Quality Home Care Anglia Limited

Quality Home Care

Inspection report

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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?	Good

Summary of findings

Overall summary

Quality Home Care is a domiciliary care agency. It provides personal care to people living in their own houses and flats. It provides a service to both older and younger adults.

This is the first inspection of this service since they reregistered with the Care Quality Commission (CQC) in March 2017. This announced inspection took place on 30 April, 1, 2 and 10 May 2018. There were 66 people supported with the regulated activity of personal care during this inspection.

The Care Quality Commission (CQC) records showed that the service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Staff had an adequate understanding of the Mental Capacity Act 2005 (MCA). People were supported in the main to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. Staff supported people in their 'best interests.' However, there was unclear guidance for staff within some people's care records on whether people had the mental capacity to make day-to-day and/or more important decisions for themselves.

Staff knew how to report any suspicions of harm and poor care practice and that this was their duty to do so.

People were supported by staff to take their prescribed medication safely. Staff followed procedures, using personal protective equipment, to make sure that infection prevention and control was in place. This meant that the risk of cross contamination was reduced by staff when supporting people in their own homes.

People were assisted by staff with their care and support needs in a kind, and respectful manner. People's dignity and privacy was maintained and promoted by the staff members supporting them.

People and their relatives were involved in the setting up and review of their or their family member's individual support and care plans. People were supported by staff to have enough to eat and drink.

People were assisted to access a range of external health care professionals to maintain their health and well-being. Staff would work in line with external health care professionals' guidance, to support people at the end of their life, to have a comfortable and as dignified a death as possible.

People had individualised care and support plans in place which documented their needs. These plans informed staff on how a person would like their care and support to be given, in line with external health and social care professional advice.

There were enough staff to meet people's individual care and support needs. Individual risks to people were identified and monitored by staff to allow them to live as independent and safe life as practicable.

Staff were only employed within the service after all essential checks had been suitably completed. Staff were trained to provide care which met people's individual needs. The standard of staff members' work performance was reviewed through spot checks and supervisions.

Complaints received were investigated and responded to. Actions were taken to reduce the risk of recurrence. The registered manager sought feedback about the quality of the service provided from people, their relatives' and staff members. There was an on-going quality monitoring process in place to identify areas of improvement needed within the service.

Further information is in the detailed findings below.

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.

Processes were in place and followed by staff, to protect people from harm or poor care.

Risks to people were monitored by staff to ensure that people remained safe, but promoted people's independence wherever possible.

There was a sufficient number of staff to meet people's assessed needs. Recruitment checks were in place to ensure new staff were of a good character.

Processes were in place to make sure that people's medication was safely managed.

Is the service effective?

Good

The service was effective.

Staff were supported with training, spot checks and supervisions to make sure they were delivering effective care.

Staff supported people with their eating and drinking requirements.

Staff worked within and across organisations to deliver effective care and support. People were assisted to have access to external healthcare services when needed.

People were supported by staff to have choice and control of their lives. Support was given by staff in people's best interests.

Is the service caring?

Good

The service was caring.

Staff treated the people they assisted in a caring manner and with respect.

People were supported to be involved in making decisions about

their care and support needs.

Staff maintained people's privacy and dignity when supporting them.

Is the service responsive?

Good

The service was responsive.

People's individual needs were assessed and staff used this information to deliver personalised care to people that met their needs.

People's suggestions and complaints were listened to and acted upon to reduce the risk of recurrence.

Is the service well-led?

Good

The service was well-led.

Staff were clear about the standard of care and support they were expected to deliver.

Quality monitoring was in place to oversee the service provided and make any necessary improvements.

People, their relatives' and staff were encouraged to feed back on the quality of care provided.

Quality Home 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 comprehensive inspection took place on 30 April, 1, 2 and 10 May 2018 and was announced. It was undertaken by two inspectors. We gave the service 48 hours' notice of the inspection visit because the location provides a domiciliary care service and we needed to be sure that staff would be available.

