

Quantum Domiciliary Care Limited

# Quantum Domiciliary Care Limited

## Inspection report

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### Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

**Requires Improvement** 

Is the service effective?

**Good** 

Is the service caring?

**Good** 

Is the service responsive?

**Good** 

Is the service well-led?

**Requires Improvement** 

# Summary of findings

## Overall summary

### About the service

Quantum Domiciliary Care Limited is a domiciliary care agency providing personal care to 45 people at the time of inspection. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

Systems around medicine management needed improving. Care plans and risk assessments were not in place for all of people's known risks. Where care needs had changed care plans and risk assessments had not always been updated to reflect people's most current needs. This placed people at risk of receiving unsafe care. People and their relatives told us they felt safe and safeguarding concerns had been referred to the appropriate body. People told us staff always turned up for calls but there was an issue with call times being inconsistent. Staff followed infection control guidance and had access to personal protective equipment.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice. Staff were knowledgeable about their role and told us they received sufficient training. The service contacted other professionals appropriately and in a timely manner.

People received care and support that respected their dignity and privacy. People were involved in their care plan reviews and were supported to make choices about their care. Where complaints had been received these were responded to in a timely manner.

Governance systems were either not in place or not robust. This meant that systems were not effective in monitoring the quality and safety of the service. People told us that the manager was approachable and responsive and staff felt supported.

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

### Rating at last inspection

The last rating for this service was good published (10 October 2016).

### Why we inspected

This was a planned inspection based on the previous rating.

### Enforcement

We have identified breaches in relation to Regulation 17, good governance at this inspection.

Please see the action we have told the provider to take at the end of this report.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Quantum Domiciliary Care Limited

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection team consisted of one inspector and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave a short period notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 13 August 2019 and ended on 15 August 2019. We visited the office location on 13 and 14 August 2019.

#### What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information

about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

#### During the inspection

We spoke with three people who used the service and five relatives about their experience of the care provided. We spoke with ten members of staff including the nominated individual, registered manager, office staff, senior care workers and care workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included five people's care records and four medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We spoke to two professionals who had worked with the service.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as good. At this inspection this key question has now deteriorated to requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- People told us staff always turned up for their visits however most people raised an issue with call times being inconsistent. One person told us, "They might be an hour late" and a relative said, "they come early as well, it causes problems." Most people told us they received a phone call if staff were running late. Whilst some people said there was no impact one relative told us the person they looked after could become distressed and another was concerned about their relatives' skin.
- Staff told us travel time was not allocated, one staff member said, "We are chasing our tails because of running behind." They advised there had been some improvement in the organisation of the calls, so calls were in one area and there was a break late morning to allow for staff to catch up.
- We spoke to the registered manager about call times. They advised they had made improvements by changing the organisation of the calls and taking on more staff. There was also an electronic call monitoring system where staff logged in and out of their calls which enabled visits and punctuality to be monitored. We looked at some of these records and saw some call times continued to be inconsistent and improvements were needed.
- Staff were recruited safely. We saw that the providers recruitment process included obtaining a Disclosure and Barring Service Check (DBS) to determine whether staff were safe to work with people.

### Learning lessons when things go wrong

- Changes had been made to the staff rotas in response to people's concerns about call times. Staff reported there had been some improvements to the organisation of the calls, but inconsistent call times were still an issue. When we asked people how they thought the service could be improved, one person told us, "It is the timings, it is a big thing."

### Using medicines safely

- Medicine management was not consistently safe. Whilst staff were recording to show people had taken medication from their pharmacy-sealed blister pack and had been administered prescribed creams there was no list with this record of what these medicines and creams were. This meant there was no history of medicines taken and an increased risk of medicine errors.
- A safeguarding concern was raised in December 2018 where there were concerns staff may have given a person medication from a relative's blister pack. Steps had been taken to address this with the staff concerned however, the provider had not taken sufficient steps to improve their medicines management systems to ensure this potential error was not repeated.
- Staff had received medication training and checks were carried out to ensure staff were safe to administer medicines. There were some improvements required to evidence how these checks were completed.

