

True Quality Services Ltd

TRUE QUALITY SERVICES LTD - WEST LONDON

Inspection report

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Ratings

Overall rating for this service	Inspected but not rated
Is the service safe?	Inspected but not rated
Is the service effective?	Inspected but not rated
Is the service caring?	Inspected but not rated
Is the service responsive?	Inspected but not rated
Is the service well-led?	Inspected but not rated

Summary of findings

Overall summary

About the service: True Quality Services Ltd – West London is a domiciliary care agency that provides personal care and support to people in their own homes. They aim to provide a service to people with physical disabilities, learning disabilities, acquired brain injuries and health issues relating to the progression of age.

The agency had provided care to three people. However, at the time of our inspection they were providing the regulated activity of personal care to only one person. This means that we were unable to judge in detail whether this agency was meeting the regulations and providing safe, effective, caring, responsive and well led care to people. Consequently, we could not rate the quality of the service as we had insufficient evidence on which to do so. The provider was able to show us their policies and procedures and some care documents but we require a wider range of information before we can rate this service.

People's experience of using this service:

At the time of our visit the agency was at the early stages of their development. In the Providers Information Return (PIR) document the registered manager informed us that the agency was committed to providing person centred care to all people they would support. They aimed to promote a culture which encouraged staff to provide high quality care across the service.

The agency helped to protect people from harm. There were appropriate safeguarding procedures in place. These included safeguarding training for staff and discussions about safeguarding in staff supervision and team meetings.

People received support with medicines when needed. We noted that Medicines Administration Records (MAR) did not have details of medicines people were receiving. This information had been recorded in care plans. The quality assurance officer said this would be addressed.

We saw that the person receiving the service had had their needs assessed before the agency started supporting them. There was an individual care plan that reflected their wishes, preferences, and considered their cultural, religious or social requirements. Information about people's communication preferences had been recorded in their files. The agency had taken these into consideration when matching people using the service and staff who supported them. We noted that care plans we saw would benefit from more detailed information on how this support should be provided. The Quality Assurance Officer assured us this would be looked into.

Risk to people's health and wellbeing had been assessed and recorded in their files. Staff received training in infection control and they were provided with personal protective equipment (PPE) to avoid the spread of infection. There was an accident and incident policy to guide staff on how to report and record any accidents or incidents. Appropriate recruitment procedure helped to protect people from unsuitable staff.

Staff received support to help them to care for people effectively. This included induction to the service and a care worker's role and mandatory training. Staff received regular supervision, appraisal of their skills and were invited to participate in staff meetings.

The agency assisted staff to promote inclusion, did not condone discrimination of any form and to provide better care to people. Staff received training in the following areas. Person centred care, dementia awareness, communication and dignity and respect. The agency had an equality and diversity policy which highlight that all individuals accessing the agency would be equally accepted and respected.

The agency had provided some support with food and fluid. This consisted of warming up and serving pre-prepared food. People's dietary needs and preferences were recorded in their files.

The agency sought consent before providing care to people.

People were encouraged to give feedback about the service provided. This could be done via the provider's complaint policy as well as through direct contact with staff of the management team. The first customer satisfaction survey had been scheduled for April 2019.

The agency carried out regular audits to ensure appropriate checks had been done and that care was provided as required.

The agency was planning to take on more care and they were in the process liaising with the local authority to offer their service to people in the area of North – West of London.

Rating at last inspection: This was the first inspection of this service.

Why we inspected: This was a planned inspection based on CQC's scheduling process. .

Follow up: We will continue to monitor the agency and we will revisit it in the future to provide a rating.

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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Details are in our Safe findings below.

Inspected but not rated

Is the service effective?

Details are in our Effective findings below.

Inspected but not rated

Is the service caring?

Details are in our Caring findings below.

Inspected but not rated

Is the service responsive?

Details are in our Responsive findings below.

Inspected but not rated

Is the service well-led?

Details are in our Well-Led findings below.

Inspected but not rated

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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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one ASC inspector.

Service and service type: True Quality Services Ltd – West London is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was not present during our visit due to previously planned commitments.

Notice of inspection:

We gave the service 48 hours' notice of the inspection visit because it is small and the manager is often out of the office supporting staff or providing care.

What we did when preparing for and carrying out this inspection:

Before the inspection, we asked the provider to complete 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 reviewed the completed PIR and previous inspection report before the inspection. We reviewed other information we had about the provider, including notifications of any safeguarding concerns or other incidents affecting the safety and wellbeing of people.

What we did during the inspection:

An inspection site visit took place on the 16 January 2019. On that day we spoke with the quality assurance officer and the recruitment and staff development officer. During the inspection we reviewed one person's care records, which included a care plan, risk assessments and daily care notes. We also looked at medicines administration record (MAR). We also looked at three staff files, complaints and quality monitoring and audit information.

What we did after the inspection: Following the inspection, we attempted contacting one person using the service and two staff members but we could not reach them.

Is the service safe?

Our findings

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

Systems and processes to safeguard people from the risk of abuse

- The agency had a safeguarding procedure in place to guide staff on what to do if they thought a person was at risk of harm.
- Training records showed that staff had received training in how to safeguard people from harm.
- Records showed that the topic of safeguarding people had been discussed in staff supervision and team meetings.

Assessing risk, safety monitoring and management

- Risk to people's health and wellbeing had been assessed and recorded. We noted that the risk assessment we saw would benefit from more detailed information on how staff could support people to minimise these risks. We discussed this with the Quality Assurance Officer and they said this would be addressed.
- There was an accidents and incidents policy to guide staff on how to report and record any accidents or incidents. There were no accidents or incidents reported by the staff at the time of our visit. We did not see any evidence suggesting that accidents or incident had happened.

