Care Quality Commission

Ms Katrine Price

# Quality Home Care Suffolk

**Inspection report**

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## Ratings

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

## Overall summary

The inspection took place on 30 March and 2 April 2015 and was announced. The service received 24 hours' notice of our intention to inspect the service. This is in line with our current methodology for inspecting domiciliary care agencies.

The service provides care and support to people in their own home.

There was no registered manager in post, however the quality assurance manager has applied to register and this application is currently being considered by the commission. 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.

Staff were trained in safeguarding people from abuse and they understood their responsibilities. Safeguarding concerns had been raised appropriately with the local authority.

# Summary of findings

Risks to people and staff were assessed and actions taken to minimise them.

Staffing levels were assessed and kept under review. There was a recruitment procedure in place which ensured that staff were safe to carry out this kind of work, however references were not always taken up or checked thoroughly.

Medicines were administered safely and records related to medicines were accurate.

Training was provided for staff to help them carry out their roles and increase their knowledge about the health conditions of the people they were caring for.

People gave their consent before care and treatment was provided and, although most staff had not received training in the Mental Capacity Act (MCA) 2005 we found that staff had some knowledge of it and decisions, with the exception of one, had been taken in line with it. The MCA ensures that, where people lack capacity to make decisions for themselves, decisions are made in their best interests according to a structured process.

People were supported with their eating and drinking and staff helped to ensure that people had access to the food and drink they might need after staff had left for their next call. Staff also supported people with their day to day health needs and worked in partnership with other healthcare professionals.

Staff were very caring and people were treated respectfully and their dignity was maintained. Relationships were good between staff and the people they were supporting. This was helped by the way that small teams worked in particular areas which aimed to ensure consistent staffing. We observed staff providing high quality care along with friendly banter and humour which was very well received by the people they were caring for. People could not praise the staff highly enough.

People were involved in planning and reviewing their own care and were encouraged to provide feedback in a variety of ways to enable the service to learn and grow. People were firmly in control of what care they received and how it was provided.

No formal complaints had been made but informal complaints, gathered as a result of the regular feedback the service encouraged, were dealt with promptly and to the satisfaction of the people raising the issue.

Staff understood their roles and were well supported by the management team. People who used the service, their relatives and staff were very positive about the management of the service and praised the open culture and excellent communication.

Quality assurance systems were in place to monitor the delivery of the service.

# Summary of findings

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

We always ask the following five questions of services.

**Is the service safe?**
The service was safe.

Staff were trained in safeguarding people from abuse and understood their responsibilities.

Risks were assessed and managed well and medicines were administered safely.

Emergency plans were in place to make sure people did not go without the care they needed.

**Good**

**Is the service effective?**
The service was effective.

Training was provided for staff to assist them to carry out their roles.

People were asked for their consent before care and support was provided. The requirements of the MCA had been followed although most staff had not received training about this yet.

The service supported people to maintain a good diet and to look after their health.

**Good**

**Is the service caring?**
The service was very caring.

We observed good relationships between the staff and the people they were supporting and caring for.

People who used the service, and their relatives, were very positive about the way the staff provide care.

Staff were very caring and treated people with respect.

**Outstanding**

**Is the service responsive?**
The service was responsive.

People were involved in assessing and planning their care.

People's choices and preferences were recorded in their care plans and they were supported to give feedback about their care.

The service actively sought out people's views and any complaints were responded to appropriately and promptly.

**Good**

**Is the service well-led?**
The service was well led.

People, their relatives, and staff were involved in developing the service.

Staff understood their roles and were well supported by the management team.

**Good**

# Summary of findings

Quality assurance systems were in place to monitor the delivery of the service.

# Quality Home Care Suffolk

**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.

The inspection took place on 30 March and 2 April 2015 and was announced. The provider was given two working days' notice because the location provides a domiciliary care service; we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

Before we carried out our inspection we reviewed the information we held about the service. This included any statutory notifications that had been sent to us. A notification is information about important events which the service is required to send us by law.

We spoke with four people who used the service, two relatives, three care staff, the quality assurance manager and the provider (both of whom also undertake care shifts).

We reviewed six care plans, three medication records, three staff recruitment files, staffing rotas and quality assurance reports from two local authorities who have contracts with the service.

We accompanied two care staff on some morning calls and observed them providing care and support to four people in their own homes.

