

## Quality Reliable Care Limited

# QRC Dom Care

### Inspection report

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### Ratings

#### Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

We carried out an announced inspection of the service on 5 January 2017. QRC Dom Care is registered to provide personal care for adults, some of who may be living with a learning disability such as autism spectrum disorder. People supported by this service either live in their own homes, or in shared accommodation with others. At the time of the inspection there were 11 people being supported with their personal care.

On the day of our inspection there was a registered manager in place. 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.

People were supported by staff to feel safe within their home. People were supported by staff who could identify the different types of abuse and who to report concerns to. Assessments of the risks to people's safety were in place and regularly reviewed. This included how to evacuate people from their homes in an emergency. There were sufficient numbers of suitably qualified and experienced staff in place to keep people safe. Safe recruitment processes were in place. People's medicines were managed safely.

Staff were well trained, received regular supervision and felt supported by the registered manager. The principles of the Mental Capacity Act 2005 (MCA) were not always considered when decisions were made for people. People were supported to plan, buy and where able, to cook their own food and were encouraged to follow a healthy and balanced diet. People's day to day health needs were met effectively by the staff. Healthcare professionals spoke positively about the way staff supported people with their day to day health needs.

Staff spoke respectfully about people and relatives felt they were kind and caring and treated their family members with respect and dignity. Where able, people were involved with decisions made about their care and support, with relatives and professional input included where needed. Information was available for people if they wished to speak with an independent advocate and we saw one had been used to support a person with making a specific decision. People were supported to live as independently as they wanted to.

People were supported to take part in the activities that were important to them; this included attending college or finding employment. People's support records were person centred, focused on what was important to each person and provided staff with relevant information to respond to people's needs. A robust pre-admission assessment was carried out to ensure new people's needs could be met. No formal complaints had been received, but processes were in place to respond to them effectively if they were.

A person who used the service, relatives, staff and health care professionals all spoke highly of the registered manager. A number of systems were in place that enabled a wide range of people, staff and relatives to give their views about the service. Staff, including the registered manager, had a clear understanding of their roles and responsibilities. Robust quality assurance processes were in place.

## 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.

People were supported by staff to feel safe within their home.

People were supported by staff who could identify the different types of abuse and who to report concerns to.

Assessments of the risks to people's safety were in place and regularly reviewed. This included how to evacuate people in an emergency.

There were sufficient numbers of suitably qualified and experienced staff in place to keep people safe. Safe recruitment processes were in place.

People's medicines were managed safely.

### Is the service effective?

Requires Improvement ●

The service was not consistently effective.

The principles of the Mental Capacity Act 2005 (MCA) were not always considered when decisions were made for people.

Staff were well trained, received regular supervision and felt supported by the registered manager.

People were supported to plan, buy and where able, to cook their own food and were encouraged to follow a healthy and balanced diet.

People's day to day health needs were met effectively by the staff

Healthcare professionals spoke positively about the way staff supported people with their day to day health needs.

### Is the service caring?

Good ●

The service was caring.

Staff spoke respectfully about people and relatives felt they were kind and caring and treated their family members with respect and dignity.

Where able, people were involved with decisions made about their care and support, with relatives and professional input included where needed.

Information was available for people if they wished to speak with an independent advocate.

People were supported to live as independently as they wanted to.

### **Is the service responsive?**

**Good** ●

The service was responsive.

People were supported to take part in the activities that were important to them; this included attending college or finding employment.

People's support records were person centred, focussed on what was important to each person and provided staff with relevant information to respond to people's needs.

A robust pre-admission assessment was carried out to ensure new people's needs could be met.

No formal complaints had been received, but processes were in place to respond to them effectively if they were.

### **Is the service well-led?**

**Good** ●

The service was well-led.

A person who used the service, relatives, staff and health care professionals all spoke highly of the registered manager.

A number of systems were in place that enabled a wide range of people, staff and relatives to give their views about the service.

Staff, including the registered manager had a clear understand of their roles and responsibilities.

Robust quality assurance processes were in place.

# QRC Dom Care

## **Detailed findings**

### Background to this inspection

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

This inspection took place on 5 January 2017 and was announced. The provider was given 48 hours' notice as we needed to be sure that staff and people who used the service would be available.

The inspection was conducted by one inspector.

