Quality Care Providers Limited

Quality Care Providers Limited

Inspection report

51a Circuit Lane
Southcote
Reading
Berkshire
RG30 3HB

Tel: 01189666832
Website: www.qualitycareproviders.co.uk

Date of inspection visit:
17 October 2018

Date of publication:
06 November 2018

Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Good
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

This was an unannounced inspection which took place on 17 October 2018.

Quality Care Providers Ltd. is a care home (without nursing) which is registered to provide a service for up to six people with learning disabilities. People may have associated difficulties such as behavioural issues and/or being on the autistic spectrum.

People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. The Care Quality Commission (CQC) regulates both the premises and the care provided, and both were looked at during this inspection.

Quality Care Providers Ltd. accommodates people in an adapted domestic sized building. The service was run in line with the values that underpin the "registering the right support'' and other best practice guidance. These values include choice, promotion of independence and inclusion. People with learning disabilities and autism can lead as ordinary a life as any citizen.

At the last inspection, on 01 June 2016, the service was rated as good in all domains. This meant that the service was rated as overall good. At this inspection we found the evidence continued to support the rating of good and there was no evidence or information from our inspection and ongoing monitoring that demonstrated serious risks or concerns. This inspection report is written in a shorter format because our overall rating of the service has not changed since our last inspection.

People continued to be protected from all forms of abuse. Staff knew what action to take if they had any concerns about people's safety. The service identified general health and safety risks and any risk to individuals. All identified risks to staff and people were reduced as much as possible.

People continued to be supported by enough staff to keep them as safe as possible. Staff could meet people's diverse and complex needs, safely. Recruitment systems made sure, that as far as possible, staff recruited were safe and suitable to work with people. People's medicines continued to be given at the right times and in the correct amounts by trained and competent staff.

The staff team continued to be appropriately trained and were able to offer people effective care. They met people's diverse needs including their current and changing health and emotional well-being needs. The service worked closely with health and other professionals to ensure they offered individuals the most effective care.

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

The staff team remained caring and committed and continued to meet people's needs with kindness and

respect. They ensured they promoted people's privacy and dignity and communicated with them effectively.

The service was person centred and responded to people's diverse, individualised needs and aspirations. Activity programmes were designed to meet people's individual preferences and choices. Care planning was regularly reviewed which ensured people's current needs were met and their equality and diversity was respected.

The registered manager was experienced and respected. She and the management team ensured the service continued to be well-led. The registered manager and the staff team were committed to ensuring there was no discrimination relating to staff or people in the service. The quality of care the service provided was assessed, reviewed and improved, as necessary.

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 remains safe.	Good
Is the service effective? The service remains effective.	Good
Is the service caring? The service remains caring.	Good
Is the service responsive? The service remains responsive.	Good
Is the service well-led? The service remains well-led.	Good

Quality Care Providers Limited

Detailed findings

Background to this inspection

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

The inspection was unannounced and took place on 17 October 2018.The inspection was completed by one inspector.

We used information the provider sent us in the Provider Information Return (PIR) to plan the inspection. This is information we require providers to send us to give us some key information about the service, what the service does well and improvements they plan to make.

We looked at all the information we have collected about the service. This included the previous inspection report and notifications the registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for the five people who live in the service. This included support plans, daily notes and other documentation, such as medication records. In addition, we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff and training records.

We spoke with two people who live in the service and observed interactions between people and the care staff throughout the visit. We spoke with two staff members and a manager of the service. The registered manager was not available during the inspection process. We requested information from six professionals including the local safeguarding team. We received responses from three. We received comments from some relatives and one staff member.

Good

Is the service safe?

Our findings

People continued to be protected, as far as possible, from any form of abuse. Staff remained well-trained with regard to safeguarding and knew how to deal with any issues relating to people's safety. A staff member commented, "I am very confident that the clients are very safe and are treated very well." People told us or indicated by nodding or smiling they felt safe living in the home. The local safeguarding authority told us they, currently, had no concerns about the quality of care or safety of the people living in the service. There had been no safeguarding referrals in the previous 12 months.

The service continued to keep people, staff and visitors as safe from harm as possible. Health and safety training was provided regularly. There was a fire safety policy and procedure and records of fire drills were completed. Maintenance checks, including fire equipment were completed at the correct frequencies, by appropriate external contractors or staff as appropriate, and were up-to-date. Operational risk assessments were provided and kept up-to-date.

Any risks to people were identified by Individual risk analysis and appropriate risk management plans were incorporated into care plans. They were detailed and provided care staff with information which supported them to deliver care in the safest way possible. These included areas such as support with finances. People's overall finances were dealt with by parents or the local authorities and cash held on people's behalf was audited and checked regularly. Professionals told us, "We have never found anything to raise concerns." (About people's finances). Personal emergency and evacuation plans were tailored to people's particular needs and behaviours.