Good

# Is the service safe?

## Our findings

People told us they felt safe using the service. One person said, “They keep me safe – oh yes. What would I do without them?” We found that systems were in place to reduce the risk of abuse and to ensure that staff knew how to spot the signs of abuse and take appropriate action. Staff were able to tell us what they would do if they suspected or witnessed abuse and knew how to report issues both within the company and to external agencies. One staff member was able to tell us how they had made a safeguarding referral when they had been concerned about someone.

Staff had received training in safeguarding people from abuse. In addition to this safeguarding was an agenda item on all staff meetings and reminders about safeguarding procedures were included on the company newsletter which went out regularly to staff. Each member of staff carried a copy of the service’s whistle blowing policy. Staff told us they would know what to do if they had concerns about other members of staff. One said, “I couldn’t work for somebody who didn’t do things properly. I would whistle blow if needed”.

We saw that risks had been assessed and actions taken to reduce these risks as much as possible. We saw that people’s risks associated with their eating and drinking, pressure care, takin their medicines and their likelihood of having a fall had been assessed and were clearly documented in their care plans. People had been involved in the assessments and had signed their care plans appropriately. Staff were well informed about individual risks people faced and demonstrated they knew how to minimise these. We observed someone being supported with their mobility and staff were clearly well aware of the specific risks this activity posed to them and the person they were supporting.

The service had an emergency plan in place. This divided people into low, medium and high risk which made it easier for staff to prioritise calls top people’s homes in an emergency situation. The plan had last been used when flooding had affected the service’s ability to provide calls in the usual way. The provider told us that a suitable four wheel drive vehicle had been made available to ensure that staff reached people in need of care and support and nobody had been left without the care they needed. People who used the service confirmed this to us and one relative said, “They really go over the top. They have the human touch”.

People received care and support from regular staff who knew them well. People told us that staff turned up on time, never missed calls and that if two staff were needed to help them with their mobility this always happened. Before a new care package was agreed the proposed registered manager carried out an assessment of the staffing levels needed and negotiated with the local authority to make sure that the service could meet the new client’s needs.

The manager assessed the staffing levels required as part of the initial assessment process and on-going review. Staff told us that there were enough staff to carry out the tasks they needed to within the time allotted.

Recruitment records showed that staff had followed an application process, been interviewed and had their suitability to work with this client group checked with the Disclosure and Barring Service. We noted that on all three recruitment records we viewed robust checks of people’s references had not been carried out as it was not possible to identify who had supplied them or which company they related to. This lack of checking could have placed people at risk. This was something of an anomaly in an otherwise comprehensive recruitment process. We raised this issue with the provider and they agreed to take steps to remedy the issue as a priority. Where one member of staff had failed to deliver the required standard of care we saw that the manager had followed the disciplinary procedure and the person no longer works at the service.

Medicines were well managed by the service and people told us they were happy with the way staff supported them to take their medicines. We observed staff supporting one person to take their medicines in a patient and caring manner. Records showed that staff had received the appropriate training to enable them to administer medicines and spot checks were carried out by senior staff to check practice. One of the staff we observed administering medicines had received a spot check the previous week. These checks were recorded on staff files and helped to monitor that people were receiving their prescribed medicines correctly.

Good

# Is the service effective?

## Our findings

All of the people we spoke with were very positive about the care provided and about the skills and competence of the staff. One relative said, "I can't praise them enough. We had previous carers who were terrible but these are so kind and caring. They are a wonderful bunch – I have absolutely no complaints". Commenting on the reliability of the staff another person said, "They have never forgotten me! Shifts run like clockwork".

Staff told us that they had the training they needed to carry out their roles. Staff were encouraged to take up a variety of free training which the service offered and we saw that some staff had completed a nationally recognised qualification in care. Although the management told us that a variety of training was offered we noted that only one person had a record of receiving training in end of life care. We also noted that, although we observed staff caring effectively for people at risk of developing a pressure area, no formal training in this had been provided for staff.

Records showed that staff had received a comprehensive induction and the training they needed before carrying out care visits to people. New staff spend some time shadowing more experienced staff and only carried out care visits alone once they had signed to say that they felt confident to do so.

Staff received regular support and supervision from the managers of the service and an annual appraisal system was in place. Staff we spoke with told us they felt well supported. One member of staff explained that when a client had a new piece of moving and handling equipment which the care staff were not familiar with the quality manager carried out an assessment and demonstrated to staff exactly how they should be supporting the person with their mobility needs. Staff told us that the management of the service were always available for advice and guidance. An out of hours on-call service operated and ensured that staff had access to support at whatever time they were providing care.