Before the inspection, we asked the provider to complete a Provider Information Return (PIR) and to forward this to us. The provider ensured the PIR was forwarded to us. 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.

To help us plan our inspection we reviewed previous inspection reports, information received from other agencies and statutory notifications. A notification is information about important events which the provider is required to send us by law.

Before the inspection we invited external health and social care professionals to comment on the quality of the service provided. Three responded and gave us their views.

During the inspection we spoke with the registered manager. We looked at the support records and relevant documents for nine of the people who used the service. This included people's medicine administration records and accident and incident logs. In addition we reviewed company quality assurance audits and policies and procedures.

After the inspection we spoke with one person who used the service. We attempted to contact eight relatives, we spoke with four and asked them for their views. Three members of the support staff also gave us their views of the service.

# Is the service safe?

## Our findings

The person and the relatives we spoke with told us they or their family members felt safe when staff supported them. The person said, "I feel safe, all the time." A relative said, "I feel the care and support [my family member] receives is safe." Another relative said, "[My family member] is safe and well looked after."

Staff had received training in the safeguarding of adults. This ensured the risk of people experiencing abuse was reduced because staff could identify the different types of abuse that people could encounter and knew who to report concerns to. The process explained by staff was in line with the provider's safeguarding policy. This included reporting concerns internally, but also to external agencies such as the CQC or the local authority safeguarding team. The registered manager explained the process they followed if they had concerns about people's safety, or if an allegation of abuse was made. A staff member said, "I would report concerns to the CQC if I felt I needed to."

Processes were in place to support people with their finances and to reduce the risk of them experiencing financial abuse. We reviewed the provider's 'petty cash' policy and this clearly explained how staff should support each person with their day to day money. The person and the relatives we spoke with did not raise any concerns with how their or their family member's day to day finances were managed.

Assessments of the risks to people's safety were carried out and regularly reviewed. Each person's support records contained detailed risk assessments for daily activities that people may take part in. This ranged from domestic tasks around their home to the support people needed when accessing the community. The risk assessments and subsequent support plans were written in a way that ensured the least restrictive options were taken when supporting people. This reduced the risk of people having their freedom unnecessarily restricted.

The registered manager had an effective process in place to investigate accidents or incidents that occurred and then to implement changes to people's support if and when needed. People's support records also included an accident information sheet, which contained guidance for staff on how they should support each person in an emergency, including what they should do if a person went missing. A 'hospital passport' was also in place for each person. A hospital passport is a resource for people living with autism who might need hospital treatment. The passport is designed to help people with autism to communicate their needs to doctors, nurses and other healthcare professionals.

Regular assessments of the environment people lived in were carried out to ensure they were safe. Processes were in place to support people if they needed to evacuate their home quickly. Information was also available for staff on how to support people in an emergency once outside of their home. All of these measures were designed to reduce the risk of people experiencing avoidable harm.

The person and the relatives we spoke with told us there were enough staff available to keep them, or their family member's safe. One person said, "There are staff here for me." A relative said, "There are always plenty of staff around." The staff we spoke with also felt there were enough in place. One staff member said,

"There are always enough staff around. If I need support from others I get it."

Safe recruitment processes were in place to reduce the risk of people experiencing avoidable harm from unsuitable staff. Before staff were employed the provider had ensured references, proof of identification and a criminal record check had been received before staff commenced work. The provider's policy of renewing members of staff criminal record checks every three years was good practice. This ensured they were made aware if their staff had committed an offence that meant they were unsuited to working with vulnerable people.

The person and the relatives we spoke with told us they were happy with the way their or their family member's medicines were managed. The person said, "They [staff] look after my medicines for me. They do a great job." A relative said, "The staff manage them for [name]. I've no concerns." Another relative said, "The medicines are managed safely by the staff."

There were processes in place to assist trained staff to manage people's medicines in a safe way. People had detailed medicine support plans in place that contained details of how trained staff should support people, in the way they wanted them to, with their medicines. This included, individual administration processes for each medicine. People's medicines administration records, used to record when a person had taken or refused their medicines were accurately completed. The records also contained photographs of each person to aid identification during administration along with details of people's allergies.

Processes were in place to ensure that when people were administered 'as needed' medicines they were done so consistently and safely. These types of medicines are administered not as part of a regular daily dose or at specific times. Protocols for when these types of medicines should be administered were in place ensuring a consistent approach to the administration of these medicines. This was particularly important for medicines that could have an effect on people's behaviour or mental state.