Inspection site visit activity started on 30 April 2018 and ended on 10 May 2018. It included visits to the office, and telephone interviews of staff and people who use the service and relatives of people. Telephone interviews were carried out during the office visits and on the 1 and 2 May 2018. We visited the office on both the 30 April and 10 May 2018 to see the registered manager and office staff; review care records, policies and procedures and records relating to the management of the service.

The inspection was prompted in part by whistle-blowing concerns received by the Care Quality Commission. This followed the service taking on new care packages and staff in agreement with the local authority commissioner from another care provider.

Before our inspection we looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about.

We asked for feedback from representatives of a local authority commissioning team, Healthwatch, and local safeguarding team. Any information received was used in planning this inspection.

During our inspection we spoke with five people and five relatives of people using the service. We also spoke with the registered manager; the branch manager; a care assessor; a field care supervisor and two care workers (one by telephone). We looked at five people's care records, records relating to staff recruitment and training, complaints records, accidents and incidents, medication administration records, and records relating to the management of the service including audits.

Good

Is the service safe?

Our findings

People and their relatives told us that they or their family member felt safe. This, they said, was because the care and support provided by staff at Quality Home Care gave them reassurance. One relative confirmed, when asked if the service provided to family member made them feel safe, "Safe? Absolutely." A person told us that, "Safe? Yes, it's just a feeling [you get]."

Staff understood their duty to report any incidents of poor care or suspicions of harm. This was in conjunction with their training on safeguarding vulnerable adults. Staff told us they would report any concerns internally to the management team. They were also aware that they could report concerns to external agencies such as the local authority and Care Quality Commission (CQC). A staff member said that if they had any worries about the safety of the care provided, "I would report to the office [staff] and I could also contact social services." Another staff member told us," I would report [concerns] to my [registered] manager and CQC. If I needed to, the police as well."

Prior to this inspection the CQC received whistle-blowing concerns following the service taking on new care packages and staff from another care provider. Whistle-blowing is a process where staff can report any poor standards of care if they ever became aware of this. During this inspection staff said that they would be confident to whistle-blow. A staff member said, "I would report any whistle-blowing concerns of harm and poor care because it comes under safeguarding [people]." Another staff member told us, "I would report whistle-blowing [concerns] because I have a duty of care." This showed us that staff were aware that they could whistle-blow their concerns and that there was a protocol in place to help safeguard people from harm.

People's individual assessed risks had been identified prior to them using the service and were monitored by staff to help reduce the person's risk of harm. These records provided staff with guidance on how to support people, whilst promoting and maintaining people's independence. People had environmental risk assessments and we noted that individual fire risk assessments were in place for people. These were in situ to help give staff guidance when supporting a person when there was an emergency such as a fire.

Prior to this inspection concerns had been raised with the CQC that not all people using the service had a Quality Home Care care record in place. Quality Home Care had recently taken on care packages and staff from another care provider. In line with the agreement from the local authority, the registered manager told us that they were working to make sure that people new to the service would have their company's version of people's care records in place within six months. Whilst this was being carried out, staff continued to work with the existing records in situ to support people who had moved care providers. The information in people's care records was held securely within the office and within people's own homes.

Records showed that technology was used, when needed to support people to receive safe care and support. This included lifelines or pendants (alarm to be worn) that could be used by people to summon support when required in an emergency.

The provider carried out the required checks to ensure that new staff were of a good character and were suitable to support people safely. Staff said that these checks were in place before they could start work at the service. A staff member told us, "A DBS [disclosure and barring service criminal records check] and a professional reference from a previous employer and one character [reference] were in place before I started [work]." This showed that there was a process in place to make sure that staff were deemed satisfactory and suitable to work with people.