We noted that people's consent was asked for before care and treatment was provided. We observed one person being assisted to move from an armchair to a wheelchair and staff explained what they would be doing at each stage and asked the person if that was alright before they continued.

The management and care staff demonstrated an understanding of the Mental Capacity Act (MCA) 2005, although the majority of staff had not yet had training in this. The MCA ensures that if people do not have the capacity to consent for themselves the appropriate professionals and relatives or legal representatives should be involved to ensure that decisions are taken in people's best interests. We saw that some decisions had been taken appropriately in people's best interests although we did see that the correct records were not in place related to the provision of a key safe for one person.

We observed staff supporting people to prepare and eat their meals and ensure they had access to food and drink once the care staff had left. People were encouraged to make their own choices about food and drink. Care plans and handover notes contained information about people's eating and drinking and we saw a note on one person's plan instructing staff to encourage them to drink plenty as they had been assessed as being at risk of drinking too little to keep them healthy.

People told us that staff supported them with their healthcare needs and worked well with other healthcare professionals. We observed one person receiving care related to a skin condition they had. Staff had been working in partnership with local healthcare services to make the person comfortable.

Care plans clearly identified health conditions people had, such as what kind of dementia. It was recognised that sometimes the way care and support was provided to people should vary according to their diagnosis. There were fact sheets and information on people's health conditions in the care plans for staff to learn more about particular conditions.

Outstanding ☆

# Is the service caring?

## Our findings

All the people we spoke with were happy with the way care and support was provided. One person said, "They go that bit extra. They get milk for me and pop it in if I'm stuck. I couldn't fault them". Another person said, "Nobody could say a bad thing about them. We're so glad we found them". A relative explained that they had previously experienced a poor service from another agency but had only praise for this service. They told us, "They are absolutely fabulous. They treat [my relative] like a friend".

We observed that staff knew the people they were supporting and caring for very well and had built close relationships with them. At each visit we saw that there was a relaxed atmosphere and plenty of time to chat and have a joke which was clearly appreciated by the people receiving the service. Staff talked about people's family and friends with them and it was clear that they were truly involved in their life. One person told us, "They are like family to me – like my daughter". Staff teams were stable with team leaders in each area. A relative said, "They always try and get the same carers in".

A person who used the service told us that when they had been taken ill recently they had called an ambulance as well as the service's on-call number. They said, "The care staff arrived before the ambulance did!" A relative of another person told us, "Whenever [my relative] has been poorly – they know already".

A member of staff told us that the provider had negotiated the care packages so that each person had a visit that was long enough for staff not to be rushed. Some visits were simply social visits and staff were led by the person as to what they wanted to do. All visits were at least 30 minutes as the provider felt this amount of time was needed to give staff sufficient time to carry out the care tasks.

We saw that staff gave people the information they needed in a way they could understand. Each person had a rota for the week so that they knew which staff would be supporting them but we also saw staff going over this verbally so that people were clear. Each person had photographs of the staff who would be supporting them and those with impaired vision or dementia had larger versions of this.

People who used the service were able to log in on the service's website to find out which staff would be supporting them, see their invoices, give feedback or make choices about their care. Feedback could be submitted confidentially or openly and the service promised to respond to any issue within seven days.

The service had provided some people living with dementia with small cards to keep in their wallet or bag which explained that the person received care from the service and gave contact details should there be an emergency.

We observed staff supporting someone with complex needs and saw that they took their lead from the person and followed the care plan closely with regard to how care was offered. At all times care staff were respectful, patient and preserved people's dignity. One person told us, "Yes they are very good like that". Several people told us that new staff were introduced to them before any care and support was provided. One relative said, "When there are new carers [the managers] come round and introduce them before they start".

Care plans contained very specific and detailed information and had clearly involved the people receiving the service. One person said, "When they first got to know me three of them met with me and wrote it all down". Another person's care plan even included information on how to feed and care for their dog. This was very important to the person as they were not able to feed the dog themselves but wanted to ensure that their pet was well looked after.

People were encouraged to do as much for themselves as they could in order to maintain their independence. We saw in one person's care plan that it was stated that 'at all times we must promote independence and give choice' and we noted that staff did this on the visits we undertook with them. The service was also keen to get feedback on how care and support is provided and each person had a form called 'By telling us you're helping us' which was promoted by staff every three months but which was also filled in as and when an issue came up. We reviewed some of these and saw that one person had commented that they wished to be addressed by a different name and their care plan had been altered to reflect this. Another person had made the comment that the staff had 'a real interest in me as a person'.