Records showed that staff who administered medicines had received the appropriate training. The registered manager told us staff competency was regularly assessed to ensure medicines were administered safely and in line with current best practice guidelines.

## Is the service effective?

### Our findings

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

Records showed an inconsistent approach to implementing the principles of the MCA when supporting people. We saw a MCA assessment had been conducted when a person had been assessed as being unable to manage their own safety when out alone and how best to support this person in the least restrictive way. However, for other decisions such as managing people's medicines and supporting people with their personal care, these had not been completed. We saw efforts had been made to obtain the input from people's next of kin to ensure decisions were made in each person's best interest. However, it was not clear from the records provided, whether the next of kin had the legal authority to do so.

However, when we spoke with a person who used the service and other people's relatives, they felt they or their family members did not have unnecessary decisions made for them or their family member. They felt staff offered support in a way that was in their or their family member's best interest. A person who used the service said, "I choose to do what I want to do." Records also showed that one person who was able to give their consent to certain aspects of their care had done so by signing their support plans.

The registered manager agreed that more needed to be done to ensure that the principles of the MCA were appropriately considered and applied when decisions were made for people. They assured us that no person had any decision forced upon them, but they agreed to carry out a review of people support records to identify where MCA assessments were needed.

The person we spoke with and relatives spoke positively about the way staff supported them or their family members. The person said, "They do a great job for me." A relative said, "[My family member] is very well looked after."

Records showed that staff received a wide ranging induction and training programme designed to equip them with the skills needed to support people effectively. Training was carried out in a number of areas such as safeguarding of adults, safe management of medicines and managing behaviours that may challenge. When new members of staff first started, they shadowed more experienced staff to learn about each person they were supporting. This ensured people still received effective care and support, whilst new staff got to know them.

Staff were encouraged to develop their skills and to complete externally recognised qualifications such as a diploma, (previously known as NVQ) in adult social care. These qualifications, along with regular on-going training help to equip the staff with skills, knowledge and behaviours to provide compassionate, safe and high quality care and support.



The staff we spoke with told us they felt well trained and supported by the management team. One staff member said, "I'm going through a lot of training now. I feel I have the skills to do what I need to do well." Another member of staff said, "The training is very good. I've had training every week for the first three months when I started." Records showed that staff received regular supervision of their work, which monitored their performance and identified any areas for development. This contributed to people receiving effective care and support from staff.

Staff had a good understanding of how to support people who may present behaviours that challenge. They could explain how they supported people and how they ensured the person involved and others were safe. A relative spoke positively about the impact of the approach of staff had had on their family member. They told us their family member's life had improved with continued support from the staff.

People's support records contained individualised 'communication profiles' to provide staff with the guidance they needed to communicate effectively with people. These profiles took into account people's individual learning disability and mental health and included an assessment of their ability to communicate their wishes. Where alternative methods of communication were needed, such as the use of signs, symbols or pictures, detailed support plans were in place to support staff. One member of staff told us the person they supported could not verbalise their wishes, but they had learned to read their body language and to judge their mood to understand what they wanted. This demonstrated effective communication processes were in place.

People were encouraged to contribute to the planning, buying and cooking of their own meals to aid and support people with developing independence. A person who used the service said, "I like the food." A relative told us they were pleased that staff took their family member to the supermarket to choose their own food.

People's support records contained details of people's food and drink preferences. They also contained information about supporting people to lead a healthy lifestyle. Where people were at risk of gaining or losing excess weight, nutritional intake monitoring charts were in place. These monitored people's daily food and drink consumption to enable staff to identify the amounts people were consuming. Where needed, people were offered the choice of speaking with a GP or dietician about their weight.

People's day to day health needs were met by the staff. People's support records showed they were able to visit their GP or other healthcare professionals when they needed to. Examples included community psychiatrists and community learning disability teams along with dentists, opticians. Where needed, staff support was also provided with hospital appointments. Relatives spoken with told us they were happy with the way staff supported their family member with their health needs. One relative said, "The staff make an effort to ensure [my family member] leads a healthy lifestyle."

