

Quantum Domiciliary Care Limited

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Inspection report

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13 December 2022

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Quantum Domiciliary Care Limited is a domiciliary care agency providing personal care to people living in their own homes. The service provides support to people living with dementia, older and younger adults, people with learning disabilities and autism and people with physical disabilities. At the time of our inspection there were 17 people using the service.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

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

Right Support

Recording of some aspects of care was not always clear and made monitoring of risks more difficult. Guidance for staff on how to apply creams was not clear for some people. An 'as needed' medicine for 1 person did not have any guidance for staff on why and when to use it. People were supported by safe numbers of staff and were mainly supported by the same staff group. People received support tailored to their individual needs. Relatives told us they were happy with the support their loved ones received.

Right Care

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs. Staff understood how to protect people from poor care and abuse. The service worked well with other agencies to do so. Staff had training on how to recognise and report abuse and they knew how to apply it. Staff knew people well and knew how they wanted to receive care. They understood what people could do for themselves and what they needed support with.

Right Culture

Some people's care plans did not always include enough guidance for staff on how to support them with their care needs. Some care plans had not been updated with new guidance from other health professionals. Systems were in place to help staff monitor the quality of care plans, but they had not helped to identify the concerns we found. However, people were supported by the same staff who knew their care needs well and were aware of the updated guidance. The registered manager had not kept updated with national guidance. This meant staff had not received training to support people with learning disabilities and autism. This is now a legal requirement of the Health and Care Act 2022. We found no evidence that people had been harmed or were receiving inappropriate care as a result of this. People and their loved ones were involved in the planning and review of their care. Relatives told us they could get in touch easily with the management team and found them to be supportive. Staff told us they felt there was an open

culture of learning in the team and the management were supportive. They spoke positively about the staff team and the managers.

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

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 16 November 2019).

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

At this inspection we found the provider remained in breach of regulations.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Enforcement

We have identified breaches in relation to the quality assurance and governance systems in place at this inspection.

Please see the action we have told the provider to take at the end of this report.

Follow up

We will meet with the provider following this report being published to discuss how they will make changes to ensure they improve their rating to at least good. We will work with the local authority to monitor progress. We will continue to monitor information we receive about the service, which will help inform when we next inspect.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

Requires Improvement ●

Quantum Domiciliary Care Limited

Detailed findings

Background to this inspection

The inspection

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

Inspection team

The inspection was completed by 2 inspectors.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

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

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people available to speak with us.

Inspection activity started on 13 December 2022 and ended on 26 January 2023. We visited the location's

office on 13 December 2022.

What we did before the inspection

We reviewed the information we had received about the service. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used information gathered as part of monitoring activity that took place on 9 November 2022 to help plan the inspection and inform our judgements. We used all this information to plan our inspection.

During the inspection

We spoke with 5 relatives of people who used the service about their experience of the care provided and 1 person receiving support. We spoke with 9 staff, including the registered manager, care manager, senior care staff and care staff. We reviewed a range of records. These included the people's care records and medication records. We looked at 2 staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.



Is the service safe?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Assessing risk, safety monitoring and management

- Some risks for people were not included in their care plans. Some risks were included but lacked detailed guidance for staff. For example, a person who required support with personal hygiene did not have details of the risks related to this in their care plan or a risk assessment. However, staff knew about people's risks and how to support them to help them stay safe and well.
- Care plans had not always been updated with the latest safety information for people. For example, a person who had been assessed as at risk with eating had been recently re-assessed by the Speech and Language Therapy (SALT) team. New guidance given by the SALT team had not been shared with the registered manager and therefore the care plan had not been updated. However, staff providing care knew about the new guidance and were following it.
- People received most of their support from the same core team of staff. This enabled staff to know people well and develop a good understanding of how to keep them safe.

