

## Quality Home Care (Barnsley) Limited

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### Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

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

Quality Homecare (Barnsley) Ltd is a domiciliary care agency providing personal care to 38 people at the time of the inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Although a governance framework was in place records were not consistent and did not always support quality processes. People were supported by suitably trained staff, however records were not always clear or consistent, and in some instances, it was not clear which member of staff was being identified, for example, in supervision records. Medicines were administered safely, however, records were not always clear about changes to medicines or when reminders for medicines or topical creams were applied. Systems for analysing information were not in evidence to fully support learning lessons from when things went wrong.

Due to poor record keeping there is a risk people using the service may be placed in harm. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staff did not have access to regular meetings and these were not always recorded consistently.

We have made a recommendation about staff meetings.

A business continuity plan and business development was in place to support the management of the service. A quality survey for people and relatives had taken place and results were analysed. The service had considered and implement changes to some care records to support improvement.

People told us they felt safe and were very happy with the care and support they received. Systems were in place to safeguard people from abuse: information about this was included in people's care plans. Risks to people were assessed and reviewed to ensure people were supported safely. Infection control measures were considered and detailed in people's care plans.

People's needs and choices were assessed to achieve clear outcomes. Staff were supported through competency and spot checks, from information seen these were not always regular.

We have made a recommendation about recording staff support.

People were supported to eat and drink, and care plans provided detailed information for staff about how to do this. Care plans contained evidence of how staff worked with health professionals and other organisations to support people's support and wellbeing. People were supported to access health professionals. Consent to care and treatment was sought and recorded from people, where they were able

to do so. 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.

Care plans detailed how to support people whilst protecting their privacy and dignity. Daily records showed where people had their choices asked and respected.

Care plans recorded how people received personalised care that is responsive to their needs and wishes. There have been no complaints since the last inspection, however information about how to complain is contained in the service user guide. There was no one receiving end of life care, however there was no evidence in care plans viewed that people were asked about their end of life wishes.

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

#### Rating at last inspection (and update)

The last rating for this service was requires improvement (published 31 January 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 enough improvement had not been made and the provider was still in breach of regulations. This service has been rated requires improvement for the last four consecutive inspections.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Enforcement

We have identified breaches in relation to record keeping 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 return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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.

**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 not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Quality Homecare (Barnsley) 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 Care Act 2014.

#### Inspection team

The inspection was carried out by an inspector, an assistant inspector and an Expert by Experience. 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

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

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 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity took place between 27 January 2020 and 11 February 2020. We visited the office location on 27 January 2020.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service, including Healthwatch. Healthwatch is an independent consumer champion that gathers and represents the views of the public about health and social care services in England. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with six people who used the service and six relatives about their experience of the care provided. We spoke with six members of staff including the provider, registered manager, office manager and care workers.

We reviewed a range of records. This included four people's care records and medication records. We looked at five 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.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We reviewed training certificates.

# 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. There was an increased risk that people could be harmed.

At the last inspection we found a breach of Regulation 17, good governance, because accurate and up to date records were not always maintained in relation to the electronic care system and incident reports. At this inspection we found that although this issue had been rectified there were concerns with the record keeping of medicines and staff recruitment files.

### Staffing and recruitment

- Staff were not always recruited safely. The provider had not record the checks they had undertaken about people's employment history for one staff member, although the office manager told us they had discussed this with potential staff.

This is a breach of regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see further information in the well-led domain below.

- People generally received care and support from regular staff, however one person told us, "(Staff) need a little more consistency." The registered manager told us they had staff vacancies but were in the process of recruiting more staff.
- People and their relatives told us they received care when they should and checks on call times confirmed this. A person said, "Always on time, they are really good." Another said, "They (staff) do not rush, they completed everything I need."