Prior to this inspection the CQC received concerns that there were insufficient staff and that staff did not always receive a rota in a timely manner. During this inspection the registered manager told us that there were sufficient staff employed to meet people's care and support needs. People told us that they had no concerns around staffs' timekeeping and that they had no missed care calls. The staff worked to an agreed tolerance of plus or minus 30 minutes of the agreed care call time. People also said that they were often supported by the same staff members, who got to know them, their care and support needs and their preferences. One relative said, "The current staff have not been late, they turn up on time." A person told us, "Staff are fairly punctual and there have been no missed [care] calls." Another relative said that staff were, "Very punctual." A third person told us, that their care call times were, "Roughly at the same time, but I understand if they're late, they can be held up through an emergency or traffic." When asked if staff were often late the person confirmed to us, "No." However, a fourth person told us that the timing of one of their early morning care calls was not early enough. We spoke with the branch manager about this who confirmed to us that the person had the first (earliest) call of the day.

Staff confirmed that they received a rota in advance that detailed their care calls for the following week. One staff member said, "[Named staff member] does the rotas, [named staff member] has always been nice and listens to me." A person confirmed to us that, "Quality Home Care tries to give me regular [staff], I am a [person who requires two staff] and I have a group of regular staff." This they told us gave them reassurance.

Prior to this inspection the CQC received concerns that the on-call (out of business hour's telephone) was not always answered. However, during this inspection staff spoken with told us that they could contact other staff for advice using the on-call system. One staff member said, "The emergency on-call [phone] is always answered or you are phoned back within ten to fifteen minutes." A relative confirmed to us that, "If you have to ring the office there is usually somebody there. If they are on a [care] call, they will get back to you."

Prior to the inspection the CQC received concerns that the staff were not managing people's medication safely. During this inspection people, who required support with their medication, told us that they had no concerns. Records showed what medication support the person was funded for. One relative said about the support given by staff, "[Staff inform me] when the medication is running low, they tell me in advance so I can get it." Another relative told us, "When they give [family member] their medication they take their time and check everything." Staff confirmed to us that they were trained to administer people's medication and that their competency to do this was established during regular 'spot checks' by a more senior staff member. Accurate records were held to document staff support of people's prescribed medication. These records were checked as part of the services governance process. The provider made the necessary improvements where improvements were found to be needed.

Staff told us and records showed that they had received training in the prevention of cross contamination, infection control and food hygiene. Staff confirmed that there was enough personal protective equipment (PPE) of aprons and gloves for them to use and that these were single use items only. One staff member said, "PPE? We change [our PPE] for each task performed. The boot of my car is full of PPE." This showed that there was a process in place to reduce the risk of infection and cross contamination.

Staff were aware of the reporting procedure and records were held in relation to any accident and incidents that may have occurred. Actions were taken because of learning from an incident, and staff told us that this information was shared with them to help reduce the risk of recurrence. For example, at a staff meeting discussion were held regarding staff professional boundaries. This showed that learning was used to improve the quality of the service provided.

Good

Is the service effective?

Our findings

People were supported with their care needs in line with 'good practice' guidance and current legislation. Staff communicated with external health care professionals such as community nurses and occupational therapists. These professionals worked with the registered manager and staff to help them promote and support people's well-being in line with legislation, and good practice guidance. For example, recent changes to data protection meant that this information was reflected within the updated social media policy as information to guide staff.

Staff completed training to ensure that they had the right skills and knowledge to provide the individual care and support people needed. Staff told us that they completed 'refresher' training to update their knowledge. A staff member told us, "[The services aim] is to provide a top-quality service to [people]. It does this by giving me the training to fulfil my role."

Staff were supported with supervisions and direct observation checks. These were used to develop staff skills through training and assessments. A staff member confirmed to us that, "Every three months [we have a direct observation check], we check that staff are wearing an identification badge, a uniform, PPE equipment used, staff wash their hands, give medication with water and chat with people using eye contact."

