

Quality Care Time Limited

Quality Care Time

Inspection report

Raydean House
15 Western Parade, Barnet
London
EN5 1AH

Tel: 07946456657
Website: www.qualitycaretime.com

Date of inspection visit:
16 November 2021

Date of publication:
30 November 2021

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

About the service

Quality Care Time provides personal care services to people in their own homes. At the time of our inspection two people were receiving a personal care service.

People's experience of using this service

Risks to people's health and wellbeing were assessed and risks mitigated. Environmental assessments were also in place, which identified and reduced any environmental risks to people and staff.

People told us people they were happy with the care and support they received because they felt safe and all their needs were met by kind and caring staff.

People had access to healthcare services and were involved in decisions about their care. Partnerships with other agencies and health professionals had not yet been established.

Staff had completed safeguarding training and understood their role in identifying and reporting any concerns of potential abuse or poor practice.

Staff had undertaken training so that they were skilled and knowledgeable to effectively meet people's needs. Staff understood their responsibilities to report any concerns.

Staff encouraged people to be as independent as possible and respected people's privacy and dignity. Staff knew people well.

People told us that staff were able to meet their needs and were respectful of their individual preferences. Care plans contained information about each person's individual support needs and preferences in relation to their care.

Recruitment practices were safe and relevant checks had been completed before staff worked at the service.

Staff had a good understanding of the principles of the Mental Capacity Act 2005 and understood the importance of gaining consent from people.

People confirmed the service did not miss any care calls and that staff were always on time. People received care and support from a small group of staff, which provided consistency.

The service actively sought the views of people and their relatives about the running of the service and they dealt promptly with any concerns that people raised

Staff and relatives told us that the service was well managed. The registered manager had oversight of staff performance. Spot checks were undertaken to ensure staff were following correct procedures and practices.

Rating at the last inspection

The service was registered with us during February 2019 and this was their first inspection.

Why we inspected

This was a routine inspection; the service had not been inspected since it was registered with us

Follow up

We will continue to monitor information 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

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below,

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below

Quality Care Time

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 planned this inspection 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

The inspection team consisted of one inspector

Service and service type

Quality Care Time 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 the provider and manager were legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We carried out the inspection visit on 16 November 2021. It was announced. We told the provider two days before our visit that we would be coming. We did this because the manager is sometimes out of the office supporting staff or visiting people who use the service. We needed to be sure that they would be available at their office.

What we did

Before our inspection, we reviewed the information we held about the service which included statutory notifications and safeguarding alerts. The provider was not asked to complete the Provider Information Return (PIR). The PIR is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make.

During our inspection we went to the service's office and spoke with the nominated individual (this is the person who supervises how the service is managed), the registered manager and two care staff. We looked at two care records and two staff records; we also looked at various documents relating to the management

of the service. After the inspection visit, we spoke to two relatives of people used the service.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The service demonstrated that people were protected from abuse and avoidable harm.
- A relative told us, "Yes, we feel safe with all the staff. "
- The provider had a safeguarding system in place, including safeguarding and whistleblowing policies and procedures to safeguard people. Whistleblowing is when a worker passes on information of concern. Members of staff confirmed they had read these. The registered manager demonstrated their knowledge on how to report abuse to the local authority and CQC if required.
- Staff had received adult safeguarding training. They understood their responsibilities to record safety incidents, raise concerns and near misses, and to report them internally and to external agencies, where appropriate. A member of staff said, "It is important to protect people from harm or abuse. I will report to the manager or take it higher to CQC or police."
- Staff told us they would not hesitate in whistleblowing if they had any worries about the care of any colleagues.

Assessing risk, safety monitoring and management

- Risks to people's health and wellbeing were assessed and managed. People's care plans contained risk assessments linked to their support needs. These explained the actions staff should take to promote people's safety, while maintaining their independence and ensuring their needs were met
- Potential environmental risks and hazards such as uneven surfaces, appliances and trailing wires within people's homes had been adequately identified in assessments and controlled.

