

Quality Assured Care Services Ltd

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Inspection report

Haydon House, 5 Alcester Road
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Warwickshire
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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

The inspection site visit took place on 3 July 2018 and was announced.

This was the first inspection of the service since its registration with us in October 2017. The service was previously registered under a different address.

Quality Assured Care Services Ltd is a domiciliary care agency. It provides personal care to people living in their own homes. It provides a service to adults with different needs, including dementia, physical disabilities and sensory impairments. The service provides twenty four hour support to four people. There were 31 people using the service at the time of our inspection visit.

At this inspection we found improvements were required. The provider had not ensured that systems were in place to effectively assess, monitor and mitigate the risks relating to the health and safety of people who used the service. They had not maintained accurate and complete records for people and their governance system did not ensure their practice was always evaluated or improved. We have rated the service as 'Requires Improvement' in the key questions of safe, effective, responsive and well-led and 'Good' in the other key question. Therefore the service is rated as 'Requires Improvement' overall.

There was a registered manager in post. 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.

Staff understood their responsibilities to protect people from the risk of harm, however some staff had limited knowledge of local authority adult safeguarding procedures. The provider had not referred one event which called into question people's safety, to the CQC. We found some risks to people's health and safety had not been properly assessed to reduce the risk of them happening in the future.

There were gaps in the provider's understanding of their responsibilities in relation to the Mental Capacity Act 2005 [MCA] and improvements were required to ensure people's capacity was assessed where required and consents were obtained in accordance with the MCA.

Processes to monitor the quality of service were not effective and improvements were required to ensure care plans were accurate and people were kept safe.

Care plans were not always accurate. We found some identified risks relating to people's needs had not been assessed in full on their care plans.

People decided how they were cared for and supported. However, improvements were required in recording people's preferences and ensuring care plans were personalised. People knew how to complain and were

able to share their views and opinions about the service they received.

Staff knew people well and knew how they wanted to be cared for and supported. Staff respected people's right to privacy. There were enough staff to meet people's needs. People were supported to maintain their health and diet and they received their medicines as prescribed.

The provider had worked closely with commissioning authorities to make improvements to the service and people were satisfied with the service. Staff felt supported by the provider.

We found a breach of the Health and Social Care Act 2008 (Regulated activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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 consistently safe. Staff understood their responsibilities to protect people from the risk of harm, however some staff had limited knowledge of local authority adult safeguarding procedures. The provider had not referred one event which called into question people's safety, to the CQC. We found some risks to people's health and safety had not been properly assessed to reduce the risk of them happening in the future. There were enough staff to meet people's needs and people received their prescribed medicines.

Requires Improvement ●

Is the service effective?

The service was not consistently effective. There were gaps in the providers and the registered manager's understanding of their responsibilities in relation to the MCA and improvements were required to ensure people's capacity was assessed, best interest decisions were recorded and consents were obtained in accordance with the MCA. Staff were trained to meet people's needs effectively and people were supported to maintain their health.

Requires Improvement ●

Is the service caring?

The service was caring. People told us staff were caring and respected their privacy and dignity. Staff knew people well and knew how they wanted to be cared for and supported.

Good ●

Is the service responsive?

The service was not consistently responsive. People decided how they were cared for and supported. However, improvements were required in recording people's preferences and ensuring care plans were personalised. People knew how to complain and were able to share their views and opinions about the service they received.

Requires Improvement ●

Is the service well-led?

The service was not consistently well led. Processes to monitor the quality of service were not effective and improvements were required to ensure care plans were accurate. The provider had worked closely with commissioning authorities to make

Requires Improvement ●

improvements to the service and people were satisfied with the service. Staff felt supported by the provider.

Quality Assured Care Services Ltd

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 was 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 visit took place, on 3 July 2018. It was a comprehensive inspection and was announced. This was to ensure the registered manager and staff were available to talk with us when we visited. The inspection was undertaken by one inspector and an expert by experience. An expert by experience is someone who has experience of using this type of service.

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

Prior to our visit we reviewed the information we held about the service. We looked at information received from local authority and NHS commissioners. Commissioners are people who work to find appropriate care and support services, which are paid for by the local authority or by the NHS. One local authority commissioning authority told us they had made two visits to the service within the last 12 months to make checks on the standard of the service. The local authority commissioners made a placement stop on the service between October and December 2017, whilst the service made required improvements. A placement stop is where commissioners do not refer new people to be supported by the service.

