

Q Care Limited

Q Care- Ross on Wye

Inspection report

First Floor, 10-11 Gloucester Road
Ross On Wye
Herefordshire
HR9 5BY

Tel: 08456886672
Website: www.qcare.co.uk

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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?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 20 and 21 July 2016 and was announced. Q Care - Ross on Wye is registered to provide personal care to people living in their own homes. There were 72 people using the service at the time of our inspection.

A registered manager was in post and was present during our inspection. 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.

The provider had not displayed their most recent CQC rating at their registered premises, in order that this was accessible to the people who used the service. The provider had not informed the Care Quality Commission about two allegations of abuse.

Staff had received training in how to keep people safe from harm and abuse. They knew how to spot the signs and symptoms of abuse and neglect, and how to report these to a manager or senior member of staff. The risks to individuals had been assessed and managed, and people's involvement in these decisions had been encouraged. The provider followed safe recruitment practices to make sure staff were suitable to work with people.

People and their relatives were pleased with the support staff provided in relation to people's medicines. Staff had been trained in how to handle and administer people's medicines safely and their competency was checked.

Staff had the skills and knowledge needed to meet people's individual needs. Staff received an induction to the service and an ongoing programme of training. Staff attended regular one-to-one sessions with a senior member of staff or manager.

The management team understood the requirements of the MCA, and the provider had taken steps to raise staff awareness of its implications. Staff sought people's permission before carrying out care tasks and respected their decisions.

People received the level of support they needed with their food and drinks. Any risks associated with people's eating and drinking were recorded in their care files and managed by staff. Staff played a positive role in helping people to maintain good health and assisted them in seeking professional medical advice and treatment when needed.

Staff adopted a caring approach towards their work with people, People felt listened to and involved in their own care. Staff treated people with dignity and respect, and understood the importance of respecting their people's rights.

The management team encouraged people's involvement when assessing or reviewing their care and support needs. Staff understood people's individual needs and preferences, and promoted their people's independence. People and their relatives knew how to raise any concerns or complaints about the service, and felt confident about coming forward with these.

The management team promoted an open culture within the service, based upon good communication. People found the management team approachable. Staff experienced consistent leadership and management and were well-supported. The provider had implemented a number of quality assurance systems and checks to assess, monitor and improve the quality and safety of the service provided.

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 ●

People were protected from harm and abuse by trained staff. The provider had managed risks to individuals and people had been involved in these decisions. The provider followed safe recruitment practices. People had the support needed to receive their medicines safely.

Is the service effective?

Good ●

Staff had the necessary knowledge and skills to perform their job roles and meet people's individual needs. Staff sought people's consent before carrying out care tasks. People had the support they needed to have enough to eat and drink. Staff monitored people's health and helped them to get professional medical advice and treatment where needed.

Is the service caring?

Good ●

Staff understood met people's care and support needs with kindness and compassion. People were encouraged to express their views and involved in decisions about their care and support. Staff treated people with dignity and respect.

Is the service responsive?

Good ●

People received person-centred care, reflecting their individual needs and preferences. People knew how to raise any complaints and concerns about the service, and felt comfortable about doing so. The provider encouraged people's feedback on the service and acted on this.

Is the service well-led?

Requires Improvement ●

The provider had not displayed their most recent CQC rating at their premises, and had failed to tell us about two allegations of abuse. The provider promoted an open culture. Staff were well-supported and benefited from consistent management and leadership. The provider made use of quality assurance systems to drive improvement.

Q Care- Ross on Wye

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 20 and 21 July and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector.

As part of our inspection, we reviewed the information we held about the service. We also contacted representatives from the local authority and Healthwatch for their views about the service. We looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection, we spoke with eight people who used the service and three relatives. We also spoke with seven members of staff, including care staff, the branch manager and the registered manager. We looked at the care records of two people, staff recruitment records, the provider's policies and procedures and records associated with the provider's quality assurance systems.