### Using medicines safely

- Care plans recorded where people had consented to have their medicines administered. Where people needed topical creams or gels administering records did not document where these should be applied, although staff were knowledgeable about this.
- Where people had medicines prescribed on an 'as and when basis' it was not always clear why and when these should be administered, particularly if someone was unable to tell the care worker. We discussed this with the registered manager who had already started to trial a new way of documenting this information and the information for this person had been filed elsewhere.

This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see further information in the well-led domain below.

Systems and processes to safeguard people from the risk of abuse

- Systems were in place to keep people safe. All potential safeguarding incidents were logged and reported to the relevant authorities.
- Staff understood and recognised the signs of abuse and how to report any concerns. They received regular training about this.
- People said, "I always feel safe with all my care workers", and, "I feel very much so safe".

Assessing risk, safety monitoring and management

- Risks to people were individually assessed and actions were taken to mitigate those risks.
- Care plans contained detailed information for staff to follow to ensure risks were minimised; these were person-centred and meant risks were managed appropriate to the individual.
- Risks to people were reviewed regularly to ensure people were supported safely according to their needs.
- Staff reported changes to people's risks to office staff who updated care plans.

Preventing and controlling infection

- People were protected from the risk of infection. Care plans recorded in detail the actions staff should take when delivering every aspect of care.
- Staff confirmed they had good access to personal protective equipment (PPE), such as gloves and aprons. People's comments included, "Always they are very smart, clean, they wear all the appropriate gloves and aprons when they do my personal care", and, "They always wear gloves and aprons, they are quite disciplined in that, they are also always clean and smart".

Learning lessons when things go wrong

- The service recorded accidents and incidents, however there was not always a thorough recorded analysis of these. Where the service had identified themes they had discussed improvements with staff.
- The service had implemented a daily records booklet, from themes identified, which had improved record keeping in this area.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

At the last inspection we found a breach of Regulation 17, good governance, because the registered provider had not always ensured accurate and up to date records were kept in relation to consent forms. At this inspection we found enough improvement had been made and the service was no longer in breach of this regulation.

Staff support: induction, training, skills and experience

- Staff told us they met with managers and field care supervisors regularly and told us they felt supported. Staff files did not show staff had received appraisals and records did not always reflect the supervisions, training or support they received.

We recommend the provider ensures appropriate records are kept about how and when staff are supported.

- People were supported by trained staff. People's comments included, "They are certainly trained, they are well trained indeed."
- Staff told us they received good and regular training. A staff member said, "I did all my training again."
- New staff described their induction process and how they had shadowed more experienced staff. One person confirmed, "They are brilliant even with those they shadow."

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

- People had thorough assessments before support commenced: these were used to develop care plans.
- People and relatives said they were involved in planning their care and their needs and choices were met. One person told us, "When I started...they had a long discussion with me, we now have internal reviews or any changes I speak to the care workers."
- Staff confirmed they were able to deliver care for people based on their needs and choices.

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

- People were supported to eat and drink where they needed assistance to do so. Care plans contained detailed information about the exact support people needed and how staff should deliver this.
- People's nutritional needs were monitored. Records showed when and how people had been supported to eat and what they had eaten and drank.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- Staff supported people to access healthcare services when needed. Staff were vigilant at monitoring people's health and identifying when additional support may be needed.
- Staff were easily able to track and monitor people's health. Each person's record had a log showing contacts with health professionals, other agencies and family members, and how and when staff had intervened and sought appropriate help and advice.
- People and relatives confirmed staff helped them access the right health support.

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.

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

- People had consented to their care and support. Where people did not have capacity to consent the service had checked their relative had the appropriate authority to consent on their behalf.

# 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.

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 relatives confirmed they were well-treated by staff. Comments included, "I look forward to the care workers coming, they make me feel very happy", "They are kind and polite towards me", and, "The care workers are like angels to me, they talk to me, not at me, this is really good". One relative felt there was a personality clash with one staff member however they had discussed this with the registered manager who had made appropriate arrangements.
- Care plans detailed whether people had any protected characteristics and considered how staff could support people if required.

