Q Care Limited

# Q Care- Ross on Wye

**Inspection report**

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## Ratings

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

## Overall summary

This inspection was carried out on 11 and 12 November 2015 and was announced.

The provider registered this service with us to provide personal care and support for people within their own homes. At the time of our inspection 57 people in Herefordshire received care and support from this service.

There is not a registered manager in post, however the manager has applied to become a registered manager. 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.

People did not have consistent reliable care and support, and were not always informed when staff were not going to arrive.

Staff did not have regular supervision and did not feel supported by the manager or provider.

# Summary of findings

The provider and manager did not have any systems to monitor the safety and quality of the care and support provided. They had failed to address concerns that had been raised by people hat used the service.

People received care that was safe and got the support they needed with their medicines.

People were involved in their care and able to make choices regarding their care and support. They told us that staff were caring and kind and knew their needs, and treated them with dignity and respect.

If people were unwell they were supported to access health professionals. Where increased support was identified as being needed, the provider made additional staff available to respond to this.

Before staff were recruited checks were in place to make sure that new staff were suitable to support people in their own homes and keep them safe.

People had choice over the support they received and nothing was done without their consent. Staff understood the principles of consent and delivered care that was individual to the person.

You can see what action we have asked the provider to take at the end of this report.

# 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.

People felt that staff had the skills and knowledge to protect them from harm and provide care and support that was safe. People were supported to take their medicines safely.

Staff had a good understanding of safeguarding and managing risks associated with their care. People received care and support at the times that they needed it.

**Good**

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

People were supported to access different health professionals when needed.

Staff made sure people were able to make choices and consent to their care.

**Good**

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

People said staff were kind and caring and treated them with dignity and respect.

People were involved in their care and support.

People were supported to maintain their independence.

**Good**

**Is the service responsive?**
The service was not always responsive.

People did not always have reliable care and support that responded to their health needs.

People knew how to complain and felt that they were able to raise any concerns and they would be listened to and responded to.

**Requires improvement**

**Is the service well-led?**
The service was not well led.

There was no system in place for the provider to be assured that the care being provided was safe and effective. The provider and registered manager had failed to identify and address concerns to the quality of care being provided.

Staff did not feel well supported to carry out their roles effectively.

**Requires improvement**

# Q Care- Ross on Wye

**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 was an announced inspection which took place on 11 and 12 November 2015 by one inspector. The provider was given 48 hours' notice because the organisation provides a domiciliary care service and we needed to be sure that someone would be available.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, this also included any safeguarding. We refer to these as notifications and providers are required to notify us about these events.

As part of our planning for the inspection we asked the local authority if they had any information to share with us about the care provided by the service.

We spoke with 13 people who used the service, four relatives, six care staff and the manager.

We looked at the risk assessments and specific care plans care records for five people, five staff files and looked at records relevant to the quality monitoring of the service.

Good

# Is the service safe?

## Our findings

People told us they felt safe. One person said, “Staff always make sure I am alright. I feel very safe.” A relative said, “Staff are good when they are here. I have never felt that [person’s name] is unsafe. I trust them [staff] all.” People knew who to report any concerns to. One person said, “I would speak with the staff.” Another person said, “I would phone the office.” Staff told us about what to look for and how to deal with abuse. Staff had a good understanding of their responsibilities to keep people safe and to protect people from abuse. The provider had a safeguarding adults procedure. This made clear the responsibilities for staff, the manager and the provider for reporting any allegations of abuse to the relevant local authority. Staff were aware of the correct procedure to follow if they suspected abuse.

People felt risks associated with their care were explained to them and managed well by staff. One person told us about how their health needs had changed, and how their care plans and risk assessments had been reviewed with them. One relative told us that due to the changing health needs the care plans were reviewed every three months or sooner if needed. Staff we spoke with knew about people’s needs and could tell us how they managed risks associated with people’s care and medical conditions. Staff told us that the risk assessments were clear and reviewed regularly. If they felt that a person’s risk assessment needed changing they would tell the managers who would review it straight away.

People we spoke with told us they had consistent support from regular staff who they knew and were familiar with their assessed needs. They felt that there were enough staff to provide them with the support they needed in a safe way. The manager told us that they had a system that made sure there was an adequate number of staff to meet people’s individual needs. Staff told us that there were checks in place before they started working for the service. Five staff files confirmed that checks had been undertaken with regard to criminal records and proof of identification. The provider had also received references from past employers to make sure that new staff were suitable to work with people in their homes.