Using medicines safely

- Staff did not always have clear guidance on how to apply creams to people. For example 1 person had a variety of creams prescribed for them. Different staff were using different creams on different areas of the body. Care plans did not include clear guidance on which creams were to be used for which areas of the body. Some staff were using body maps for guidance on where to apply creams and others were not. We discussed this concern with the registered manager who advised the guidance would be provided and clarity given to staff on where to find it when needed.
- Guidance was not in place for staff regarding administration of an 'as needed' pain management medication for 1 person. This meant staff did not have enough information to decide how and when to give the medication safely. The registered manager advised they would seek professional advice and provide the guidance for staff.
- Staff received annual refresher training on administering medicines safely.

Staffing and recruitment

- We found some gaps in employment histories for applicants. It is important to ensure applicants are being honest in their job history by exploring any gaps identified. However checks were made to ensure staff were suitable for the roles applied for.
- The service had enough staff to provide care to people safely.
- The service ensured all staff had Disclosure and Barring Service (DBS) checks. These provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Relatives told us there were sufficient staff to provide a regular team to support their loved ones.
- The registered manager explained recruiting new staff had been challenging. The service was not taking on additional care packages until the staff team could be expanded to ensure the existing team were not over stretched.

Systems and processes to safeguard people from the risk of abuse

- People were kept safe from avoidable harm because staff knew them well and understood how to protect them from abuse. The service worked well with other agencies to do so.
- Staff had training on how to recognise and report abuse and they knew how to apply it.
- Relatives told us they felt their loved ones were safe.

Preventing and controlling infection; Learning lessons when things go wrong

- The provider had an infection control protocol in place. It required a couple of minor updates but aside from this it reflected the latest government guidance.
- People were supported by staff who had received training in infection prevention control.
- Staff confirmed they had access to supplies of Personal Protective Equipment (PPE) to keep them and the people they supported safe.
- Relatives confirmed staff wore required PPE when supporting their loved ones.
- There had been no recent incidents or accidents, but systems were in place to investigate and learn from them.

Is the service effective?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has changed to requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People's care plans did not always contain up to date or detailed information about people's care needs. For example, 1 person needed support to manage pressure wound risks. Guidance about the person's needs in this area was limited, but staff told us what they needed to do to keep the person's skin healthy.
- Some people's care plans lacked detailed guidance on their oral care needs. For example, it was not clear from 1 person's care plan whether they had dentures or their own teeth. There was no prompt for staff to record checks on people's oral care needs. Staff did however know people's oral care needs well. They reported regular oral checks and care were provided. However staff did not keep records on when this was done. The registered manager agreed to ensure guidance and recording was put in place.
- Staff completed an assessment of each person's physical and mental health either on admission or soon after. Initial assessments contained detailed information. The lack of addition of ongoing updates made some later care plans more variable in quality.
- People and their relatives told us they were involved in reviews of their care.

Staff support: induction, training, skills and experience

- Staff were provided with regular annual training. However, this training package did not include training to inform and improve working with people with learning difficulties. At the time of our inspection the service was supporting 1 person with learning difficulties. The person was supported by a consistent staff team who knew them well. There was no evidence the person had come to any harm as a result of staff not receiving additional training. We discussed this with the registered manager who arranged training for all staff.
- New staff were asked to complete the Care Certificate if they had not already done so. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
- Staff told us they felt supported by the management team. One staff member told us, "They are supportive, if I have any issues I speak to [the registered manager]."
- Staff were supported by receiving supervision and ongoing support as they needed it. Staff told us they shadowed experienced staff as part of their induction to help them get to know the needs of people.

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

- Recording of people's food and drink consumption was not always detailed. For example, records did not always include how much of a meal a person had eaten, or how much of a drink they had consumed. This made monitoring the person's general food and fluid consumption difficult. However, we saw staff raised

concerns when people were not drinking well or were having difficulties with eating. Relatives told us they were happy with the support their relatives received to eat and drink.

- People were referred to other health professionals if they were having difficulties with eating or drinking. For example, a person was noted to be coughing when they ate sometimes. They were referred to the Speech and Language Therapy (SALT) team for assessment.
- Staff received training to support their understanding of nutrition and well-being.

