

# Quality Assured Care Services Ltd

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## Inspection report

Haydon House, 5 Alcester Road  
Studley  
Warwickshire  
B80 7AN






Date of inspection visit:  
30 July 2019

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service:

Quality Assured Care Services Ltd is a domiciliary care agency. It is registered to provide personal care to people in their own homes, including people with dementia, physical disability or sensory impairment. At the time of the inspection visit the service supported 33 people.

### People's experience of using this service:

People felt safe using the service and staff understood how to recognise and report abuse. Staff recruitment processes included background checks to review their suitability to work with vulnerable adults.

Some events which called into question people's safety were not always recorded and managed properly and risks to one person's safety had not been fully assessed. However, improvements were made straight after our visit.

People received support from staff when needed and they were supported to have their medicines as prescribed. People were supported to have enough to eat and drink to maintain their well-being. Most people were supported to obtain advice from healthcare professionals when required.

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.

People were treated with dignity and their independence was promoted wherever possible. Staff provided care to people at the end of their lives.

People were involved in planning their care with support from staff. People and their families understood how to complain if they wanted to. The provider and the registered manager were open and honest, and worked in partnership with outside agencies to improve people's support when required. There were checks in place to ensure good standards of care were maintained.

Rating at last inspection and update: The last rating for this service was requires improvement (published 8 August 2018) and there was a breach of regulation. 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 improvements had been made and the provider was no longer in breach of regulations.

### Why we inspected:

This was a planned inspection based on the previous rating.

### Follow up:

We will continue to monitor intelligence we receive about the service until we return to visit as per our

inspection programme. If any concerning information is received we may inspect sooner.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### 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 well-led.

Details are in our well-Led findings below.

**Requires Improvement** ●

# Quality Assured Care Services Ltd

## **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:** There was one inspector and an Expert by Experience in the inspection team. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

**Service and service type:** Quality Assured Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own homes.

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.

**Notice of inspection:** We gave the service 24 hours' notice of the inspection. This was because we needed to be sure the provider or registered manager would be in the office to support the inspection. Inspection activity started on 29 July 2019 and ended on 30 July 2019. We visited the office location on 30 July 2019.

**What we did before the inspection:** We looked at the information we held about the service and used this to help us plan our inspection. We checked records held by Companies House. 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. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. The Expert by Experience telephoned five people who used the service and two relatives, about their experience of the care provided.

During the inspection: We spoke with four members of staff including the nominated individual, registered manager and two senior care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included four people's care records and medication records. We looked at staff files in relation to recruitment and staff supervision and a variety of records relating to the management of the service, including checks on the quality of care provided.

After the inspection: We received further information from the provider to validate evidence found, including processes to record events at the service. We spoke with two further members of care staff to obtain their views of the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety.

Assessing risk, safety monitoring and management and learning lessons when things go wrong

- Events which called into question people's safety were not always recorded and managed properly. Some information was difficult to access during our visit and this made it difficult to see what learning had taken place to reduce any future risks to people's safety. However, the registered manager was able to explain what measures they had put in place following these events. They told us following the visit they had improved their recording processes to ensure information was accessible and could be reviewed more easily.
- Most care plans guided staff on how to support people safely. However, we found one person's identified risks had not been properly assessed and updated following a change in their needs. The person's needs had been reviewed by a senior member of staff, however they had not been supported to be reviewed by an external health professional and their food and nutrition assessment had not been fully updated. Care staff we spoke with were knowledgeable about the change in the person's needs and explained how they supported them safely. We discussed this with the registered manager and they ensured the person was referred to a health professional on the day of our visit. They told us they would review all care plans to ensure appropriate risk management plans were in place for all identified risks, to keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People told us they received safe care. One person told us "I feel safe and secure with them and I could always talk to someone if I needed to. They are very good."
- Staff had received training about the different types of abuse. Staff understood they needed to report their concerns to the registered manager and felt assured that these would be taken seriously.
- The registered manager understood their obligation to report their concerns to the relevant authorities and had sent us statutory notifications to inform us of any events that placed people at risk.

Staffing and recruitment

- People told us there were enough staff to provide support when it was needed and on the whole staff arrived on time to care calls. People confirmed staff telephoned them in advance if they were going to be late to a call.
- The registered manager explained staffing levels were worked out in advance and were dependant on the needs of the people who used the service.
- The recruitment process included background checks of potential staff to assure the provider of the suitability of staff to work at the service.