Prior to our inspection visit we spoke with six people who used the service and two relatives to ask for their views of the service. During our visit we spoke with the provider, the registered manager, a field supervisor and three care workers.

We reviewed five people's care plans to see how their care and treatment was planned and delivered. We checked whether staff were recruited safely, and trained to deliver care and support appropriate to each person's needs. We re-viewed the results of the provider's quality monitoring system.

Is the service safe?

Our findings

People told us they felt safe using the service and explained who they would go to if they felt worried about something. Two people said, "My carers help keep me fed and clean and I feel safe with them all" and "I do feel safe. The carers use a stand-aid with me and they all know how to use it. I feel very safe." A relative told us, "I'm sure [Name] is safe with the carers. I feel very comfortable with them all and I call every day to see [Name]."

We looked at how people were protected from the risk of abuse and spoke with staff to gauge their understanding of their responsibilities to safeguard people who used the service. We found some staff had limited knowledge of local authority adult safeguarding procedures and we discussed this with the provider who facilitated the safeguarding training for staff themselves. They assured us they would provide additional support for all staff to ensure their skills were updated and would improve their safeguarding training to include local authority adult safeguarding procedures.

Staff understood their responsibilities to challenge poor practice and to raise any concerns with a senior member of staff. One care worker told us, "If there was a concern, I would contact the registered manager for advice." Concerns had been recorded and reported by care staff to senior staff who took action straight away to keep people safe. However, we found one event which called into question people's safety had been recorded and managed to prevent future risks, however, it had not been notified to CQC in accordance with the registered manager's statutory obligations. We discussed this with the registered manager who explained they had delegated the completion of the notification to another member of staff and had not checked if it was completed. The registered manager sent a backdated notification to the CQC during the day of our inspection and gave us their assurances they understood this was part of their role as registered manager and they would have oversee all future statutory notifications.

We looked at whether the risks to people's health and well-being had been properly assessed to ensure their safety. When people started using the service, an initial assessment of their care needs was completed that identified potential risks to providing their care and support. We found risks related to people's individual needs and abilities had been identified. However, we found some identified risks had not been properly assessed. For example, one person required support with percutaneous endoscopic gastrostomy [PEG]. PEG is a medical procedure where a tube is passed into the stomach, in order to maintain people's well-being when they are unable to take in food and drink orally. We found the person's care plan contained some guidance about the person's PEG needs and care staff had updated the person's daily records confirming how they supported the person with this need. However, there was no specific care plan or assessment of risk for this activity on the person's records. We discussed this with the registered manager and they told us they would review everyone's care plans to ensure appropriate risk assessments were included to keep people safe.

The manager explained how they assessed risks to people by monitoring any accidents or incidents which took place and reviewing the information to identify any patterns.

People told us there were enough staff to provide them with support when they needed, they had regular care staff and they stayed for the duration of the care call. One person told us, "The carers are usually on time or they ring us if they are going to be late which doesn't happen very often. They have never not turned up. They always stay for the time they should, especially as they have to clock in and out with their mobile phones." The registered manager explained staffing levels were worked out in advance to be flexible to people's needs. They said, "We endeavour to keep the same carers with people to provide consistent care and enable carers to monitor people's changing needs...If we introduce a new carer we will send them with an experienced carer and advise people about the changes in advance."

Medicines were administered safely. People told us they had their medicines when they needed them. A relative explained how staff supported their family member to take their medicines safely. They told us, "Carers always sign the MAR [medicines administration record]. In fact somebody came to check all those papers recently and they were very impressed with how they completed all the sheets. I check them too and they are very good. If there are any changes in [Name's] medication, then the next visit they do an updated MAR sheet." Only trained and competent staff administered medicines. Care staff used a MAR to record whether people took their medicines or declined to take them and the reason why they had not had them. Care staff told us people's MAR were accurate and they read the record thoroughly before administering medicines. One care worker said, "The MAR will clearly highlight if we need to give medicines before food and then we will give the rest after food." Senior staff checked people's medicines every week to ensure they had been administered safely in accordance with people's prescriptions and care plans. Where any errors were identified, senior staff took action to make sure any risks to people's well-being were reduced.

Some people were prescribed medicines on a when required/as needed basis. We found one person did not have a protocol in place to guide staff how to administer their 'as needed' medicine. When we spoke with care staff who supported the person regularly, they were able to explain how they knew when to administer the person's medicine. We discussed this with the registered manager, who gave us their assurance a protocol would be put in place for the person to ensure the medicine was administered in a consistent way by staff.