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

- Although we saw people being supported to access health professionals when needed, 1 person had not been offered all the support they should have. We found no evidence the person had been harmed as a result of this omission. In the case the registered manager took immediate steps to arrange for the required service to be offered.
- People's care files contained one-page care summaries to help professionals understand their key needs. We saw some of these one-page summaries needed updating. For example, 1 person had begun to receive end of life care, but this had not been added to the care summary. The registered manager updated this during the inspection.
- People were supported to access services such as occupational health, district nurse teams and speech and language therapists as needed.

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

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

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

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

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

- People were supported by staff in line with the principle of the MCA.
- Staff completed mental capacity training as part of their completion of The Care Certificate.
- Care plans prompted staff to seek consent from people before offering care. Staff told us they sought consent from people as part of daily practice. One staff member told us, "The team are really good with [seeking consent]." One person receiving support told us, "Yes they ask before they support me."

Is the service caring?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good.

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

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

- People were supported by kind staff who respected their individual needs.
- Relatives told us staff treated people with kindness and provided good care. One relative told us, "I cannot fault them. ...the quality of care and attention [my relative] receives has kept them going." Another said, "Staff are caring and kind."
- People's care plans and assessments contained information about their cultural and religious needs.
- Some staff volunteered extra time with people to spend with them, sharing their hobbies and interests.

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

- People were able to express their views and make decisions about how they wanted to receive care. When they were unable to do this, relatives and friends helped people to express their wishes.
- People and their relatives were involved in reviews of their care. People were encouraged to share their views. Records showed details of surveys completed by people and their relatives. They indicated that people were very happy with the care they received.
- Relatives told us they were consulted about their relatives needs and wishes when they could not always express them easily themselves.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's need for privacy and supported them to be as independent as they could be.
- Staff told us about ways in which they could ensure they promoted people's privacy and dignity. They received annual refresher training in privacy and dignity in care.
- Relatives told us the staff team protected people's dignity, 1 relative described the staff team as, "Respectful."
- Staff told us about ways people were supported to be independent where possible. They knew what people could do for themselves and what they needed support with.

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

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

- We received mixed views from relatives on whether people received care calls at the times they wanted. Most relatives told us they did. One relative said, "generally they are great, occasionally they are late." Another relative said they felt call times were an issue and they thought better monitoring was needed.
- People were encouraged to express their needs and wishes about their care where possible.
- One relative told us, "My [relative] had a male carer come, but they didn't want them to provide personal care. The service changed it to a female carer, there was no problems."
- A staff member told us, " [A person receiving support] didn't like one of the carers and they told us, so we made sure they had the staff they wanted and are happy with."
- Staff received refresher training in 'person centred care' annually and were able to describe ways in which they ensured care was tailored to people's individual needs.

Meeting people's communication needs

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

- The registered manager was aware of the AIS. They advised alternative documentation was available for people if needed, for example large font and braille. We did not see any documentation in use, but they explained people had been assisted by relatives or a staff member to understand their care plans during reviews and to complete surveys.
- Staff knew people well and told us about ways in which they communicated to cater for people's needs and preferences.

Improving care quality in response to complaints or concerns

- The service had not received any recent complaints but had a complaints policy and procedure in place to address any raised.
- Relatives we spoke with told us they had not had to raise complaints but knew how to if needed.
- One relative told us, "Right from the word go, they have gone above and beyond. If there are any problems we work together as a team."

End of life care and support

- At the time of the inspection the staff were supporting people with end of life care. Staff told us about the ways they supported people nearing the end of their lives. For example they explained how they helped to keep a person as comfortable as possible and who they shared any concerns with.
- Staff worked alongside other health professionals to ensure people receiving end of life care received the care they needed.
- We spoke with a relative of a person receiving end of life care. They spoke very positively about the care their loved one received.

Is the service well-led?