Is the service safe?

Our findings

People told us that staff helped them to feel safe. One person told us, "They're very friendly and I talk to them a lot. I feel quite safe." People's relatives also valued the role that staff played in ensuring their family members' safety and wellbeing. One relative told us, "[Person's name] is as safe as they can be."

The provider had put measures in place to protect the people who used the service from harm and abuse. Staff had been given training on how to spot the signs and symptoms of abuse and neglect, and how to respond to any concerns of this nature. They gave us examples of the types of things they looked out for in their day-to-day work with people which would give cause for concern. These included changes in mood or behaviour, sudden loss of appetite, unusual injuries or a lack of funds. The provider had written procedures for dealing with any allegations of abuse and staff understood their role and responsibilities in relation to these. Staff told us they would report any concerns of abuse or neglect to the manager or a senior member of staff without delay, and make an appropriate record of these.

Staff had been trained in how to assess, reduce and report the risks they encountered within people's homes, in order to protect people and themselves from harm. They told us about the common safety hazards they remained alert to, such as faulty electrical appliances, unsuitable or unsafe mobility aids and equipment, and trip hazards. One staff member told us, "We're told to be constantly aware." Staff reported any potential hazards they identified to the manager or a senior member of staff. One staff member described how they had identified concerns about the suitability of an individual's mobility equipment, which was a potential hazard. They raised this concern with the management team who requested a reassessment by the occupational therapist, resulting in the introduction of a new hoist. Information on risks was shared within the staff team through email, telephone calls and the information recorded in people's care records.

People met with the branch manager or a senior member of staff before their care started, and at regular intervals following this, to discuss and review the risks associated with their care. People told us they could invite relatives to participate or take the lead in these discussions, if they wished. The provider and staff encouraged people to share any other concerns they had about their safety or wellbeing at any time. People told us that they felt able to voice any such worries to the branch manager, as needed. The branch manager and staff told us that they managed risks positively, and recognised people's right to take risks in their day-to-day lives. The branch manager described how they had worked collaboratively with one person's relative to facilitate their family member's discharge from hospital. This had involved speaking to the external health professionals involved and adjusting the level of care and support provided around eating and drinking. The person's wish to return to their own home had been met, by managing the associated risks positively.

People and their relatives told us that staff adopted safe working practices. One relative described the encouragement their family member had received from staff to make safe use of their walking frame. Another relative praised the care and attention staff paid when using their family member's hoist in a confined space. The provider recorded, and developed plans to manage, the specific risks to each

individual who used the service, on the basis of the information provided by people themselves and their relatives. These plans provided staff with guidance on a range of issues relating to people's safety and wellbeing, including their physical and mental health, mobility, any nutritional and dietary needs and the support needed with medicines. Staff were given time to read these plans, and followed the guidance provided in their day-to-day work with people.

Staff had received training in, and felt confident in dealing with, emergency situations. One staff member talked us through the steps they had taken after arriving at one person's home to find them collapsed on the floor, which included calling for an ambulance and making contact with senior staff and the person's family. The provider and registered manager monitored any incidents, accidents or near misses on a continual basis, to learn from these and minimise the risk of adverse events happening again. The provider's health and safety officer was responsible for investigating any significant accidents and incidents. The branch manager talked us through the actions taken following an investigation into a staff member having used inappropriate moving & handling techniques with a specific individual. This had resulted, amongst other things, in a referral being made to the occupational therapist and an increase in the number of staff supporting this person with their mobility, pending their assessment.

People told us that staff were generally punctual, that they stayed the agreed amount of time and that missed calls were not a significant concern. The branch manager explained how they used an electronic monitoring system to track staff movements, and to quickly identify and address any such issues. Staffing requirements were planned around, and adjusted according to, people's individual support needs and the total number of care hours being delivered.