Good

# Is the service responsive?

## Our findings

People received care that met their needs and took into account their individual choices and preferences. Staff knew the people they were supporting and caring for well. One person told us, "They are very good to me. They know me and look after me". People's care plans had been signed by the people they concerned as well as by all the staff. This helped to ensure that all staff were aware of important information relating to people's care and support needs.

Initial assessments of people's needs were carried out by the manager. These assessments were thorough and formed the basis of a detailed and person centred care plan which people contributed to. We saw that some referrals from the local authority had come through with minimal information. In these cases the management of the service carried out a detailed and comprehensive assessment of the person's needs and documented this in their care plan for staff to follow.

We saw that plans had been shared appropriately with relatives. Care plans documented the help and support people required and stated exactly how staff should provide this. Each plan contained details about the person's background and significant information about their life and people and things that were important to them.

Care plans documented if people would prefer to receive care, particularly personal care, from care staff of the same gender. We saw that where someone had expressed this preference the computer programme used for formulating the rota would not allow someone of the opposite gender to be allocated to that person.

The service responded quickly to changes in people's needs. Staff felt they were able to do this because they knew the people they were supporting well. The consistency of the area teams meant that people were usually cared for by a small group of staff. Where new or less experienced staff began supporting people the care plans provided a clear picture of people's needs and preferences. We saw that plans detailed which cereals people preferred for breakfast or what type of sandwich was someone's favourite.

The care and support people received was subject to on-going review. All the care plans we viewed had been appropriately reviewed and had been reviewed when a person's needs had changed.

Both the manager and the quality manager of the service worked regular care shifts which gave people a direct opportunity to feed back any concerns or issues they wanted to raise. In addition the 'By telling us you're helping us' forms were promoted by staff. We reviewed 24 of these and saw that that forms were mainly very positive and where an issue had been highlighted this had been investigated and responded to promptly by the managers.

The service had a comprehensive complaints policy and each person had a copy of the complaints procedure in their care plan. People who used the service and their relatives knew how to make a complaint if they needed to. The service had not received any formal complaint in the last year.

Good

# Is the service well-led?

## Our findings

The service had a set of values which were displayed in the office and which were promoted to staff in newsletters and staff meetings. The quality assurance manager of the service placed a strong emphasis on continually striving to improve the service and he and the registered provider acted as role models to the staff they worked alongside. The ethos and values of the service were firmly embedded in the literature that was given to people and on the website.

The quality assurance manager had applied to become the registered manager of the service and this application is currently being considered by the commission. The prospective registered manager understood their responsibility and had previously sent all of the statutory notifications that were required to be submitted to us for any incidents or changes that affected the service.

It was clear from the feedback we received from people who used the service, relatives and staff that the service had a positive and open culture. One relative told us, "[The managers] often call in". All the people we spoke with knew both managers well. Staff were encouraged to drop into the offices to discuss any issues or simply to have a chat. This was promoted in the regular newsletters which went out to staff. A new member of staff told us, "[The managers] care about what they are doing. They have made themselves very approachable".

Staff meetings were held regularly and were well attended. These provided staff with a chance to learn information and gain feedback as well as to share any issues they may have themselves. In addition a staff survey was undertaken every six months. We looked at nine surveys and saw that staff were very positive about the management of the service. Comments such as, 'I feel supported' and 'the manager is approachable' were common. Staff had the option of filling these in anonymously if they wished. We saw that staff achievements and successes were documented in the regular staff newsletters and staff were thanked and praised.

Staff told us they were happy working at the service and found the managers supportive. One staff member told us, "You couldn't have better bosses". We saw that consideration had been given to staff welfare and development with the provision of free training, a commitment to the living wage and a supportive working environment. We saw that there was a commitment to promote staff wellbeing. An out of hours on-call service ensured that staff were always able to ask for advice and guidance. We saw that lone working risks had been assessed. For example one client lived in an area with no mobile phone signal. This had been assessed by the manager as a call which would need two staff to ensure that staff were safe.

There were systems to monitor the quality of the service. A training matrix gave an overview of the training provision at the service and identified if staff were due for any refresher training. An annual quality assurance review took place and the results were shared with staff and the people who used the service. Audits and spot checks were carried out by the manager and senior staff. A local authority audit had been carried out in January 2015 and had found no concerns or issues at the service.