When new to the service, staff had an induction period. This included training and shadowing a more experienced member of staff. A staff member said that even though they had worked in care before, "I had shadow shifts for a few days." This induction period was in place until the new staff member was deemed competent and confident by the registered manager to provide care unsupervised.

People spoken with did not require the support of staff with their eating and drinking.

Staff at the service worked with external organisations to make sure that there was a good standard of care provided to people. For example, working with community nurses; occupational therapists; and representatives from the local authority older people's team and the local authority commissioning team.

People spoken with did not need support from staff members to set up or to help them attend external health appointments. Although, staff supported people to have access to health services when people's needs changed. For example, staff worked in communication with and in line with guidance from external health care professionals such as occupational therapist and community nurses.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. We checked whether the service was working within the principles of the MCA.

During the inspection we were told that no one using the service lacked the mental capacity to make day-to-day decisions, but that some people's mental capacity fluctuated. One person's record we looked at was

unclear as to whether the person lacked the mental capacity to make important decisions around their care. This was because there were no formal mental capacity assessments in place for people whose mental capacity might be limited. However, records we looked at showed that staff were prompted to support people with their daily tasks, in their 'best interests' and documented when a person was unable to sign to say they had consented to their care. We spoke to the registered manager and branch manager about this and they said they would make the necessary improvements.

Staff demonstrated to us adequate knowledge in relation to the application of the MCA. They told us how they used verbal and visual prompts to aid people, who may have had fluctuating mental capacity, with their day-to-day choices. For example, what a person would like to wear and, or what a person would like to eat or drink. One staff member told us, "Allow [people] to make decisions for themselves. You can give a visual prompt to help people choose regarding their meals and what to wear." Another staff member told us, "Everyone has the right to choose."

Good

Is the service caring?

Our findings

The majority of people and their relatives were very happy with the care provided and how staff treated them or their family member, when supporting them. One relative told us, "[It is a] very, very, high quality service...[the] stress has been taken out of my mind…really brilliant." One person said, "Yeah it's very good. It is the [staff] that make it very good." Another relative told us," [Staff] really go above and beyond."

People and their relatives told us that they, or their family member, felt involved in making decisions about their care. They said they were able to make their own choices and were encouraged to express their views and be listened to. A relative told us, "Currently Quality Home Care [staff] are organising a review of [family members] care, so we are involved in care decisions." A person said, "I met with [named staff member] and did my care plan." When asked if they felt involved they replied, "Yes, of course. I need hoisting so we had a talk about that and discussed it to get it right. Reassurance was given. It is an intrusion into your life when [staff] come into your home, but if I didn't have [support from care staff] I would be in bed all day…my life would stop." We noted that people had signed to say that they agreed with their care and support and where people were unable to sign to agree their care plans, we saw that this was documented, with the reason why recorded.

People, on request, had access to advocacy information, if they needed to be supported with this type of service. Advocates are independent of the service and who support people to make and communicate their wishes.

People told us that staff respected and promoted their privacy and dignity when supporting them with personal care. Care records had clear prompts for staff as a reminder for them to respect people's privacy and dignity at all times during their care calls. One person said, "I have consistent care staff who are absolutely wonderful. I couldn't dream of anyone else as good." A relative confirmed that, "Staff are respectful, polite. We have never had anyone impolite." A second relative told us, "[Family member] has a smile at the end of the day and to me that is golden."

Care records showed that staff were prompted to respect people's choices and to assist people to maintain their independence. People confirmed to us that it was their wish to remain in their homes and the extra support from staff enabled this. One relative said, "[Staff] use their own initiative – really brilliant particularly [two named staff]. They go one step ahead and ask [family member] how happy can they be and ask them what clothes they want to wear and chat with them." A person told us, "If it wasn't for [staff] I would still be in hospital, with their support I can stay at home."

Good

Is the service responsive?

Our findings

People and their relatives confirmed to us that staff had a good understanding of their care needs and that these needs were met by staff. A relative told us, "It is not just about the care required it's about how it's delivered – both are a very high standard."