Using medicines safely

- Medicines were safely managed and administered. People that required support to manage their medicines received them safely. Each person had specific guidance for staff to follow, detailing the support that was required to take their medicines, such as prompting.
- Staff had received medicines training. Yearly medicine administration competency checks forms were in place for medicine administration reviews.
- Medicines administration records (MARs) were completed by staff each time medicines were given.
- The service had policies and procedures on the administration of medicines, which provided guidelines for staff.

Staffing and recruitment

- People's needs, and hours of support, were individually assessed. There were enough staff deployed to meet people's needs. Staff were given enough travel time between visits which enabled them to meet people's needs safely without rushing. A relative said, "Staff are very reliable and always turn up on time."

- People described the staff as reliable and confirmed that they stayed for the agreed length of the visit and only left earlier if asked to do so.
- People and staff had access to an out of hours on call system staffed by the registered manager.
- People were supported by staff who had been safely recruited. Checks were completed to make sure new staff were suitable to work with people. Two references, including one from the most recent employer, and Disclosure and Barring Service (DBS) criminal record checks were obtained. DBS checks help providers make safer recruitment decisions.

Preventing and controlling infection

- There were effective systems in place to reduce the risk and spread of infection. For example, the registered manager had ensured all staff knew they must wash their hands frequently and used appropriate personal protective equipment (PPE), due to the COVID-19 pandemic.
- We were assured that the provider's infection prevention and control policy was up to date. Staff had completed the relevant training.
- Staff had access to enough PPE . And staff confirmed they always used this. A member of staff said, "We use a mask and gloves before entering people's homes and we are tested [for COVID-19] weekly."

Learning lessons when things go wrong.

- The registered manager said that the service was aware of the need to learn if situations had gone wrong, though this had not yet occurred.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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

- People's preferences and care needs had been recorded and those who used the service were given the opportunity to be involved in the care planning process.
- The service considered protected characteristics under the Equality Act. For example, they asked people about any religious or cultural needs they had so that they could plan for those needs to be addressed. Staff were aware of equality and diversity issues.

Staff skills, knowledge and experience

- Staff had undertaken training in a range of topics so that they could do their job well.
- People told us they had confidence in the staff and their abilities. A relative told us "the staff are very experienced."
- Staff have completed the Care Certificate. The Care Certificate is a set of standards which social care workers must adhere to in their daily working life.
- Most staff had attained nationally recognised qualifications in care.
- Staff received regular supervision which included the opportunity to discuss their personal development. Staff were positive about the supervision, which enabled them to be heard and listened to.

Supporting people to eat and drink enough with choice of a balanced diet

- People were supported to eat, drink and maintain a healthy diet where this was an assessed need.
- Care plans included a nutrition and hydration risk assessment and guidance for staff on people's dietary requirements.
- Staff demonstrated that they understood the importance of following set guidelines in place. They followed people's care plans which detailed the support they required with eating and drinking.
- Staff received training regarding nutrition and fluids, so they had the knowledge to support people to eat healthily.

Staff working with other agencies to provide consistent, effective, timely care

- People, or their families, arranged their own healthcare appointments. Staff told us they would contact the office, who would then liaise with the relatives, if people were unwell.
- Staff spoke knowledgeably about people's health needs but had not yet required to seek guidance and support from health professionals.

Supporting people to live healthier lives, access healthcare services and support

- Staff understood how to access healthcare professionals when required.

Ensuring consent to care and treatment in line with law and guidance.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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 them liberty. We checked whether the service was working within the principles of the MCA.

- Staff knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- People told us they were encouraged to make decisions for themselves and felt involved in making choices wherever possible.
- Staff spoke to us about how they obtained consent from people and how they engaged in conversation with them while providing care.

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.

This is the first inspection for this newly registered service. This key question has been rated good. People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- Relatives told us that staff were kind and caring. A relative told us "They are very good with mum, always kind and caring."
- Staff we spoke with were knowledgeable about people's preferences, personalities and things that were important to them. This indicated staff had caring relationships with the people they looked after.
- People told us their individual needs and wishes in respect of their values, culture and religion were respected.