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

- Daily logs recorded in detail how people had been involved in making decisions about their care and how staff had supported people to do this.
- Care plans included information so staff knew how to support people in a person-centred way to make decisions about their daily lives and their care. For example, one care plan explained how a person needed to be given time to make a decision and the daily log showed staff did this.
- Comments from people included, "I know what I like and dislike and the care workers know the same", and "I have a great relationship with my care workers, they know what is good and what I do not like".

Respecting and promoting people's privacy, dignity and independence

- Staff spoke with respect about people and explained how they protected people's privacy and dignity. The detailed daily records confirmed this.
- Comments from people included, "They (staff) are happy, respectful, always give me dignity and respect", and "The care workers are wonderful, very respectful, always ask my permission for anything they do".
- Comments from relatives included, "They are very friendly, always make my relative feel safe and comfortable in their own home", "They give such respect and dignity to my relative, each and every care worker is always kind and considerate towards [name of person]", and, "All the care workers are very caring, approachable and respectful to my relative".

# 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 now improved to 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

- Care plans were very personalised and the service responded promptly to changes in people's care needs.
- Staff understood people's daily routines and delivered care whilst maintaining those routines.
- People told us, "They (staff) have always turned up, never missed a call for me", and, "It is reviewed, they do listen to what I want, I do have a copy of the plan".

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.

- The service recorded people's communication needs and ensured these were met by staff by including all the information in people's care plans. Information such as whether people needed to wear their spectacles or how many hearing aids they used was documented.
- It was also clearly recorded where staff needed to speak and listen to someone in a different manner, for example, because of a difficulty in their understanding.

Improving care quality in response to complaints or concerns

- Complaints and compliments were recorded and responded to appropriately.
- People were told about the complaints procedure during initial assessments and information about how to complain was clearly documented in the service user guide.
- A person said, "If there was ever an issue...they would be told, I am very lucky never had any issues whatsoever, but I have the procedure", and a relative told us, "I have the numbers, not really needed to use it, I am able to contact them at anytime".

End of life care and support

- There was no one receiving end of life care at the time of our inspection.
- The service showed had it worked with a variety of agencies previously to support people at the end of their life.
- People were asked about their end of life wishes and these were recorded, where they had been provided.

# 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 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. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

At the last inspection we found a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 because systems were not always operating effectively to assess, monitor and improve the quality and safety of the service and accurate records were not always kept. At this inspection we found, whilst some improvements in record keeping had been made, record keeping in relation to employment history, staff supervision, and audits needed to improve. The service remains in breach of this regulation.

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

- A governance framework was in place and the registered manager described how they undertook regular audits however documentation to confirm these was not fully in place and records were not consistently completed.
- Spot checks and competency checks on staff were undertaken, although there was no evidence these took place regularly.
- Checks relating to staff recruitment and medicines had not identified the concerns we found during this inspection in relation to record keeping.

The lack of a consistent and methodical approach to record keeping and checks meant people may have been placed at risk. This is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- Feedback was sought from people, relatives and staff.
- A quality survey had been issued to people and relatives and consideration about improvement had been given to the responses received.
- Staff did not always have access to a regular programme of staff meetings however staff confirmed they were involved in discussions about improvements to care.

We recommend the provider ensures a regular programme of staff meetings is put in place.

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

- People and relatives were positive about the open communication within the service. One person said, "Communication is good with staff and management, they are not rude, they listen."
- The registered manager described how they had discussed with staff options for improving how care for people is documented.
- The registered manager understood and acted on their duty of candour responsibilities.

Working in partnership with others

- The registered manager had sought involvement from the Local Authority to support the service's improvement.
- The service worked in partnership with other external agencies to support the care of the people they support.

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  Systems and processes did not operate effectively. Record keeping did not support the effective assessment, monitoring and improvement of the quality and safety of the service.