People told us care staff wore personal protective equipment (PPE) such as gloves and aprons, when they supported them with personal care. One person told us, "They have a box of gloves and aprons that they leave here and they use them all the time. Their hygiene is very good." They told us care staff disposed of the PPE hygienically within the home. Staff were able to explain what action they took to reduce the risk of spreading infectious diseases.

Is the service effective?

Our findings

People received the care and support they needed to maintain their health and wellbeing. Staff told us they felt confident in their skills because they had time to get to know people and had training that was relevant to people's needs.

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 an assessment shows a person lacks 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.

The registered manager told us most people who used the service had capacity to make decisions about how they lived their daily lives. They told us some people lacked the capacity to make certain complex decisions, for example how they managed their finances. We found these people had not been assessed for their understanding and memory, to check whether they could weigh information sufficiently to make their own decisions or whether decisions would need to be made in their best interests. We found there was limited guidance for staff on people's care plans about what support they required to make decisions. The registered manager explained care staff supported people with everyday decisions in accordance with the MCA. For example, referring people to health professionals when they were ill. Staff told us most people had relatives who they involved when making best interest decisions. We found best interest decisions were not consistently recorded, so it was not clear on people's care plans why decisions had been made and who had been involved in making the decisions. We discussed this issue with the registered manager who assured us they would improve the way they recorded best interest decisions on people's care plans going forward.

We found the registered manager had not established if people had legally appointed representatives who could make decisions about their welfare on their behalf. Records showed people's relatives had signed people's consent forms for decisions such as agreeing to receive care and treatment from the service. However, there was no information recorded to show if relatives had the legal authority to make decisions on behalf of people, so there was a risk people's legal rights may not be upheld. We discussed this issue with the registered manager who advised us they would clarify if people had legal representatives as soon as possible, in order to ensure people's rights were protected.

The provider and the registered manager acknowledged there were gaps in their understanding of their responsibilities under the MCA and made a commitment to improve their understanding by attending further training and researching the subject. They assured us they would take action straight away to ensure everyone who used the service was assessed for their levels of understanding, care plans would be updated to provide staff with guidance on how to support people to make more complex decisions and the providers process for obtaining consents would be reviewed to ensure it was obtained in accordance with the MCA.

Staff were positive about training and one member of staff told us, "I've done a lot of training, it's brilliant."

The provider delivered the majority of training for staff at the care office. The registered manager told us all staff had undertaken training to support people with specific needs, such as PEG feeding and catheter care. They explained one of their senior staff members was a registered nurse and they delivered this training. They said, "We use the nurse consultant's expertise on specific things such as PEG."

All staff received an induction, training and support that gave the skills and confidence to meet people's needs and promote their welfare. The provider had recently included the Care Certificate into the induction training. The Care Certificate provides staff with a set of skills and knowledge that prepares them for their role as a care worker. This demonstrated the provider was now acting in accordance to nationally recognised guidance for effective induction procedures to ensure people received good care.

Staff told us they felt supported by the provider and the registered manager, to develop within their roles and study for nationally recognised care qualifications. All staff told us they had regular meetings with senior staff to discuss their work and identify any areas for development.

Some people received food and drinks prepared by care staff and some people. One person told us, "For breakfast carers get the cereals out and ask us which we would like. They get us orange juice and tea. As we eat they clear up and wash up. They make drinks and leave them for us." A relative explained how care staff supported their family member to eat their food successfully by describing what was on their plate, as the person had poor vision. We found limited information about people's food preferences on their care plans. However, staff told us they knew people's individual requirements and made sure people were supported with food and drink, in a way that met their needs by asking people what they preferred when they supported them.

People's needs were assessed when they began using the service to ensure they could be met safely and in accordance with good practice. Staff continued to monitor people's health and referred them to other healthcare professionals if any changes were identified. The registered manager explained how they worked with other health professionals to maintain people's well-being. They said, "We work with district nurses and occupational therapists as people's needs change." The provider said, "We are always in contact with health professionals to ensure we use best practice." Care staff were able to explain what they would do if they noticed someone's health declining. One care worker gave an example of what action they would take if someone was at risk of developing a pressure area.

Is the service caring?

Our findings

People felt staff cared about them and valued them as individuals. Two people told us, "The carers always come in and say 'Morning [Name] and how are you today?' They respect us and our home. They will always have a little chat with us" and "We have quite a laugh, we laugh about us both trying to remember everything that needs doing." All the staff we spoke with enjoyed their work.