The provider took immediate action upon receiving feedback of our concerns to implement systems to improve the medicine management at the service.

#### Assessing risk, safety monitoring and management

- Care records were not always up to date and accurate. The local authority's care plan indicated a person needed a diabetic diet. This had not been picked up by the service who were supporting with meals and there was no care plan in place in relation to this need. The relative was providing the food for this person so the risk was reduced, however without staff having this knowledge there was an increased risk of unsafe care.
- Staff did not have all the information they needed to help manage people's risks safely. For example, some people needed support with a catheter. There was insufficient guidance on how to support the person and what to look for. Two of the relatives we spoke to told us some staff were unsure on what to do, one relative told us, "They weren't sure what to do with a catheter."
- A care professional told us in relation to manual handling the service worked well with other professionals and ensured risks were assessed and appropriate equipment used in relation to moving people safely.

The provider took immediate action upon receiving feedback of our concerns to review people's risks and put appropriate guidance in place to ensure people's risks were mitigated.

#### Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who understood the signs of abuse and appropriate action to take should they have concerns. Staff had received safeguarding training and were able to describe the action they would take to report any concerns.
- People told us that they felt safe using the service and when care staff were in their home. One person told us, "I do feel safe, they look after me well so I am happy."

#### Preventing and controlling infection

- Staff were able to tell us how they ensured good infection control standards and advised personal protective equipment was always available to them. People and relatives confirmed this.



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant 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

- An assessment of people's needs was carried out when they first started with the service.
- Staff spent time reading support plans to gain an understanding of people's needs. One staff member told us, "We call into the office before we go on the first call to someone to read the care plan."

Staff support: induction, training, skills and experience

- An induction was in place to support new staff. This included training in the office and then shadowing more experienced staff.
- Staff were knowledgeable about their role and told us they received sufficient training. A number of staff were undertaking a National Vocational Qualification (NVQ) in care.
- Staff received regular supervision and spoke positively about the support they received.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported by staff who were aware of their healthcare needs and how to access healthcare services on people's behalf. One person told us, "I have an ulcerated leg, when they see something wrong they suggest I see the doctor."
- A healthcare professional told us staff were responsive to people's needs they said, "They highlight any issues to us and we have gone out and worked together."
- There was a system in place to inform staff of any changes to people's condition. However, the records we saw were not always updated to reflect these changes.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- People and relatives confirmed staff gained people's consent before supporting them. One relative told us, "They do ask for his consent. If he says no they don't push it. They talk to [person] it is a two-way thing."
- A staff member gave an example of how she supported a person living with dementia to make a choice about care. They told us, "I encouraged and explained to the person why I needed to help them," this meant the person had agreed to support avoiding the risk of them being left without care.
- There was no specific training on MCA and the registered manager told us this was covered in other training although we did not see evidence of this However, there was no impact on people as staff had a good understanding.

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

- Staff were aware of people' dietary needs and supported people to make choices. One person told us, "At dinner they do whatever I want," and another said, "They make me coffee and toast or anything I ask for."

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Most people and relatives spoke positively about the caring nature of staff. One person told us, "They are very good, very caring," and another, "I would describe them as brilliant."
- Staff demonstrated an understanding of people's care needs and told us the importance of respecting diversity and people's religious beliefs. One staff member told us how they waited outside the room when a person was carrying out a religious ceremony.
- Staff spoke with kindness about the people they supported and told us about the importance of building a relationship and working closely with them. One person told us, "We sit down and have a 'rabbit' and put the world to rights."

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

- Records showed people and their relatives had been involved in developing their care plans and reviewing them. One person told us, "We chat things through at the review."
- Conversations with staff demonstrated an understanding of people's needs and how they encouraged people to make choices about their care. One relative told us, "He tells them himself if he thinks they aren't doing things property, they say they will do it how he wants."

