provided with training and understood how to identify people at risk of abuse.

The service recruitment procedures demonstrated that they operated safe and effective systems.

People's medicines were administered, recorded and the records audited to identify any issues which needed to be addressed.

### Is the service effective?

Good ●

The service was effective

Staff were provided with supervision and training so that they could meet people's needs.

People were asked for their consent before they received care.

Staff supported people to have enough to eat and drink.

People were supported to access a range of healthcare services.

### Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and empathy.

People were involved with their support planning and their choices recorded.

People received care that was respectful of their need for privacy and dignity.

### Is the service responsive?

Good ●

The service was responsive.

People had their needs assessed prior to the service staff working with them to provide support.

People's individual needs were met.

People knew who to complain to and were confident their concerns would be responded to appropriately.

### **Is the service well-led?**

The service was well led.

The senior staff had established systems and processes to ensure regular quality and safety monitoring to mitigate potential risks to people and to ensure planning for the continuous improvement of the service.

The philosophy of the service was open, inclusive and centred on promoting a good quality of life for people.

Staff understood their roles and responsibilities and were supported by an experienced management team.

**Good** ●

# Quality Care Homegivers Limited

## **Detailed findings**

### Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 21 and 26 June 2017 and was announced. We gave the service 48 hours' notice of the inspection because it is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in. We also wished to visit people in their own home to speak with them about the support provided and the service needed time to seek their permission.

This inspection was carried out by one inspector.

Before we carried out our inspection we reviewed the information we held about the service. This included statutory notifications that had been sent to us in the last year. This is information about important events which the managing director is required to send us by law. We used this information to plan what areas we were going to focus on during our inspection. We also took account of how the service had addressed issues identified at our last inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

We visited five people who used the service and also spoke with two relatives. We spoke with the owner, registered manager, co-ordinator and three members of care staff.

We reviewed four support plans, medication administration records, three staff recruitment files, staff

training matrix and records relating to the quality and safety monitoring of the service.

## Is the service safe?

### Our findings

At our last inspection, personalised risk assessments in relation to the management of people's medicines were not always sufficiently detailed or accurate. At this inspection we saw that support plans clearly stated what support people required with their medicines and staff were clear about the level of support they should give. This included information to clarify if the staff were to prompt a person to take their medicines or administer their medicines. The medicine policy was now clear and provided staff with appropriate guidance.

All of the staff we spoke with were clear upon the difference between prompting and administering. We saw that training had been provided for the staff and that further training had been arranged. In each of the support plans we saw that when staff had supported people with their medicines, the instructions were clearly recorded. The senior staff showed us the medication administration record procedure in use and explained this to us. This meant that people were receiving their medicines as prescribed and the records had been correctly completed, as per the instructions of the support plan.

In each person's support plan there was a record of their prescribed medicines. There was also a record of any allergies and the times the medicines were to be taken was clearly documented. One person told us, "The staff give me my tablets." We saw that it was clearly recorded in the support plan that the staff were to administer the medicines. Another person told us about how the staff discussed with and supported them to order their medicines from the pharmacy.

At our last inspection there was a variation in the quality of information provided within the peoples risk assessments. For example, when supporting people to mobilise safely, the use of equipment and risks for staff associated with supporting people in their own home.

All of the risk assessments had been reviewed. The manager explained to us the system in place for the risk assessments to be regularly reviewed and that reviews would also be arranged in the event of an unforeseen circumstance. One person told us, "They regularly review my documents." We saw that the risk assessment had been reviewed, dated at the time and the next review planned. A relative told us about how they had been involved with the review of their relatives support and this included looking at the risks involved.

All of the staff we spoke with demonstrated their understanding of what measures were in place to reduce the risks to people's health, welfare and safety. A member of staff told us, "We have spoken about risks at team meetings and also supervision, any change we observe we speak with the manager for advice." Another member of staff told us, "I read the support plan which includes the risk assessment each time I go in to provide care."

We saw on the training program that staff members received training about safeguarding people as part of the induction process when joining the service. Further training was arranged yearly for the staff to attend and refresh their knowledge about safeguarding. One member of staff told us, "I am aware safeguarding is not just physical abuse but can be in other forms such as financial." This meant that the staff had received



training and understood about safeguarding people.