The provider told us person centred care meant, "To treat everyone as an individual and understand what makes them individual and what outcomes they want...When dementia needs increase, person centred care is more important." The registered manager explained, "It's about empowering people to take control. We talk to people to make sure their needs are met." Staff shared the provider's caring ethos. One care worker told us, "Care is individual. It's all about the person, their needs and their wishes which come first."

People told us staff were compassionate and supported people according to their individual needs. A relative explained what a positive relationship their family member had developed with one care worker. They said, "[Name of care worker] is absolutely amazing, I'd like them to have an award. As soon as they come they are cheerful... If I text [Name of care worker] to say my relative is a bit down today they acknowledge that and are so kind and understanding with [Name of person receiving care]. The carer has great empathy and always ensures that everything is within reach for my relative." Another relative explained how staff has improved their family members well-being. They said, "[Name] is very independent but needs somebody there and so by helping and supervising [Name] the carers are enabling [Name] to keep independent and remain at home. The carers give [Name] time, which is what [Name] needs and is fantastic."

Staff understood the importance of treating people with dignity and respect. One person explained how care staff supported them to wash. They said, "They ensure my privacy is respected, such as closing the door."

Records showed people had been asked about their protected characteristics when they were initially reviewed by senior staff, such as their sexuality. The provider explained their ethos on equality and diversity issues. They said, "We pride ourselves on promoting equality and diversity. We risk assess situations...For example, we don't take on new packages of care until we can fulfil people's gender preferences for carers." This demonstrated the provider gathered important information about people, to improve the way they supported them.

Is the service responsive?

Our findings

People told us they were happy with the care and support staff provided. One person told us, "I have the same carers and I am happy that they are here." A care worker said, "I enjoy helping people...I have regular customers I see every week, I enjoy it."

We found some care plans were not personalised and did not include people's preferences, for example, what they liked to eat, their life history or things which were important to them. Staff told us they knew people's preferences because they asked people what they liked as they supported them. One member of care staff told us, "I ask people what they want to wear or eat." We discussed this with the registered manager and the provider and they assured us they would review people's care plans and include more detailed information about people's preferences in future, to ensure staff could support them in accordance with their wishes.

Some people's preferred communication methods were recorded in their care plans, however this was not consistent for everyone. However, care staff were able to tell us how they communicated with people who had limited verbal communication. One care worker said, "[Name] says a few words. They listen to us and we speak clearly and explain what we're doing. We are gentle with people."

The registered manager and the provider told us they were not aware of the NHS's Accessible Information Standard. This is a standard set to ensure people with a disability receive accessible health and social care information and care providers are required by law to follow the standard. The provider told us in future they would review how information was made accessible to people with different needs.

The registered manager explained how people were initially assessed by the nurse consultant or a senior member of staff, before they first used the service. They told us, "We do an initial visit to tell people about the company, our values and go through the complaint policy and we do a full assessment of the person." They explained meetings took place with people and their relatives in their homes and they were asked for their views on how they felt they or their family member should be supported.

People confirmed they had been taken part in meetings and felt involved in planning their or their family members care and support. A relative told us, "They have somebody who is a qualified nurse and has been out and reviewed everything with [Name] and gone through the care plan and then they sent new, updated paperwork. They also do daily logs, I have read them, they are very good, they write quite a ream. If I need to change or cancel a visit they are very responsive and the message gets through to the carer." The registered manager explained they used the care review to ask people what was working well and what was not working so well.

When needed, the service supported people at the end of their lives. The provider explained they had delivered end of life training to some staff, as required. They explained how staff worked alongside other organisations to provide end of life care to people, to enable them to remain in their own home. We found there were no advance care plans in place, to give staff guidance about people's wishes and preferences at

the end of their lives. We discussed this with the registered manager who told us, "We do not do this at the moment we will review this."

People and their relatives said they would raise any concerns with staff. One person told us, "They are brilliant. If my relative has any issues such as someone being a bit late then [Name of the provider] comes out the next day to discuss it with us." Staff understood the complaints process and knew how to support people if they had a concern. The provider's complaints policy was accessible to people in their own homes. The policy informed people how to make a complaint and the timescale for investigating a complaint once it had been received. The registered manager confirmed there had been eight complaints dealt with in the last 12 months. Records showed these had been dealt with in accordance with the provider's policy and to the complainant's satisfaction. Compliments and suggestions for improvement had also been recorded. For example, we found one person had suggested care staff carry identification badges and this had been carried out by the provider. The registered manager explained compliments were shared with staff straight away to recognise good practice. Records showed a compliment from a relative had been shared at a recent staff meeting, thanking care staff for their commitment to the care of their family member.