Staffing and recruitment

- Recruitment procedures were safe. Appropriate checks had been carried out to ensure people were protected from unsuitable staff. These included checks of previous employment references and criminal records checks.
- Staff rotas had been prepared in advance and usually the same staff completed care visits.
- The agency was in the process of introducing new electronic rota and calls monitoring system to ensure that all calls took place as planned

Using medicines safely

- Agreed support related to medicines administration had been recorded in people's care plan. This included what medicines people were receiving, the level of support needed and the consent from people to support them with their medicines.
- Each medicines administration had been recorded on medicines administration record (MAR). We noted that MARs did not have details of medicines people were receiving, only annotation that medicines were given at the respective time of the day. We discussed this with the agency's Quality Assurance Officer who assured as this would be addressed. Following the inspection, the Quality Assurance Officer provided us with an updated medicines policy reflecting current guidelines.
- Staff received training in medicines administration.

Preventing and controlling infection

- The agency had an infection control policy and staff were provided with infection control training to guide them on how to avoid spread of infection.
- Personal Protection Equipment (PPE), such as, gloves and aprons had been available for staff to use during care visits

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

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

- People's needs had been assessed before the support was provided to them. The information gathered during the assessment was then used to formulate a plan of people's care.

Staff support: induction, training, skills and experience

- Staff had received induction to the agency and their role of a support staff before they supported people.
- Mandatory training had been provided for staff to ensure they had skills to support people in a safe and effective way.
- Records showed that staff received regular supervision and appraisal of their skills. Topics discussed during these meetings included staff training needs, job satisfaction and issues related to caring for people.

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

- At the time of our inspection the agency had provided limited support with food and fluid. This consisted of providing small snacks and warming up and serving pre-prepared food. We saw that individual food choices and preferences had been described. .

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

- The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible
- At the time of our visit no person using the service was lacking capacity to make decisions.
- We saw that the agency sought people's consent before providing care.

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

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

- An extract from one document with feedback about care provided by the agency indicated that people were satisfied with care provided to people.
- In the PIR the registered manager informed us that the agency "promoted inclusion and did not condone discrimination of any form."
- Staff received person centred care, dementia awareness, communication and dignity & respect, training to help them to understand needs of people they supported better.
- The agency had an equality and diversity policy which highlighted that all individuals accessing the agency, including people using the service and staff, should be equally accepted and respected regardless of their individual background, culture or religion.

Supporting people to express their views and be involved in making decisions about their care; Respecting and promoting people's privacy, dignity and independence

- The care plans described people's wishes and preferences, and considered their cultural, religious or social requirements.
- In the PIR the registered manager informed us, "service users are fully involved in the care planning process so that support is tailored to their individual needs, wishes and preferences. We promote independence by encouraging service users to do for themselves those aspects of their care they are still able to."
- Information about people's communication needs had been recorded in their files. The agency had taken this into consideration when matching people using the service and staff who supported them. For example, one person whose first language was not English was supported by a staff who communicated in the person's first language.
- Information on what personal care needed to be provided was recorded in people's individual care plans.

Is the service responsive?

Our findings

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

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- The agency aimed at providing person centred care that met people's needs. Staff were matched with people according to specific characteristics, for example, the same language spoken. The same staff visited people to ensure continuity of care and to help development of positive and friendly relationship between people and staff.
- Information about people and their care needs had been recorded in their care plans. This included description of people's cultural background, their medical history as well as their religious needs. Staff were also provided with information on what care needed to be provided and when.
- We noted that care plans would benefit from more detailed information on how people would like their care to be provided. As the same staff visited people we were assured that they learned what people's care preferences were. However, more detailed information would be required to ensure consistency of care in case of a regular worker's absence. The quality assurance officer told us this would be addressed.

Improving care quality in response to complaints or concerns

- The agency had a complaints policy that was made available to people in their care files in their homes.
- The agency had not received any formal complaints within the last 12 months.
- The Quality Assurance officer informed us that the agency also received regular feedback from people of their relatives during care provided as well as spot checks of staff direct work with people.

End of life care and support

- The agency was not providing end of life care at the time of our visit.

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

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility

- The management team were committed to providing person centred care. In the PIR the register manager stated, "We will promote a culture which encourages our staff to raise high quality care across the service. We will promote a culture which encourages our staff to raise concerns... In light of this, we have also created a 'Whistleblowing' policy. Our ethos is one of empowerment, inclusion and person-centred care."

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

- There was a clear management structure in place to ensure everyone knew what their roles and responsibilities were.
- The agency carried out regular audits to ensure appropriate checks had been done and that care was provided as required. These included medicines audits, spot checks (observation of direct work with people) and a staff monitoring toolkit checking that all information about staff was up to date.

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

- People and relatives were encouraging to give their feedback about care provided by the agency. This could be done via the agency's complaints procedure and direct conversations with people and their relatives.
- The first service users' satisfaction survey was scheduled to take place in April 2019.
- Staff were invited to take part in team meetings. We reviewed minutes from the two team meeting minutes. These indicated that topics discussed include providing safe care, punctuality, staff dress code and conduct as well as the importance of immediate reporting of any changes to people's health and wellbeing.

Continuous learning and improving care

- In their PIR the registered manager stated that the agency was committed to continuous learning and improving their practice. They said, "The company believes wholeheartedly in continuous improvement in its services as well as seeking new avenues to expand the business. Our emphasis is on assuring quality for our customers, which is critical to their quality of life, safety and wellbeing."

Working in partnership with others

- The Quality Assurance officer told us that the agency was planning to take on more care packages in the near future. They were in the process liaising with the local authority to offer their service in to provide care

to people in North – West London