There were sufficient numbers of staff to meet people's needs. All of the people we spoke with told us staff never missed a call and if staff were running late they were informed by telephone. One person told us, "Very good indeed, always here on time and stay for the length of time to help." Another person told us, "They are not rushed and so they do not have to rush me, we do have time to talk while we are together and that is a comfort for me."

People told us they had support from regular carers which meant they received consistent care from staff who knew them well. Staff told us that their schedules allowed for them to travel from one person to another and to stay for the required time.

There was an effective recruitment procedure in operation. This ensured that staff employed were competent and had the skills necessary for the work they were employed to perform. The manager explained to us the procedure in use and how they were mindful to check any gaps in the person's employment history.

We looked at the staff recruitment records and saw a number of safety checks on staff had been completed before they commenced working for the service. These included checking their identification and with the disclosure and barring service to see if they had any record regarding safety to work with older adults.

## Is the service effective?

### Our findings

People told us they were content with the support they received. One person told us, "Staff are pleasant, very confident in them." A relative told us, "Do not know what I would do without them, especially as we have appointments to keep and they are flexible with coming at different times to accommodate."

The manager told us that they had worked with the senior team to ensure that supervision, appraisals and spot checks were all planned. They had also worked upon developing the induction program for new staff for training. They worked with new members of staff themselves during their probation period and also ensured new members of staff were assigned to an experienced member of staff. This was so they could work with that member of staff for a time before joining a small group of staff and were assigned to provide support for a number of people.

We spoke with members of staff about the support provided to them and all spoke highly of the supportive nature of the senior staff. One staff member told us, "Now that the supervision is organised, you can prepare and I quite look forward to talking about and learning more about caring." All staff confirmed that they were pleased with the training that was provided to them.

We spoke with an experienced member of staff who told us about how they supported new members of staff when they started working for the service. They told us, "We all have to start and it is important to give new staff time, so they will work with an experienced person until they are ready to work on their own."

The manager informed us that the three members of the senior team carried out spot checks for a number of reasons. This is when one of them would visit unbeknown to the member of staff to see how they were working and discuss any difficulties. This was also an opportunity to talk with the person receiving the support and for them to express their views. The manager told us that it was reassuring to regularly hear positive information. However on an occasion a person had mentioned that they did not get along with the member of staff and the manager had, after listening to this view, changed the situation for the better of all concerned.

Discussions with staff and training records showed us that staff had received training in a variety of subjects relevant to the roles that they performed. Staff had also received training in understanding their roles and responsibilities with regards to the Mental Capacity Act 2005 (MCA). This meant that staff had the required knowledge to identify when a person without capacity needed specialist support to ensure that their best interests were protected and their human rights upheld.

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 members told us about their training and knowledge of MCA and understanding of best interest meetings. A relative told us how they had been supported by the manager and other professionals when they required support to become appointed with lasting power of attorney for their relatives financial and well-being needs. This meant that the staff had knowledge of the MCA and were able to support both people who used the service and relatives with this knowledge.

People told us they were asked for their consent before they received support. A member of staff told us how they asked permission before doing anything for or with a person when they provided support. Another member of staff informed us how important it was to offer to check what drinks the person wanted. They knew that the person liked a number of varieties and hence the importance to check what they wanted at that time.

Each person had a detailed support plan which included if they required any support with eating and drinking and meal preparation. People were provided with a choice of what they ate from drawing up a list of their preferences and dislikes. One person told us, "They would never let me go hungry." A member of staff informed us if they were concerned about a person's diet they would consult a senior member of staff and put a food and drink diary into the support plan to monitor the daily intake.

People's records showed us that when necessary staff had taken action to ensure that people had access to appropriate health care support for example GP's. Some people were able to manage their healthcare independently or with support from their relatives. However some people did require more support and the service staff worked with them to ensure they could attend appointments. We saw that staff had recorded the support that they provided at each visit and other relevant observations about the person's health and wellbeing.

## Is the service caring?

### Our findings

People told us that the staff were friendly and helpful. Feedback was consistently positive about the standard of support they received. One person told us, "They are all lovely people."