Where people had specific health conditions that required daily staff support, detailed guidance was in place to enable staff to support people effectively. For example, one person was living with diabetes and required regular injections to control it. Additional support was also needed to monitor the person's blood sugar levels to try to prevent the person having a hypoglycaemic or hyperglycaemic seizure. These occur when there is too much or too little sugar in a person's blood stream. The person's support records showed staff had checked this person's blood sugar in line with the requirements in their support plan. This reduced the risk of the person experiencing a seizure.

## Is the service caring?

### Our findings

Relatives told us the staff who supported their family members were kind, caring and respectful. A person who used the service told us they felt the staff made them, 'feel on top of the world'. They also said, "They really do help me. [Name] is the best [staff member]. [Name] makes me really happy." One relative said, "The staff are very kind and seem to enjoy supporting [my family member]." Another relative said, "The staff have had a positive impact on [name's] life."

The staff we spoke with had a good understanding of people's needs and could explain what was important to them. People's support records contained detailed information about them such as, their likes and dislikes and their life history. This provided staff with the information needed to support them with forming meaningful relationships with people.

Staff spoke respectfully about the people they supported. They all told us they loved their jobs and enjoyed supporting people. One staff member said, "The job is so rewarding. I love being able to make people smile." A healthcare professional told us they found the staff to be very respectful of everyone.

Staff spoke passionately about the support they provided for people and showed a genuine empathy and understanding of each person's individual needs. One staff member explained in detail about how a person's life had improved with the support of the staff, and they felt proud to have contributed. Relatives we spoke with also felt their family member's lives had improved since they started using the service.

People's support records showed their religious and cultural needs had been discussed with them and support was in place from staff if they wished to incorporate these into their life. We saw one person, who followed a particular faith, did not wish to eat a certain type of meat. This was recorded within their support plan with clear instructions for staff to adhere to this person's wishes.

One person who used the service told us they were able to make decisions about their care and support needs. They also said, "I choose what I want to do and the staff listen to me." Relatives also felt involved. One relative said, "I go along to review meetings and we talk about how [my family member] is doing." Another relative told us they were regularly kept updated when they visited or by telephone if their views were needed regarding a particular decision.

Information was available for people if they wished to access and receive support from an independent advocate to make major decisions where needed. Advocates support and represent people who do not have family or friends to advocate for them at times when important decisions are being made about their health or social care. Records showed an independent mental capacity advocate had been used to support a person with making a decision.

People were supported to lead independent lives. Support plans and detailed risk assessments were included in people's support records which contained clear guidance for staff on how to support people with leading independent lives. This included people's ability to carry out domestic tasks around their

home. One person who used the service said, "I like to do the cleaning. I like to Hoover the carpet. The staff help me if I need it." A relative spoke positively about the way staff had supported their family member with doing more for themselves and was pleased they voluntarily wanted to leave their home more often than they had before.

The staff we spoke with could explain how they ensured the people they supported were treated with dignity at all times. One staff member described the process they went through to ensure a person's dignity was maintained when they provided them personal care. An external health care professional told us they thought all of the staff treated people with compassion and dignity.

People's privacy was respected. A staff member told us when the people they supported wanted time to themselves they ensured their wishes were respected. None of the relatives or the person we spoke with who used the service, raised any concerns in relation to their or their family member's privacy not being respected.

When we inspected the provider's office we noted people's support records were handled respectfully, ensuring records could not be viewed by unauthorised people. This ensured people's privacy was maintained.

## Is the service responsive?

### Our findings

Relatives told us they felt their family members led an active life and were supported to do the things they wanted to do. One relative said, "[Name] does seem to go out a lot now." A person who used the service told us they went out when they wanted to and staff supported them to take part in the activities they liked. They also said, "They [staff], take me to loads of places. I like to go out for lunch a lot as well."

People's support records contained detailed examples of the activities that they had been involved in with reviews carried out when a new activity had taken place. This review took place to ensure that any problems or areas for learning that were identified, could be dealt with before the next time they carried out the activity. Records showed people had regular discussions with their key workers which included agreeing what activities they wanted to do.

There was a flexible approach to the activities that people did, however we also saw a more structured approach was in place for one person. The person's support records showed that as a result of the person's learning disability the person needed a structured and regular activities programme to enable them to fully enjoy it. This person's daily records showed staff responded to this effectively.