The provider followed safe recruitment practices to make sure staff were suitable to work with people. All new staff were subject to a Disclosure and Barring Service (DBS) check and had been asked to provide employment references before being allowed to start work. DBS checks help employers to make safer recruitment decisions. Staff confirmed that they had undergone these checks and we saw records that demonstrated this.

People and their relatives were pleased with the support staff provided in relation to people's medicines. One person told us, "I've got a blister pack and do my medicines while they (staff) are there. They keep a watch and always check up to make sure I do it right." The provider had developed procedures and checks to ensure that people received their medicines safely. Staff had been trained in how to assist people with their medicines, and knew how to respond to and report any medication errors. Their competency was checked during the regular spot checks completed by senior staff or a member of the management team, to ensure they followed safe practice. The provider also carried out regular checks to monitor whether people's medicine records were being appropriately completed by staff, as part of ensuring they received their medicines safely.

Is the service effective?

Our findings

People and their relatives told us that staff had the skills and knowledge needed to meet people's individual needs. One person said, "They're very good and a couple of them are brilliant. They are always offering to help and looking for ways to help me." Another person praised the way in which staff supported them, adding "They must have good training to act that way."

The provider had developed an induction programme for all new staff starting work with them. Staff spoke positively about their induction training, which had included the opportunity to work with more experienced staff, read people's care plans and get to know people as individuals. One staff member told us, "It was all explained thoroughly to me. They made sure I understood all of the (staff) handbook." Another staff member described the benefits of their work alongside experienced colleagues, which had allowed them to develop in confidence and build a rapport with the people they would be supporting, in an unpressured way.

Following their induction, staff received an ongoing programme of training, with regular refreshers. The purpose of this training was to ensure they understood their role and responsibilities and could meet people's care and support needs. Staff felt that they had been given the necessary training to succeed in their current job roles. One staff member described the benefits of the personal care training they had completed, which had emphasised the need to allow people to go at their own pace. Staff felt confident that they could request additional training, as needed. One staff member told us, "If I wanted to explore more about dementia, I was told they would organise the training." Another staff member said, "If you mention you're unsure about something, they (management) will put you on to the next lot of training or put you down for more shadowing experience with someone who's competent. I've never had that before." This person went on to explain that they had been given additional training and time to work alongside their colleagues, after having made the branch manager aware they were uncertain about the use of slide sheets. The provider kept up-to-date training and development records to assess and monitor staff training needs.

Staff attended regular one-to-one sessions with a senior member of staff or a manager. Staff explained that these were beneficial, two-way meetings. One staff member told us, "They're pretty good. You can get any grievances off your chest and air any concerns. We talk about any training you need, anything about the job and any concerns you've got." Another staff member said, "It's a chance to speak about everything and anything."

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.

The registered manager and branch manager understood the requirements of the MCA. The branch manager had been involved in best interest decision-making in order to protect people's rights. The

provider had developed written policies to raise awareness of the MCA and the need for consent before care and support are provided. Staff had not attended dedicated MCA training, but had been given instruction on its implications for their work during other training courses. Staff understood the importance of seeking people's permission before carrying out care tasks, respecting their decisions and told us how they would seek additional advice if people refused care. People confirmed that staff sought their consent to care and support, and that they respected their decisions.

People and their relatives told us that staff gave people the help they needed with their food and drinks. One person told us, "They (staff) do it the way I want." Staff provided the level of support people required to prepare and serve the meals of their choice. Any risks associated with people's eating and drinking were recorded in their care files and managed by staff. One relative described how staff specially prepared their family member's food and drink to make it safer and easier for them to eat and drink enough, following a stroke.

People and their relatives told us that staff played a positive role in helping people to maintain good health. One person told us, "They ask you how you are and if you are in pain. They make enquiries about my health a lot." People and their relatives gave us examples of how staff had responded to changes in people's health, helping them to seek professional medical advice and treatment where needed. One person described how staff had requested a GP visit in response to their breathlessness. A relative told us how staff had requested an ambulance when their family member had had a raised temperature, amongst other symptoms. This relative went on to say, "The carer was very good. They stayed with me until the paramedics left. They got someone else to cover their next call." Staff spoke with a good understanding of people's health needs. They told us how they made use of the information recorded in people's care plans about their health. Staff worked with a range of external health professionals, including occupational therapists, GPs and district nurses.