We found that staff were knowledgeable about the people they supported and spoke with understanding and empathy about people's needs and the support they provided. People told us staff were kind and caring in their approach and that they received consistent support from regular staff and this enabled them to develop positive relationships with them. One relative told us, "I have got to know the staff very well, it is comforting that the same staff provide the help and they really do know [my relative]."

People told us staff always checked to see if they needed any further support before they left. The manager informed us that they informed the local authority about the need for more support time required for a person due to their health deteriorating. They had worked with the local authority and an increase in the persons support package had been agreed.

People told us that staff respected their dignity when providing them with their personal support needs. One person told us, "They always close the door when providing person care." A relative told us, "Dignity is so very important and that is respected by the staff."

We asked the manager how the service demonstrated respect to the people that used the service. They informed us that people were asked how they liked to be addressed and this was carefully recorded in the support plan. They also ensured that people were listened to regarding their preferences and choices which were also recorded. For example one person had identified the matching outfits they liked to wear and did not want these outfits crossed matched.

The service philosophy included reference to the importance of dignity, choice and respect and ensuring that the staff worked with the person and their respective families. This meant that the service staff wanted to ensure that people and families were involved in their support plan. People told us they had been fully involved in making decisions in the planning of their support.

The support plans we reviewed were oriented towards recognising people's choices and supporting their independence. For example, one support plan we reviewed described how to support the person with complex health care needs, describing in detail their wishes and choices with regards to support with their personal care.

Staff were provided with guidance on how to support people in a kind and sensitive manner. For example, in respecting how people liked to be addressed, how to support people with dignity when providing personal care and when responding to people who presented as anxious. We were therefore assured that staff had been trained appropriately and had received the guidance they needed to support people in a caring and dignified manner. Staff told us that approaching and communicating with people was discussed in supervision.

The staff and the manager were aware of their responsibilities to protect people's confidentiality. They understood they were bound by a legal duty of confidence to protect people's personal information. People's records located in the location office were maintained securely.

One person informed us that with the help of the regular service staff they had been able to maintain their independence and continue to live in their own home. They considered the support package was small and flexible but now established had added to the quality of their life.

## Is the service responsive?

### Our findings

People told us that the support they received was personalised and responsive to their needs. We asked people if the support they received met their needs and whether any changes to their support arrangements were required. People told us they had been involved in the planning of their support. They gave us examples of when staff had responded to their changing needs. For example, in response to an emergency or when adjustments had been made to the timing of their support visits due to their need to attend health care appointments. This meant that where possible support was provided in a flexible way in response to people's needs.

People needs were assessed and recorded prior to the service staff supporting them. We saw that the information provided in the support plans was clear and precise about the needs of people and support required. The support plans were detailed and provided the information required for the staff to support the person. The manager since coming into post had reviewed and then changed the support plan documents to further focus upon being person-centred. This was after consultation with some people who used the service and senior staff members.

We saw that the support for a person with a diagnosis of diabetes was detailed regarding the risks to look out for and how to support the person maintain a stable blood glucose level. A person was supported in bed for the vast majority of the time. The support plan clearly identified to the staff how to help the person with movement when changing the bed linen. This was so that it could be achieved safely and for the person's comfort with the minimum of fuss.

People told us staff always checked to see if they needed any further support before they left. The manager informed us that they informed the local authority about the need for more support time required for a person due to their health deteriorating. They had worked with the local authority and an increase in the persons support package had been agreed.

A weekly schedule was sent to each person in advance of the scheduled visit times, regarding the staff that would be providing the support. They co-ordinator how important it was that the person knew who was coming to help them. People told us that they received a copy of the schedule a few days in advance of the coming week.

Staff recorded in a daily log the support they provided which was kept in the person's home. We saw that this included personal care, food preparation and medicines management, plus any contact with others such as healthcare professionals. We noted that the support plans in the person's home were in agreement with the information kept in the office. This meant that the records were accurate and people, staff and managers could discuss the support plans over the telephone, as they were looking at the same written information.

Everyone we spoke with was satisfied with the way the support was provided. Staff were knowledgeable of people's needs. They described how they supported people so that they maintained their independence.

One member of staff explained how they helped a person to wash, while the person continued to wash their own face and hands. This demonstrated that people were receiving support when they needed it whilst maintaining their autonomy and encouraging their independence.