People told us that they had the right support with their medicines. The support varied according to people’s needs. For example some people just needed a prompt to take their medication; other people needed help with administering medicines like eye drops and creams. One person said, “Staff are regular and remind me to take my tablets. No problem at all.” A relative said, “Staff are great about the medicines. They all seem to know what they are doing.” All staff told us that they had regular medicine training and that they were unable to help people with their medicines unless they had been trained. They knew about the medicines policy and were able to tell us about the action that they would take if they had concerns about someone’s medicines. Staff also told us about the importance of reporting medicine errors straight away.

Good

# Is the service effective?

## Our findings

People felt that staff knew their care and support needs and had the skills and knowledge to meet them. One person said, "I am confident that the staff all know what they are doing." A relative told us that staff understood the health needs of their family member and showed skill and knowledge in how they supported them.

Staff told us they had induction training when they started working for the service and had the opportunity to shadow more experienced staff to learn about the care and support people needed. The training covered areas important to their role as such as medicines, keeping people safe and moving and handling. We found that staff attended regular refresher training on these areas of care and support. Staff told us that they felt the training was useful and relevant to the work they do. The manager showed us that they had a system that identified when staff needed to update their training, and then training was arranged for the staff to complete.

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.

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

People told us they were able to make choices around their care and support. One person said, "They [staff] wouldn't do anything without checking with me first." Staff told us that they supported people to make choices. One staff member said, "Choice is so important. We can't do anything without a person's agreement." Staff said where people lacked capacity they were still supported to make choices. One staff member explained how they check throughout the time they spent with people that they are comfortable with the support they are getting. Staff were able to explain to us about the principles of the mental capacity act. Applications for this must be made to the Court of protection. The manager understood their responsibilities to the MCA and Court of protection.

People told us that staff supported them to keep well and where needed staff would support them with their health appointments. One relative told us about when staff had contacted the GP immediately upon becoming concerned about the person's health. Staff told us about occasions when they had called a doctor and waited with the person until someone arrived.

Four of the people we spoke with received help with their food preparation and they told us they were happy with the support they had around mealtimes. People told us that staff were helpful and offered them choices of what to eat.

Good

# Is the service caring?

## Our findings

The people we spoke felt happy with the caring way that staff supported them. One person said, “They [staff] are really kind and helpful.” A relative said staff were caring and professional. People felt that the support they received matched what their assessed health needs were. They told us that they felt relaxed with staff and that they were treated as individuals. The staff we talked with spoke fondly of the people that they provided support for.

People said that they felt involved in their care. They told us that staff communicated well and took the time to make sure that they were involved in their care. We were told that staff explained clearly before going ahead and carrying out any care tasks. One relative said, “I am involved and the staff involve me in [person’s] care.” The manager told us that it was important to involve the person themselves and their family in their care and support. People knew about their care records they told us they contained information about their interests and aspects personal to them like their faith and culture.

People felt that they were supported to maintain their independence. They told us that staff encouraged them to do as much for themselves as possible. One person said, “I can actually do a lot for myself, I just need some help and they [staff] realise this.” Staff told us the importance of respecting people’s abilities and not working to de-skill or disempower people. One staff member said, “We help people retain as much of their skills as we can.” Another staff member told us about how they supported someone with meal preparation, without actually doing it all for them. Care plans that we looked at showed that the care and support promoted an approach that recognised people’s choices and independence. Examples given included aspects of personal care, meal preparation and shopping.

People told us that they were always treated with dignity and respect. Staff gave us examples of how they did this. One staff member said, “It is really important you know how to address people and get it right. Some people are more formal, where other people you can call them by their first names.” Other staff told us about respecting people’s cultures and religion. They told us that they had received training on respecting people’s equality, diversity and human rights. We could see that assessments and reviews reflected an approach that was caring.

Requires improvement

# Is the service responsive?

## Our findings

People told us that most of the time staff were reliable, however there were times for some people where the provider had not been responsive to their health needs. People said that there were occasions when staff had failed to arrive, and this had meant that people had to make alternative arrangements to have their health needs met.