Is the service caring?

Our findings

People and their relatives felt that staff took a caring approach towards their work with people. One person told us, "They're a lovely team. You have that feeling that they really care. They're not just doing a job." A relative said, "The care they give is excellent. They're happy go lucky. They take the time to be with [person's name] and have a joke." One person described the sympathetic manner in which staff had treated them when they were suffering from a painful medical condition, adding, "They are only words, but it does help and so does their whole attitude."

People and their relatives told us that staff showed they cared by going the extra mile. One person described how, upon discovering their milk had gone off that morning, a member of staff had gone straight to the corner shop to replace this. This person went on to say, "If there is anything extra I want, I've only got to mention it and they will do it." Another person gave an example of how a staff member, knowing they enjoyed reading the local paper, regularly brought them in a copy. This staff member had also made provision for this person to receive their paper when they were on holiday from work.

Staff talked about the people who used the service with respect and affection. They described how they got to know people as individuals through talking to them and their families. People and their relatives felt listened to by staff and involved in decision-making which affected people. One relative described their regular two-way communication with staff whom they had grown to rely upon. This relative told us, "They involve me as much as possible and I ring their head office or the carers to see how [person's name] is, or I let them know any information I have. There's a really good dialogue with two carers in particular."

People felt that staff treated them with dignity and respect. One person told us, "The curtains are always drawn and the door is always closed when they are helping me to get washed and dressed. They use three towels to keep me covered." A relative described how staff promoted their family member's independence when supporting them to shave. Staff encouraging their family member to do as much as they could for themselves, whilst providing any minimal assistance they needed to complete the task of shaving. The staff we spoke with understood what it meant to respect people's rights. They described the importance of maintaining confidentiality at work, and sharing people's personal information on a need-to-know basis only. They spoke about their role in making people feel valued and building people's self-esteem through for example, helping them to take pride in their appearance. Two members of staff summed up dignity and respect as "treating people how you want to be treated yourself."

Is the service responsive?

Our findings

People were involved in the assessment and review of their care and support needs, which was carried out on an individual basis. A manager, or senior staff member, met with people, for this purpose, before their care started and at regular intervals following this. People were invited to bring their relatives to these meetings, if they wished. People confirmed that the care and support provided reflected their needs and preferences. One relative told us, on the subject of their family member's preferences, "[Person's name] told them from the start what they liked and they (staff) respected their wishes." This relative went on to say, "They've asked several times about (person's name's) likes and dislikes."

Staff were able to talk, in some detail, about people's individual needs and preferences. They understood their role in promoting people's independence and respecting their views. One staff member told us, "We respect their wishes and encourage, but don't push. It's about listening, and supporting them." We saw that people's care plans contained information about their dreams, aspirations, preferences and how they liked to spend their time. Staff told us that they were given the time to read, and that they followed, this information. The information staff gave us about people's needs was reflected in the care plans we looked at.

People and their relatives knew how to raise any concerns or complaints about the care and support provided. They had been given the provider's contact details and were confident about coming forwards with any issues or concerns. One person told us, "If I was worried about anything, I would have a chat with them (staff)." A relative said, "I phone [the branch manager] if I have any concerns." The provider had developed written procedures to ensure that complaints were dealt with properly. Staff understood how to support people to raise concerns. One staff member told us, "I make sure they know who to contact." Another member said that they discussed the procedure for raising a complaint with people and their relatives. The provider was not dealing with any current complaints about the service. We saw that a complaint received in May 2016 had been investigated by the provider and changes made to address the concerns raised by the complainant, who had received a response from the provider.