Is the service well-led?

Our findings

We found one event which called into question people's safety had not been notified to CQC in accordance with the registered manager's statutory obligations. The registered manager explained they had delegated the completion of the notification to another member of staff and had not checked if it was completed. They told us they understood this was part of their role as registered manager and they would oversee all future statutory notifications.

We found processes to monitor the quality of service were not always effective. The provider and the registered manager told us senior staff checked people's daily notes and MARs regularly and they had oversight of these audits. Records showed changes were made following audits. However, the checks were not effective because they did not include people's care plans and risk assessments and had not identified issues we found during our visit. For example, some risks to people's safety had not been properly assessed. One person required support with a PEG diet and there was no care plan or assessment of risk for this activity on the person's records, which meant their safety was at risk.

We found care plans contained gaps and were not accurate. For example, one person did not have a protocol in place to guide staff how to administer their 'as needed' medicine, which meant their medicine may be administered inconsistently. Some care plans were not personalised and did not include people's preferences. For example, some people's preferred communication methods were not recorded in their care plans. This meant the care and support people received may not meet their needs. We discussed this with the provider and the registered manager and they told us there had been recent changes to the format of their care planning document and some information was not transferred to people's new care plans. They assured us they would introduce a new audit to review the content of everyone's care plans, to ensure care plans were complete and included appropriate risk assessments to keep people safe in the future.

The provider did not fully understand their responsibilities under the MCA. The provider agreed there were gaps in their knowledge about this area and took steps following our inspection visit to research their responsibilities and make some changes to the way they assessed people's understanding and how they obtained people's consent to ensure this was in accordance with the MCA.

We found this was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

People were happy with the quality of the service. Two people told us, "If ever there was an agency I'd want to use then it's this one, they have tried very hard and they understand" and "They are doing their very best and are an extremely good agency." A relative said, "I can get straight through to the office if I phone and I also have a mobile number for the managers. I really recommend them and have recommended them to other people. They don't seem to have a high turnover of staff which is a good sign and provides a lot of continuity."

All the staff we spoke with understood their roles and responsibilities and felt supported and motivated by

the provider and the registered manager. Two members of care staff told us, "I always feel supported. [Names of the registered manager and the provider] are really helpful and approachable" and "It's a small company and I can rely on everyone and ask them questions." Staff told us communication was good within the service, they had regular staff meetings and they were encouraged to suggest improvements and share information. One care worker told us, "Because we are a small organisation we are always talking with other staff. We are constantly learning and improving on the job. The people around me have the knowledge to enable me to do this." Records showed the registered manager had asked staff to tell them if something was not working so they could make improvements. We saw some staff raised 'unrealistic travel times' and the registered manager had acknowledged this and made changes.

The registered manager told us they kept up to date with best practice by working closely with local authorities, local CCGs and health professionals. They told us they received updates from various social care organisations such as CQC. They told us they attended local forums, to share information and best practice with other registered managers. A forum is an external event hosted by the local authority and enables service providers to get together to share their knowledge and new initiatives. They said they shared their learning with staff at meetings and electronically via their staff telephone.

The provider and the registered manager had been working alongside a local authority commissioner to make and maintain improvements to the service. The local authority had visited the service twice within the last 12 months and made multiple recommendations for improvements. The provider and the registered manager had addressed the issues, which demonstrated they were committed to making improvements to the service. However, they acknowledged our inspection findings and assured us further improvements would be made to the quality of the service.

People told us they had the opportunity to share their experiences of the service by completing surveys. We saw the most recent survey was completed in September 2017. We saw the registered manager had collated the responses, which were mainly positive and they had identified areas for improvement. Some people commented they did not think the care office communicated changes to them adequately. The registered manager explained in response to these comments they had restructured staffing to ensure there were more staff available to communicate effectively with people.

We found the provider and the registered manager spent time meeting with and talking to people on the telephone, to obtain their views of the service. The registered manager explained they had started to encourage people to share their experiences of the service by taking part in telephone surveys, as this proved more popular with people and improved the response rate.

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	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider had not ensured that systems or processes were established and operated effectively to assess, monitor and improve the safety of the service provided or to assess, monitor and mitigate the risks relating to the health and safety of people who used the service. They had not maintained accurate and complete records for people. Their governance system did not ensure their practice was evaluated or improved.</p>