People felt that when their health needs changed their care and support had been reviewed. They told us that they had been involved in reviewing their care plans. One person said that they had recently had a review and they were involved throughout and were able to make small changes to times to suit their needs better. However two people that we spoke with told us that they had not had their care plans reviewed for a number of years. They did not tell us that their needs had changed but felt that they would benefit from a review. One person said, "My care is fine, but it would be nice to know that they [manager and provider] made sure it was." We spoke with the manager about this and they told us that they were aware that reviews of people's care plans were overdue, but they were prioritising the most urgent reviews for people whose health needs had changed or were complex. Where needed the manager and staff had engaged with other professionals associated with people's care and support so that they could respond to changes where they were required. We saw an example where a care plan had been reviewed with input from a health professional following a change in the person's health.

People felt that the care and support was centred on their individual needs. One person said, "The support fits with what I need." For example one person's health had become unstable and they needed additional support. The provider had arranged an additional member of staff on every visit over a weekend until the person's health had become stable again.

People felt they could raise any concerns or complaints. They told us that information on how to raise a complaint was provided to them and their family/carers. This included contact details for the provider as well as other agencies such as the local authority and CQC. All the people we spoke with knew who the manager was and felt comfortable to raise concerns with them or the staff. We spoke with the manager about the handling of concerns and complaints. There had not been any recent complaints but we could see that there was a system in place to respond and investigate concerns appropriately.

Requires improvement

# Is the service well-led?

## Our findings

People said that there were times when no one would arrive and they were not informed. One person told us that recently this had meant that they had to get help from a neighbour. Another person told us that they had not felt well and had waited for the staff to arrive, but this had not happened. As a result they had to wait until later when the next staff member arrived to call a doctor. A relative told us that recently a staff member failed to turn up and as no one was informed the person went without their meal. We asked the manager and the operations manager what system was in place to identify when a call was going to be missed and to identify what action needed to be taken to ensure the person's needs were met. They told us there was no consistent way that they were monitoring what calls had been attended or missed. We asked the manager about the systems that were in place to monitor the quality of the care and support and ensure that care was safe and risks were managed. We could see that questionnaires had been sent to people that used the service for their feedback. We looked at the summary of the responses and compared them to their summary of the previous year. We saw there was a significant increase in concerns and negative feedback from the previous year. The manager could not tell us the reason for this. We asked the manager what actions had been identified following the results of the feedback. We were told that there was no plan of action identified to address the concerns raised. Some of the concerns that were contained in the returned questionnaires were about missed calls.

Staff told us that they had not received regular supervision. The staff records we looked at confirmed this; we saw that some staff had not received any supervision for over two years.

Staff told us that they did not receive an annual appraisal and felt that they did not have an opportunity to discuss their progress or any concerns directly with the manager or provider. Newer staff that we spoke with told us that they had not had any supervisions or formal review at the end of their probationary period. A staff member said, "I started, did my training and I have not had any one check on me at all."

We asked if the provider carried out any spot checks. These are unannounced visits, usually done by senior staff to observe the care and also ask the staff and the person receiving support if there were any concerns. They told us that there had not been any spot checks for 'some time' and there were no current plans for this to happen.

Staff did not feel that they received enough support from the provider and manager. Staff told us that they were not always able to contact the manager and calls were not returned if messages were left. One staff member said, "We are not well supported at all." Another staff member said, "We can't get any advice from the office, we just rely upon our colleagues." Staff told us that they did not feel engaged or listened to by the provider. They told us that there were no staff meetings and that they did not feel involved in how the service was run or developed. One staff member said, "You just turn up, do your work and go home nobody bothers." Another member of staff said, "There is a total disconnect between us (staff) and the managers and provider." Staff told us that they felt the provider did not consistently promote a positive culture that was open and inclusive.

The provider did not have a system which assessed, monitored and improved the quality and safety of the service for people. This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had, when appropriate, submitted notifications to us. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

Staff felt confident to whistle blow if they had concerns about people's safety. There was a whistleblowing policy which clarified that staff had the right to whistle blow to external agencies if appropriate.

This section is primarily information for the provider

# Action we have told the provider to take

The table below shows where legal requirements 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 did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

| Regulated activity | Regulation |
|---|---|
| Personal care | Regulation 17 HSCA (RA) Regulations 2014 Good governance<br><br>The provider did not have a system which assessed, monitored and improved the quality and safety of the service for people. (17) |