Additionally, people's safety was protected because the service recorded incidents and accidents and took action to manage and reduce the risk of such events recurring. Staff used such events for learning and any identified issues were discussed in one to one supervisions, staff meetings and other training forums.

People continued to be supported with behaviours which may cause distress or harm. Staff were trained in a nationally recognised system which taught techniques for staff to follow to reduce the likelihood of any such behaviours occurring. The training, which was up-dated every year, taught staff to deal with distressing or harmful behaviours, as safely as possible. Behaviour plans were developed by supporting community behavioural specialists, as necessary. The service did not use physical intervention techniques, currently.

People continued to be given their medicines safely by competent and appropriately trained staff. There were guidelines/protocols to identify when people should be given their medicines prescribed to be taken when necessary. However, these were not as detailed as required to ensure consistency in administration. The manager undertook to review and up-date the guidelines which was completed two days after the inspection visit. A pharmacy visit in December 2017 resulted in five recommendations. These had been completed.

Staffing ratios continued to meet people's diverse and complex assessed needs. There was a minimum of four care staff during daytime hours, one sleeping and one waking staff at night. A senior staff member was

on call at all times. Staff felt there were adequate staffing numbers to meet the needs of the service. The staff team was stable, all staff had been in post for over two years. The service continued to check the safety and suitability of staff prior to their employment.

Good

Is the service effective?

Our findings

The staff team continued to meet people's individual identified needs effectively. Support plans were of a good quality and provided staff with all the necessary information to enable them to offer people appropriate care and support. Information was up-to-date and relevant.

People were helped to stay as healthy as possible. Care plans continued to include all aspects of care including health and well-being. For example, 'my dental plan' and a 'health emergency procedures plan'. Referrals were made to other health and well-being professionals such as psychiatrists, psychologists and eye specialists. A relative commented, "They have worked closely with the GP, her hospital psychiatrist and me in deciding what's best for [name]."

People continued to benefit from the support of a staff team who were trained and otherwise assisted to understand people's individual needs. Staff told us they had very good opportunities for training. Specialist training continued to be provided as and when required to meet any specific or diverse needs such as sight management. Seven of the 12 staff had completed a professionally recognised qualification in health and/or social care. Regular supervision, staff meetings and annual appraisals were used to enhance staff knowledge and to support them in developing skills to meet people's specific needs. Staff told us they felt well-supported by the management team.

People were encouraged and supported to make decisions and choices of their own and staff acted in the best interests of the people they supported. The registered manager and staff team had received Mental Capacity training and understood the principles of the Mental Capacity Act 2005 (MCA).

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive people of their liberty were being met. Applications were made appropriately and met legal requirements. Best interests' meetings were held, as necessary and was appropriate.Records were kept of who was involved in the decision-making process.

People chose and helped to prepare food for themselves and others (As noted on their activity plans.) They told us they could eat what they wanted when they wanted. Individuals were provided with drinks and snacks on request. People were encouraged to eat a healthy, well-balanced diet. Any specific needs or risks related to nutrition or eating and drinking were included in care plans. Specialised diets such as those to meet people's religious requirements or those to meet people's safety requirements were provided. Support to meet people nutritional needs was sought from relevant professionals as necessary.

The service was beginning to use IT systems to support people's care, such as in the care planning process. Currently systems were used for communication with the staff team and learning.

Good

Is the service caring?

Our findings

People were provided with sensitive and kind support from a caring staff team. They told us staff were good to them. Throughout the visit staff showed kindness and patience when dealing with people.

The exceptionally stable staff team had continued to develop strong relationships with people to better support them as individuals. The management and staff team knew people's needs well. Staff knew people's individual personalities and characters as people knew theirs. People continued to be supported to maintain important relationships and make new ones, as appropriate.

Some people could verbally communicate whilst others had individual methods of communication. The ways individuals expressed their feelings were clearly noted in their communication plans. For example, people used signs, communication boards and body language. People had monthly key worker and monthly house meetings where their views and opinions were asked for and their responses recorded.

The service continued to support people to maintain and develop their independence, as much as they were able. Care plans included information about how people were supported to make decisions and keep as much control over their lives as possible. Detailed risk assessments assisted staff to support people to live their life as independently as possible, as safely as possible. Examples included participating in daily living chores, accessing the community and participating in activities.