People were encouraged to access activities and courses within the local community, some of which were designed specifically for people living with a physical and/or mental health disability. We also saw some people attended college courses to assist them in gaining life skills to support them to lead a more independent life. Another person volunteered at a local charity shop.

There was a clear emphasis on providing people with care and support in a person centred way, ensuring people were in control of their own lives, using the support of the staff if and when they needed it. People had made clear choices about how they wanted staff to support them with their personal care, including choosing male or female support staff. The time people wanted to get up or go to bed and whether they preferred a bath or a shower were other areas where people maintained choice and control over their lives. The staff we spoke with all told us they respected people's wishes and never made them do anything they did not wish to.

Prior to people living at the home pre-admission assessments were carried out to assess whether the service would be able to support each person safely and effectively. Once agreed, people were able to meet with staff and if applicable the people they would be living with, to help the transition to the supported living environment.

People's support needs were regularly reviewed and discussed with people where able to, or, with family and health and social care professionals. Agreed actions were then added to people's support records and were then reviewed again to ensure they had been achieved and were effective. A healthcare professional told us at visits and reviews they had attended the staff consistently made sure people were at the heart of decision making wherever possible.

Staff spoken with told us they felt the support planning records provided them with the information they needed to respond to people's care and support needs. Each support plan was regularly reviewed to ensure they were applicable to people's current health and welfare needs.

People were provided with the information they needed if they wished to make a complaint. A complaints policy was provided which informed people who they could complain to, both internally and externally to agencies such as the CQC.

Relatives felt able to raise concerns with the registered manager or other appropriate person and felt their concerns would be acted on. One relative said, "We have raised some minor issues with the management which were handled efficiently."

We reviewed the provider's complaints policy and complaints register. No formal complaints had been received however the processes were in place to respond to these if required.

# Is the service well-led?

## Our findings

People, relatives and staff were encouraged to become involved with the development of the service and contributed to decisions to improve the quality of the service provided. A person who used the service said, "They [staff] do listen to what I have to say." Relatives told us they also felt involved.

A wide range of systems were in place to ensure as many people as possible were able to contribute. These ranged from one to one meetings and easy read questionnaires, to regular meetings with key workers and the registered manager.

We saw the most recent survey was in place to gain the views of people who used the service. Questions asked included, 'Are you happy with how the staff support you?' And, 'Are you happy with how you spend your time?' All of these questions and many others were provided in a format that would make it easier for people living with a learning disability to understand. The majority of the results from both people using the service and their relatives were positive. The registered manager told us the results of these surveys were used to make continued improvements at the service. They also told us the results and subsequent actions plans were placed in each person's home to inform people what action would be taken, which in turn promoted an open and honest culture.

Staff felt their views were welcomed and the registered manager acted on their input. One staff member said, "I feel able to say or ask whatever I want to and feel the manager listens to what I have to say." Staff were also able to give their views via regular staff meetings. Minutes showed a wide range of subjects were discussed, ranging from people's health needs to new policies and procedures.

Robust quality auditing processes were in place. The registered manager had delegated responsibility for daily quality assurance to members of staff within each premise. They were expected to review people's care needs, records and other factors that could affect the quality of people's daily life. Key workers provided a monthly report to the registered manager for the people they were responsible for. This enabled the registered manager to be aware of any issues and if needed, they could be discussed with the provider at senior management meetings.

The registered manager also carried out their own audits. Where they had identified a particular area of risk, such as medicine administration, they carried out regular audits of each premise to ensure staff were managing people's medicines safely. Where areas of improvement were identified, these were discussed with each individual staff member with agreed plans of action to make the required improvement.

The registered manager led the service well. The relatives, the person who used the service and the staff we spoke with, all spoke highly of him. The person who used the service said, "The manager is nice." A relative said, "We have met the manager. We have confidence in his ability to manage the home [where their family member lives] and the people [who live there]." A staff member said, "The manager is very approachable and very likeable." A healthcare professional told us the relationship between the registered manager and staff appeared to be excellent. They also told us there seemed to be a high level of trust and understanding

between them.

People and staff were supported by a registered manager who understands the requirements of their role and their responsibilities to ensure the service is well managed. They had processes in place to ensure the CQC and other agencies, such as the local authority safeguarding team, were notified of any issues that could affect the running of the service or people who used the service.

People were supported by staff who had an understanding of the whistleblowing process and there was a whistleblowing policy in place.