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

- The registered manager told us they contacted people regularly to obtain their views on the care they received. People we spoke with confirmed this.
- Staff told us that they had enough time to engage with people to make sure that each person had everything they needed, and that travel time between visits was kept to a minimum.
- People who used the service confirmed that they always had their needs met by a small group of staff and that they always knew who was going to be visiting them.
- People were supported to express their views regularly and were involved in making decisions about their care and support. Staff understood the importance of respecting people's individual rights and choices. A relative said, "I am fully involved in my mum's care."

Respecting and promoting people's privacy, dignity and independence

- Respect for privacy and dignity was at the heart of the service's culture and values.
- People were supported to be as independent as possible. Care plans reflected what people were able to do for themselves and how to encourage them to do this.
- A member of staff told us, "We are always patient and allow time for people do things for themselves."
- People's personal information was kept secure and staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.
- People had no concerns about the way staff treated them. Staff described ways they protected people's privacy and dignity, such as knocking on doors and closing the curtains.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs. This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and planning.

Personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us they had regular staff who supported them, and staff knew them well. Care plans included people's individual preferences and interests, personal history and staff understood these.
- Each person had a designated care staff who covered all their daily needs. Staff were matched with each person they supported.
- Detailed daily records of visits were kept by staff. Records included personal care given, well-being, concerns to note and fluids taken. These records ensured good communication between staff, benefitting the care of the person.

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.

- Where people had specific needs relating to the way in which they communicated, or the support required around their communication, this was recorded within the person's care plan.

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Staff explained the importance of developing and maintaining relationships with people they supported to avoid social isolation.

Improving care quality in response to complaints or concerns

- People were given information about the service and how to complain when they first started to receive support from the service.
- People told us they knew how to complain if they needed to and felt confident that they would be listened to.
- The complaints policy explained how to make a complaint and set out how people could expect any concerns or complaints to be dealt with.
- The policy included information about other organisations that could be approached if someone wished to raise a concern outside of the service such as the social services and the local government ombudsman.
- The service had not received any complaints to date.

End of life care and support

- The service was not providing end of life care to anyone at the time of our inspection.

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.

This is the first inspection for this newly registered service. This key question has been rated Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were effective systems in place to monitor the quality of the service. A range of quality audits such as care plans, medicines, spot checks and staff files were in place This meant that the registered manager had a robust system in place for monitoring the quality of the service.
- Registered service providers are required to notify CQC of specific incidents relating to the service. These notifications would tell us about any important events that had happened in the service. The registered manager told us they understood this requirement.
- Spot checks on staff practice were undertaken to ensure staff were providing a good standard of care and following procedures. This included areas such as ensuring staff followed infection control guidance, used equipment safely and communicated appropriately with the people they supported.
- Relatives and staff expressed confidence that the service was well run. A staff member told us "They are very efficient, always on it, the contact and communication are really good."

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

- There had been no incidents or accidents at the service which qualified as duty of candour incidents. A duty of candour incident is where an unintended or unexpected incident occurs which result in the death of a service user, severe or moderate physical harm or prolonged psychological harm. When there is a duty of candour event the provider must act in an open and transparent way and apologise for the incident.
- The registered manager understood the need to be open and transparent if there was such an incident and understood their duty of candour responsibilities.

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

- The care staff were motivated to provide the best possible person-centred care and support for people.
- People and staff told us the registered manager was very approachable and that they would have no hesitation in raising concerns or making suggestions.
- Staff said they felt comfortable to put forward any ideas they may have to improve the care, support or wellbeing for people and were confident these would be acted upon.

Continuous learning and improving care

- There was evidence of continual improvement and quality assurance in place.

- Everybody we spoke to told us they had not had any missed visits and that they were very satisfied with the service provided.
- The registered manager told us they kept up to date with best practice and developments. For example, they regularly attended events to learn about and share best practice.
- The registered manager worked with people, their relatives and healthcare professionals to meet each person's needs.