Using medicines safely

- Only staff who had been assessed as competent supported people with their medicines.
- Protocols were in place to ensure people received their medicines when they needed them.
- Medication administration records were completed by staff when people received their medicine and were regularly checked for any mistakes by senior staff.

#### Preventing and controlling infection

- People told us care staff wore personal protective equipment when personal care was given. One person told us, "They're very good with the personal hygiene; wearing gloves and washing hands. I have no concerns at all."
- Staff understood and followed safe infection control guidelines and knew how to minimise risks of infection.

# Is the service effective?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Protected characteristics under the Equality Act 2010 were considered in people's assessment of needs. For example, people were asked about any religious or cultural needs they had.

Staff skills, knowledge and experience

- Staff were skilled, competent and suitably trained to meet people's needs effectively. Newly recruited staff followed a formal induction programme and were required to undertake training when they commenced employment. They also worked with existing and experienced staff members to gain an understanding of their role.
- Staff were positive about the standard of the training and told us training gave them the knowledge and skills to support people according to their individual needs. One member of staff told us, "The provider does all the training, they are very patient and understanding." Some staff commented they would find additional training in skin integrity and nutrition, valuable. We discussed this with the registered manager who took action to obtain additional training for staff straight after our visit.
- The provider's induction was linked to the Care Certificate. The Care Certificate is an agreed set of standards that sets out the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff told us they received supervision and feedback on their performance from senior staff.
- Staff were encouraged to study for nationally recognised care qualifications and progress to more senior roles.

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

- Some people received food and drinks prepared by care staff. Staff prepared meals in line with people's choices and made sure people had fluids in between care calls.
- Staff knew about people's individual needs and ensured they had enough to eat and drink to maintain their well-being.

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

- Most people had been referred to other healthcare professionals to promote their wellbeing, such as the GP and occupational therapist for further advice. One member of staff explained how they had recently supported one person to obtain advice from a health professional and how information was shared with other care staff to ensure the person was supported effectively.

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.

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.

- Staff were working within the principles of the MCA. People's care plans identified whether they had the capacity to consent to their care. Where people were identified as lacking capacity, there was guidance for staff about how to support people to make decisions and any legal representatives were identified.
- Staff obtained people's consent and supported people to make decisions in their best interest. A relative told us, "Staff always explain everything they do and ask for (Name of relative's) consent." One member of staff explained how they obtained consent by talking with people in a way that suited them, so they could understand the support they were receiving and this improved their wellbeing.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same and is still 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 and their relatives told us they felt staff cared about them. Two people told us, "The staff are kind, helpful and cheerful...They are courteous and respect my privacy and dignity" and "Everyone considers my opinions and is respectful of how I feel."
- The management team explained how they had worked hard to ensure their service helped people to thrive in their home environment. Staff shared the management's caring ethos and told us, "We ensure people get the care they want."
- Staff felt confident they could support people to maintain their individual beliefs. They understood some people might need particular support to make them feel equally confident to express themselves.

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

- Staff spoke confidently about how they supported people to make everyday decisions about their care. Staff understood people's gestures and behaviours and knew how people preferred to be communicated with.
- People were asked about their individual preferences and these were acted on. For example, people were asked what gender of staff they preferred and care was provided to meet their needs. One person told us their choice, "Has always been respected."

Respecting and promoting people's privacy, dignity and independence

- People told us care staff acted in a way that maintained people's privacy and dignity. A relative told us, "Staff are good with (Name's) privacy and dignity...They encourage (Name) to be independent and will chat to them all throughout the care call."
- Staff explained how they encouraged people to be independent because it helped them to remain in their own homes and improved their wellbeing.
- The provider ensured people's personal information was treated confidentially. Records were locked away and could only be accessed by authorised staff. People had a copy of their own care plan which meant they had access to information about them at any time they needed it.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's needs were met through good organisation and delivery.