People's individual care and support needs were assessed prior to them using the service. Staff undertook an assessment to make sure they had the skills and knowledge to meet people's requirements. A person said, "Recently [named staff member] came out me to do a review [of my care needs]." Staff then used these assessments to develop people's care and support plans and risk assessments. These documents included information for staff on people's care and support needs, their preferences and any health, physical and emotional requirements.

Staff completed daily notes detailing the care and support that they had provided at each care call. We noted details within people's care records regarding the person's family contacts, doctor, external health care professionals and assigned social worker (where appropriate). People's individual preferences also were recorded as a prompt for staff and included how a person wished their care to be provided, and what was important to them.

The support that people received included assistance with personal care, with their prescribed medication, and preparation of meals and drinks.

People and their relatives told us that they felt confident in raising any suggestions or concerns they had with the office staff and that they felt listened to. One relative gave an example of a request they had made about a staff member. They said, "I did raise a concern and it was taken care of completely... [Named staff member] immediately took charge, came and saw me, wrote to me. They dealt with it. I can't say enough to say how well they dealt with it." This showed us that people's concerns were responded to, investigated and actions taken where possible to reduce the risk of recurrence.

Quality Home Care does not provide nursing care to the people it supports. However, to support people approaching the end of their life, the registered manager told us that staff worked with the person and their family to make sure that they met their individual wishes, including cultural and religious wishes and people's preferred place of death. They also told us that they worked with external health care professionals' guidance and advice when it became clear that people's health conditions had changed or deteriorated. This enabled staff to support people to have the most comfortable, dignified, and pain-free a death as possible.

Good

Is the service well-led?

Our findings

There was a registered manager was in post. They were supported by a branch manager, office staff and care workers.

From discussions, we found that the registered manager, branch manager and staff had a good understanding and knowledge of people's care and support needs. Staff were clear about the expectation of the management of the service to provide good quality service that met people's individual needs. One staff member told us, "[The service values are] quality not quantity. To make sure that the quality of care goes up and not down." Another staff member said, "[There are] clear expectations that staff deliver high/good quality care."

Prior to the inspection the CQC received concerns that staff were not always treated with respect. During this inspection the staff spoken with told us that they had no concerns. One staff member told us," I'm very supported [by management], I know that if I phone up with an issue it will get sorted." Another staff member confirmed to us that, "It has got better in the last week, I think because the new company took over, they hadn't put things in place before the transfer [of care packages and staff] …it has got back into a normal routine [now]." The registered manager told us that the process to transfer people's care packages and staff from another care provider had been an experience that they would learn from.

The majority of people and their relatives were complimentary about the service provided, and how the service was run. One relative said, "[Family member] gets on well with [staff]. [Family member] says [staff] have been caring and attentive." A person told us, "I think that they are a reasonable, good team."

Records the Care Quality Commission (CQC) held about the service and reviewed during the inspection, confirmed that the provider had sent notifications to the CQC as legally required. A notification is information about important events that the provider is required by law to notify us about.

The registered manager and branch manager made checks to monitor the quality of the service provided. These included the monitoring of, feedback from people who used the service, their relatives and staff, people's care records, and daily notes. For any areas of improvement found, actions were taken to reduce the risk of recurrence. This showed us that the service looked to continuously improve the quality of service provided.

The registered manager, branch manager and office staff had regular contact with people who used the service and their relatives. The registered manager and branch manager used feedback to monitor and drive forward the quality of the service provided. One relative said, "I have been asked to feedback about the quality of the service provided via a telephone call monitoring from Quality Home Care office staff." A person told us, "I am asked to feedback on how things are going." Another relative said," Feedback? Yes, they do [ask me], but I feel free to ring the office." This demonstrated to us that feedback was sought to monitor the quality of the service.

Staff worked in partnership and shared information with other key organisations and agencies to provide good care to people who used the service. This included working with a variety of health and social care providers.