The provider and management team encouraged people's feedback on the service they provided. The provider sent out annual feedback surveys, and the branch manager completed regular quality reviews with people, either in person or over the telephone. These quality reviews invited people's feedback on a number of aspects of the service, including the reliability, presentation and attitude of staff. We saw that feedback received was collated and acted upon. One person had requested not to be supported by a specific carer, and this had been accommodated by the service. The registered manager and branch manager told us that they sometimes carried out, or assisted with, people's calls, and valued the opportunity this gave them to discuss people's views about the service face to face.

Is the service well-led?

Our findings

We saw that the provider had not displayed the CQC rating received as a result of their most recent inspection in November 2015 at their registered premises, although this rating was displayed on their website. Providers are required to display Information about their performance in a place that is accessible to the people who use the service. The branch manager told us that they were not aware of this requirement, but would now address this with the provider. This was a breach of Regulation 20a of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider had failed to tell the Care Quality Commission about two allegations of abuse. The branch manager was aware of the requirement to submit these notifications, and had completed but, in error, not submitted them. This had not been picked up through the provider's quality assurance systems. Statutory notifications ensure that the Care Quality Commission (CQC) is aware of important events and play a key role in our ongoing monitoring of services.

People and their relatives felt the management team were approachable, and that they were listened to by the provider. The management team promoted an open culture within the service, through maintaining good communication and an ongoing dialogue with people, their representatives and the staff team. The branch manager described how they monitored the culture within the service through the feedback people gave them about the quality of their care and support,. They worked alongside staff during spot checks to remain aware of the day-to-day practices of staff members. Whilst not everyone knew who the registered manager was, people told us they were able to get hold of a manager or senior member of staff when they needed to. One person told us, "I know the number to ring the office, and would do so if I needed to." Staff spoke positively about the openness of the culture within the service. One staff member told us, "It's a nice, open and relaxed atmosphere." Another staff member said, "I don't think there's anything I can't tell them."

There was a registered manager in post at the time of our inspection. The management team told us they kept abreast with best practice by talking to external professionals, attending local authority events and using the information disseminated by the provider themselves. The management team provided consistent management and leadership. Staff felt well-supported by the management team and discussed their work with enthusiasm. One staff member told us, "I know I would get the support I need if I got stuck or had any worries." In particular, staff praised the positive impact which the recently-appointed branch manager had had upon the culture of, and communication within, the service and the additional support made available to the staff team. One staff member told us, "They are absolutely amazing. What a turnaround they have made in the couple of months they have been here." This person went on to say, "[The branch manager] is listening to staff and service users."

Staff were clear about their job roles and responsibilities and felt involved in how the service developed. One staff member told us, "I feel involved. We discuss any big changes at staff meetings." Staff found the management team approachable, and felt able to question practice and management decisions, if they needed to. One member of staff described how the management team had adjusted the amount of travel time between calls in response to feedback from staff.

The provider had produced a written statement of the visions and values of the service, which staff had an awareness of. Staff told us that these values were discussed during their induction training and at staff meetings, recorded in the staff handbook and referred to in the provider's regular newsletters. One staff member told us the overall vision of the service was "to provide the best safe, quality care."

The provider had implemented a number of quality assurance systems and checks to assess, monitor and improve the quality and safety of the service they provided. These included the regular quality reviews completed with the people who used the service, and the periodic spot checks carried out with staff to ensure they were working in the expected, person-centred manner. The management team also carried out specific quality checks in relation to people's care records, staff recruitment, training and staff competency with moving and handling tasks. We saw evidence of the improvements which this had led to in, for example, the quality of people's care plans and the consistent review of these, and the regularity of staff's one-to-one sessions with a manager or senior. The provider had employed a quality manager to support the management team and have oversight of how well the established quality assurance systems were being used.

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 20A HSCA RA Regulations 2014 Requirement as to display of performance assessments</p> <p>The provider had not displayed their most recent rating by the Care Quality Commission at their registered premises.</p>