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

- People told us staff knew them well and were positive about how responsive staff were to their needs. One person said, "We know most of them (staff) well and they know me and what I like."
- Care plans contained personalised information and gave direction to staff that was specific to each individual.
- Staff knew people well and told us how they identified if people's needs changed or if they needed additional support.
- People were included in the review of their care plans in ways that suited their individual needs. One person told us, "We are involved in care planning and our views are respected." People's family were invited to reviews where people had consented and told us these were carried out regularly.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were recorded in their care plans.
- The registered manager told us if people needed information in particular formats, they would ensure these were made available.

Improving care quality in response to complaints or concerns

- We viewed records of complaints made about the service. No formal complaints had been raised, however two people had raised minor concerns since the beginning of 2019, which were investigated in accordance with the provider's policy and resolved to people's satisfaction. A relative told us, "If we have any issues then we talk to the registered manager in the office." They explained they had previously raised a concern and they felt listened to because it was, "Dealt with straight away."
- The provider's complaints procedure was accessible to people in their homes.
- People told us they could raise concerns without feeling they would be discriminated against.

End of life care and support

- Care staff were trained to support people at the end of their lives. The registered manager explained care staff were experienced and worked alongside other organisations, such as community nurses, to provide responsive end of life care. A relative told us, "(Name's) end of life care was well managed. I would definitely recommend this company. They've been wonderful throughout."

# Is the service well-led?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Some processes 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

- There had been improvements made since our last inspection visit. For example, care plans were more detailed and reflected people's individual needs. However, changes were required in the way events which called into question people's safety were recorded and managed, because it was difficult to see what learning had taken place. In addition, some gaps in staff training needs had not been identified. The registered manager explained what action had been taken to improve their processes following our visit.
- People were positive about the leadership of the service. Several people told us they would recommend the service to others and said, "They are brilliant" and care staff were "Professional." Another person explained they were regularly visited by the management team. They said, "Everything about them is exemplary... They are so respectful all the time. They use the equipment properly and take the time to care for me, it's not rushed like other companies that I have used. Nothing is ever too much for the carers. They should be the ambassador for all care companies."
- Staff told us they felt supported by each other and by senior staff and told us they had seen improvements in the service. A member of care staff told us, "I think the service is well led. I feel very supported by the management team when I'm out in the field (carrying out care calls). I have great colleagues and I enjoy working here."
- Staff at the service understood their roles and responsibilities and how to seek advice and guidance about people's care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour which is their legal responsibility to be open and honest with people when something goes wrong

- The staff and management had values that placed people at the centre of the service and promoted their independence, enabling them to make choices about their lives as much as possible.
- The registered manager understood their obligations for reporting important events or incidents to the CQC. They were aware of their duties under the new general data protection regulations and information was kept securely. The provider information return sent to us by the registered manager, reflected our findings of the service during our inspection visit.
- The latest CQC inspection report rating was on display on the provider's website and at the service as required. The display of the rating is a legal requirement, to inform people, those seeking information about the service and visitors of our judgments.

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

- People had mixed views about communication with staff in the care office. One person told us, "There is no feedback or even acknowledgment that messages are received." Other people told us they felt communication was good, they said, "The office have always been lovely and very helpful. Any issues were dealt with straight away, we've had very prompt responses" and "They (management team) come out every month and we can talk about any issues and share our opinions. They ask us how things are going and go through all the paperwork." We raised the negative feedback with the registered manager who gave us their assurance they would take action to investigate this concern further.
- People told us they were encouraged to share their experiences of the service by completing surveys. The registered manager explained surveys were an ongoing process where people were asked to provide their feedback during quality visits conducted by the management team, at people's homes. People's responses were collated on a quarterly basis and the registered manager explained how they used the information to make improvements to the service. For example, one person requested their care call times were reviewed and this was done to the person's satisfaction.

Continuous learning and improving care

- We found the provider had made improvements to the way it monitored the quality of the service. Checks were carried out by senior staff on a range of issues, including medicine records and care plans. Records showed actions were taken to make improvements to the service, following the checks.
- The provider and registered manager were committed to making improvements to the service and had obtained advice and support from external agencies, for example, Skills for Care. They shared best practice with staff to help improve the service.
- Team meetings were utilised to communicate updates and required changes to staff. These included updates on individual's needs. All the staff we spoke with were confident they could raise concerns and speak openly about any improvements they thought were required or ideas they had.

Working in partnership with others

- Staff worked with other agencies to improve people's experience of care. These included health and social care professionals.