People received their support from the same regular care staff. They told us that when new staff had been employed to work in the service they had been introduced to them and shown what was needed to support people to have their support needs met.

People told us they had confidence in the management to deal with any concerns they might have. One person said, "We can always talk to one of the staff if we have a problem or any worries about anything." Another person told us they had every confidence in the manager and all members of the senior team and that they would resolve any problems should they occur, once brought to their attention.

There was a formal system in place for responding to complaints. Information which guided people as to this process was provided to people on admission to the service. The provider had a clear complaints policy which was given to the person when they had begun to use the service and they were reminded of the complaints procedure at their review.

The complaints procedure guided people in how to raise any concerns or complaints they might have with timescales for a response. We saw that one complaint had been received within the last year. There was a clear audit trail which described the investigation and the response to the complainant.

## Is the service well-led?

### Our findings

At our last inspection, we identified that the service required further work on auditing the quality of care provided and then taking action upon those audits.

At this inspection we asked the manager about the systems in place, to ensure the quality and safety monitoring of the service. They told us that they now had new systems in place this included audits of the support plans ensuring reviews had taken place and when the next review was planned. We saw evidence these plans were in place and reviews had taken place. People and relatives also informed us this was the case.

They had also carried out audits to seek the staff view upon the frequency and quality of supervision and training. They also carried out spot checks upon the delivery of support and auditing of medication administration records. This meant that the service had improved through the delivery of training and support to staff and managers checking the identified support had been delivered and documented.

The culture of the service was open, transparent and focused on the needs of people who used the service. People and staff told us the manager and senior staff regularly worked providing direct support themselves to cover for any staff shortages. The manager planned to provide some direct support themselves to keep in close contact with people using the service and their relatives. This meant they could continue to assess people's needs at first hand.

The service had a registered manager. One member of staff told us, "She is like a breath of fresh air, made a real difference since she joined." A relative told us, "The manager is marvellous things have got so much better." The manager told us that they had identified issues of improving supervision, training and support plan monitoring were the largest needs of service improvement. The senior staff had all worked upon these from a drawn up structured plan.

Staff told us the senior staff were approachable and available when needed. They were confident that they would respond to any questions or concerns they might have. One member of staff told us, "This is a really good place to work because of the management support." Another member of staff told us, "The managers lead by example, they go out and assess people to check that we can provide the support for them."

The manager continued to provide a great deal of support themselves and was aware that this meant they kept in regular contact with people and staff. They also saw this as a positive approach with regard to leadership. However they were also aware that the time was coming that they needed to spend more time planning and administering with the growth of the service. The service was looking to expand the senior team so that this would release the manager from some direct support and spot checks to focus upon other managerial duties.

Staff were positive about the manager and were confident that things had improved since their appointment. The service had procedures in place to guide staff in the event of emergencies. Accidents and



incidents were recorded and analysed by the senior staff to determine if there were any lessons to be learnt. This information had been acted upon and circulated to the staff through supervision and staff meetings.

Staff were supported out of hours with an on call duty rota where they could access support and advise when required. The staff we spoke with informed us that they found the on-call system reassuring and helpful. The senior staff took it in turns to be on-call to ensure that support was available as required. This meant that the staff and people were supported as required by an experienced member of the team.

One person told us, "I have regular support from the same group of staff, they know me well." A relative told us, "Amazing support is provided to [my relative] we could not live so far away if we were worried about the support. The senior team provide some support themselves and are in contact with us whenever there is a change or something needs to be resolved."

The senior staff as well as providing direct support to people had spent time considering how they managed staff effectively. The result was better and effective monitoring of records including medicine records. Supervision to staff had been increased and this had been an opportunity to discuss and check with the staff they understood the training provided.

Members of staff told us that they felt valued by the service. One member of staff told us, "They spend a lot of time planning and arranging the training for us. This has helped us with our confidence, knowledge base and working towards qualifications." Staff were also aware of the service whistle-blower policy which was given to them and explained when joining the service.

The manager explained to us that they had spent time arranging for staff to work in a flexible manner and to support with annual leave requests. They said that this value they placed upon the needs of staff as well as the people meant that the staff were committed and in turn worked flexibly to meet the needs of the people using the service.