Our findings

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

At our last inspection we rated this key question requires improvement. The rating for this key question has remained requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

At our last inspection the provider had failed to establish robust and effective governance systems to ensure appropriate and safe care. This was a breach of regulation 17 (1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Not enough improvement had been made at this inspection and the provider was still in breach of regulation 17.

- Quality assurance and safety checks were in place but had not enabled the management team to identify some of the issues we found during inspection. For example, the policy on pressure wound prevention was not specific about where to document concerns. It did not reference a specific tool or method to monitor and assess risk.
- Checks on daily notes and care plans made by the management team had not identified the need for better guidance regarding the use of creams. The checks had also not identified that staff required suitable guidance on when to provide 'as needed' medicine to a person.
- Care plan audits had identified the need for additional guidance to manage some risks. This would present a risk of poor care if staff who did not know people well had to provide care to them. They had also failed to identify a do not attempt to resuscitate agreement (DNACPR) had been incorrectly assigned to someone who had not made this agreement. The agreement told staff and health professionals the person did not want to be resuscitated if they had a cardiac arrest or died suddenly. There had been a risk the person could have been denied the opportunity of resuscitation against their wishes due to this error. This was no longer a risk as the person had since made their own DNACPR statement.
- Communication channels between the management team and staff were not always effective. During the inspection the registered manager was provided with updated information about a SALT assessment and the development of a pressure wound. This information had not been shared with the registered manager in a timely way. The care plans had therefore not been updated with this information. Although staff knew the updates and were following the guidance given, there would be a risk if new staff had to provide care.
- The registered manager had not kept up to date with guidance. They were not aware that since 1 July 2022 a new legal requirement was introduced by the Health and Care Act 2022. This specifies care providers working with people with learning disabilities and autism must have training appropriate to their role. The

staff team had not been provided with this training. They had also not kept up to date with NHS guidance which states people with learning disabilities over the age of 14 should be offered an annual health check.

Governance systems were not robust and effective and could not ensure care was safe and appropriate. This placed people at risk of harm. This was a continued breach of regulation 17(1) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager took steps to immediately address many of the issues we identified during inspection. Plans were put in place to address the issues identified. For example, all staff were placed on training to support people with learning disabilities, guidance and systems for documentation were reviewed.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The management team were visible in the service, approachable and were interested in what people, staff, family, advocates and other professionals had to say.
- The registered manager was alert to the culture within the service and spent time with staff, people and their families discussing behaviours and values.
- Staff felt able to raise concerns with managers without fear of what might happen as a result. One staff member said, "[The registered manager] is very supportive." Another told us, "The management are easy to talk to."
- Staff told us they felt there was a positive and caring culture in the team. One staff member told us, "Staff speak passionately about people they support which is really nice. It is the nicest most caring team I have worked for." Another said, "It's a very caring culture, they are just a brilliant team."
- Staff told us they learned from each other and from training and the management team. They felt there was an open learning culture where mistakes could be discussed to identify learning opportunities.
- Relatives told us they found it easy to get in touch with the management team if they needed to. They spoke positively about them. One relative told us, "[The registered manager] has been very helpful. I could not have asked for any more support from [them]."

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

- The management team sought feedback from people and those important to them and used the feedback to develop the service.
- Although large print or picture options hadn't been used to help seek people's feedback where it could have been appropriate, everyone was given the opportunity to contribute. For example, relatives, friends and staff made sure people were assisted to complete surveys and provide feedback.

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

- A duty of candour incident is where an unintended or unexpected incident occurs which results in the death of a person using the service, severe or moderate physical harm or prolonged psychosocial harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The provider understood their duty of candour responsibilities and apologised when mistakes had been made.

Working in partnership with others

- Staff worked with a variety of other health professionals and agencies to support people and ensure they received the care they needed.
- One professional who has worked with the service described the team as, "Welcoming, friendly and engaging."

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|--------------------|--|
| Personal care | Regulation 17 HSCA RA Regulations 2014 Good governance Quality assurance and governance systems were not robust and could not ensure safe and appropriate care. |