Respecting and promoting people's privacy, dignity and independence

- Staff we spoke with described how they promoted people's dignity. This was confirmed by the people we spoke to. One person told us, "They look after me well, they put the towel across me when washing."
- Staff and relatives told us how they supported people to maintain their independence. One relative told us, "They support [person] to walk from the front room to the kitchen, he enjoys doing that." A staff member explained how they encouraged someone living with dementia to wash up.
- People's right to confidentiality was respected and protected appropriately in accordance with General Data Protection Regulation (GDPR). We saw that people's confidential private information was respected and kept secure.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs. At the last inspection this key question was rated as good. At this inspection this key question has now remained the same. This meant people's needs were met through good organisation and delivery.

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

- Staff knew people's likes and dislikes, one person told us how staff supported them to have their breakfast made in a particular way. A staff member told us about a certain cup someone liked their coffee in.
- Care plans included people's preferences and wishes including how people liked to be supported with personal care and what food they liked to eat. One relative told us, "They have got to know him and built up a relationship, they go along with what he wants."
- The service had arranged the care rota so people's gender preferences could be respected and staff were aware of people's wishes in this area.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager told us where needed information was always verbally explained to people. Information was also available in large print.
- There was some information on people's communication needs in their care plans but this was inconsistent, however staff demonstrated good knowledge.

Improving care quality in response to complaints or concerns

- People were given information on how to complain when they started with the service.
- People who had raised concerns were happy with how they were dealt with. One person told us, "I have complained about a few things... it was a while back, yes I was satisfied with how it was sorted."
- We found a record of complaints was kept showing the actions taken to resolve the issue. Sampled records showed the response from the service had been timely, and where needed action taken to improve care.

End of life care and support

- The provider told us they were not providing end of life care to people currently but it was a service they did offer.
- We saw a compliment from a person whose relative had received care from the service at the end of their life. It said, "Having someone such as yourselves, so understanding and compassionate is just wonderful and much appreciated."



# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider did not always have effective systems in place to monitor the quality and safety of the service.
- There was no effective system in place to ensure care plans provided sufficient guidance for staff to follow and were up to date. This meant there was a risk that people would not be supported in a safe way.
- Systems had failed to identify that medicine management was not safe as there were no current list of medication for staff to refer to.
- Whilst there were systems to monitor that care calls had taken place and whether they had occurred on time; there continued to be an issue with late calls which had an impact on some people's care.

A failure to have robust and effective governance systems in place is a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The provider has acted responsively following the inspection and sent us plans of immediate action they had taken to implement systems to improve the monitoring of the service to ensure people were receiving safe care.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We saw evidence of the provider asking people's and relative's views about the service through care reviews and telephone surveys. However, not everyone we spoke to recalled being involved in these processes.
- People and relatives informed us the office were responsive to requests. A relative told us, "They are always obliging I never have a problem."
- Staff told us they felt supported by management and could approach them with any concerns. One staff member told us, "We all get on well. [Manager] is approachable and flexible with needs."

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

- The registered manager understood their legal requirements within the law to notify us of all incidents of

concern, death and safeguarding alerts.

- Staff spoken with were aware of their responsibility to report and act on any concerns and we saw evidence of this.
- There was a clear staffing structure in place and staff were clear of their responsibilities.

Continuous learning and improving care

- Staff told us they attended staff meetings. We saw in one meeting staff had raised concerns about information they received about people who were new to the service. Improvements had been made in response to these concerns.

Working in partnership with others

- We received positive feedback from two health care professionals who had worked with the service. One told us, "They are very professional and take on board advice," and another "They are a very good service."

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 12 HSCA RA Regulations 2014 Safe care and treatment  A failure to have effective systems in place for safe medicine management. A failure to have effective systems in place to ensure safe care and treatment.
Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance  A failure to have robust and effective governance systems in place.