Staff remained committed to promoting people's privacy and dignity and respected them as individuals. Staff described how they ensured people were treated with respect. They told us they listened to people and treated them as they would wish to be treated themselves. They told us they made sure they always discussed with the person what they were going to do and why. Staff spoke to people in a respectful and positive way throughout the inspection visit. Care plans included positive information about the person including a section called, "Some great things about me." Daily diaries were kept for each person and were written in a positive and respectful manner.

Staff continued to meet people's diverse physical, emotional and spiritual needs. The service had a strong culture of recognising equality and diversity which was enhanced by staff training and discussions. Staff were committed to supporting people to meet any specific special needs. For example, individual support plans noted, for example people's religious beliefs and how they chose to pursue them, any family cultural beliefs and any lifestyle choices.

The staff and management team understood the importance of confidentiality. People's records were kept securely and only shared with others as was necessary.

Good

Is the service responsive?

Our findings

The registered manager and staff team continued to be responsive to enable them to meet people's complex and changing needs. Staff were trained and knew what action to take if people were showing any signs of anxiety or becoming distressed.

The service continued to assess people's needs regularly and a formal annual multi-disciplinary review took place. People were encouraged to attend their reviews and choose who else they wanted to be present. Additional reviews were held as necessary and care plans showed that staff responded quickly to people's changing needs.

The service continued to be person-centred. People had personalised care plans which ensured care was tailored to meet their individual and diverse needs. The service continued to keep information on individual people, their history, likes and dislikes. For example, each person's file included, "Some dreams for the future", "What's important to me" and "How I would like to live and who I would like to live with."

The service worked hard to make sure people's families, friends and advocates were as involved, as appropriate, with people's care. For example, one person was supported to meet up with people who were important to them several times a week.

Discrimination was understood by the registered manager and the staff team. They understood how to protect people from any form of discrimination and were knowledgeable about equality and diversity regarding the protected characteristics. Staff training covered these principles.

The service continued to provide people with access to the information they needed in a way they could understand and remained compliant with the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given. People had individual communication plans to ensure staff and people could communicate as effectively as possible. Information, where relevant was produced for people in user friendly formats. This included an easy read care plan and complaints procedure. Staff and people understood each other very well.

People participated in individualised, flexible activities. People and staff developed an activities plan which took into account individual's needs and preferences. They were provided with varied and meaningful activities which enhanced their lifestyles. These included day services, holidays and social activities.

The service had a robust complaints procedure which was produced in a user-friendly format. The service had received three complaints and two compliments since the last inspection. The service dealt with complaints appropriately.

Good

Is the service well-led?

Our findings

People continued to benefit from care provided by a staff team who were well led by the 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.

The registered manager had been in post since the service was registered in 2010. The registered manager was also the nominated individual and a director of the provider company. She was qualified and experienced to fulfil her role. She was supported by a management team who knew the service and the individuals who lived there extremely well. Staff described the registered manager and management team as approachable and accessible. One staff member commented, "…I like the way that management ensures to take me along so we are not left out." Another said, "Managers work alongside us on a daily basis and are very supportive."

The service considered the views and opinions of people, their families and friends and the staff team. People were supported to be involved in all decisions about their home, as far as they were able and/or chose to be. People's views and opinions were recorded in their annual reviews and at monthly key worker and house meetings. Staff meetings were held regularly and minutes were kept. A staff member commented, "They (management) definitely value us and will listen to and act on our ideas and opinions." Questionnaires were sent to families and friends every six months but the service was looking to develop more creative ways of capturing views and opinions and questionnaires were not always returned.

People continued to benefit from good governance of the service. The quality of the service was monitored and assessed by the registered manager and the staff team. A variety of auditing and monitoring systems remained in place. For example, regular health and safety audits were completed at appropriate frequencies. An external auditor looked at all aspects of the home every week. They ensured that systems and procedures were operating effectively and people continued to be offered good care.

Actions were taken as a result of the quality assurance systems and listening to people, staff and other interested parties. These included, paying a consultant to do weekly spot checks on the quality of the service and purchasing new dining chairs. A relative commented, "Quality care providers have done just that, given us quality care…" A professional e-mailed the service to say, "One of the most impressive homes that I have seen so I wanted to let you and your team know what a great job you have done."

People's records were of a good quality and continued to reflect their current individual needs. They were detailed and informed staff how to meet people's needs, taking into account their preferences and choices. Records relating to other aspects of the running of the home such as audit records and health and safety maintenance records were well-kept, up-to-date and easily accessible.

The registered manager understood when statutory notifications had to be sent to the Care Quality

Commission (CQC) and they were sent, when necessary, in the required timescales. The registered manager was knowledgeable about new and existing relevant legislation. For example, the accessible information standard and the duty of candour.