

# Quality Of Life Homecare Limited

## Unit 2 Watling Gate

### 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

### About the service

Unit 2 Watling Gate is a domiciliary care agency. It provides personal care and support to people living in their own houses and flats in the community. At the time of our inspection the service was supporting 120 people. A number of people using the service were receiving short term 'reablement' support to enable them to regain skills following their return home after hospital treatment. At the time of inspection all people using the service received personal care. This changed on a regular basis as people receiving reablement support regained independence. 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

The care and support provided to people was person centred. People's care plans and risk assessments included information about their preferred care and support needs and preferences. Guidance for staff on ensuring that people were supported safely and in accordance with their wishes was included in people's care records.

Staff had received training about safeguarding and knew how to respond to and report any allegation or suspicion of harm or abuse. They understood the importance of reporting concerns immediately.

The service's recruitment procedures were designed to ensure that staff were suitable for the work they would be undertaking. New staff members were not assigned work until satisfactory references and criminal records disclosures had been received.

New staff received an induction to the service before starting work. All staff received regular training to ensure that they were able to meet the needs of the people they supported. Staff also took part in regular supervision sessions to support them in carrying out their roles.

People and their family were involved in decisions about their care. People had been involved in agreeing their care plans and participated in reviews of the care and support provided to them. People and family members said that staff asked people for their consent to carry out care and support tasks.

Information about people's religious, cultural and communication needs was included in their care plans. People had been matched with staff who were knowledgeable about their needs.

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.

People were regularly asked about their views of the care and support that they received. Spot checks to

look at the quality of care and support had taken place in people's homes.

Processes were in place to manage and respond to complaints and concerns. People and family members were aware of the service's complaints procedure and knew how to make a complaint if they needed to.

The provider undertook a range of audits to check on the quality of care provided. Actions had been taken to address any concerns.

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 4 May 2017).

Why we inspected:

This was a planned inspection based on the previous rating.

Follow up:

We will continue to monitor intelligence we receive about the service until we return to inspect as part of 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 safe.

Details are in our safe findings below.

**Good** ●

### **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 well-led.

Details are in our well-led findings below.

**Good** ●

# Unit 2 Watling Gate

## 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

This inspection was carried out by one inspector.

#### 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 the service 48 hours' 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 20 October 2019 and ended on 5 November 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 and professionals 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 12 people who used the service and three family members about their experience of the care provided. We spoke with fifteen members of staff including the provider, registered manager, office manager, senior care workers, care workers and members of the office-based support team.

We reviewed a range of records. This included 14 people's care records and multiple medication records. We looked at nine 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.

# 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 remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and family members told us that staff provided safe care and support. A person said, "The staff I have are very skilled and competent. I have never felt unsafe with them." A relative told us, "I can't fault them. They make sure [relative] is cared for safely at all times."
- Staff had received training in safeguarding adults. They understood potential risks to people and knew that they should report any concerns immediately.
- The registered manager understood their responsibilities in reporting all safeguarding concerns to the local authority and CQC. Safeguarding concerns had been immediately reported to the local authority safeguarding team by the registered manager.
- The safeguarding records we viewed included information about investigations and outcomes in relation to any concerns.

Assessing risk, safety monitoring and management

- People using the service had person centred risk assessments. The risk assessments covered a range of safety and wellbeing needs, such as mobility, health, eating and drinking, infection control and environmental risks.
- People's risk assessments included guidance for staff on how to manage and reduce identified risks.
- The risk assessments had been regularly reviewed and updated when there were any changes in people's needs. For example, a person's falls risk assessment had been updated following an unexpected fall.

Staffing and recruitment

- The provider's recruitment procedures ensured that new staff were suitable for the work they were undertaking. Checks of criminal records and references had been carried out before staff started work.
- The services' rotas showed that people received support from regular staff. A person said, "I usually get the same staff unless they are away. Even then they try to send me someone who knows me." Where people required support from two staff they received support from staff who worked together regularly. Staff told us they worked in pairs throughout the day and this meant that they always arrived at people's homes together. A staff member said, "We try not to be off at the same time so there is always one of us who knows each person well."
- Staff signed in and out from care visits using an 'on-line' system via their smart phones. The registered manager told us that a failure to sign in on-line would be immediately followed up.
- The service monitored care visit times on a regular basis. The monitoring records showed that late or missed calls were rare. The registered manager told us that any concerns were immediately discussed with staff.
- People and family members told us that staff were reliable and rarely late. A person said, "They always let

me know if they are going to be a bit late, but when this happens I don't usually have to wait very long."

#### Using medicines safely

- Staff supported some people to take their prescribed medicines. Where they did so, they had signed peoples' medicines administration records (MARs). The service monitored peoples' MAR charts regularly to ensure that they were correctly completed by staff.
- Information about the medicines that people were prescribed was included in their care records.
- Staff received medicines administration training. Assessments of their competency in supporting people to take their medicines had taken place on a regular basis.

#### Preventing and controlling infection

- People's risk assessments included information about managing the risk of infection.
- Staff had received training in infection control. Staff we spoke with demonstrated that they understood the importance of minimising the risk of infection to people.
- Staff said that they were provided with disposable aprons, gloves and shoe covers. People confirmed that staff used these when providing personal care. During our inspection staff came to the office to collect supplies of disposable infection control items.

#### Learning lessons when things go wrong

- Staff had reported and recorded accidents and incidents in a timely manner. Systems were in place to monitor and review accidents and incident reports to ensure that people were safe.
- People's risk assessments and care plans had been updated if there were any concerns arising from an accident or incident.
- A local authority professional told us that the provider had been responsive in immediately addressing any concerns and changing their practice where necessary.



# 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 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

- Detailed assessments of people's needs had been carried out before they started to receive care and support from the service. This had enabled the provider to ensure that they could meet people's needs.
- People's assessments included information about their individual health and care needs, their personal preferences and religious and cultural requirements.
- People and family members said that they had been involved in agreeing their assessments and the care and support that they needed. People had signed to show that they agreed with their assessments and other care records.

Staff support: induction, training, skills and experience

- New staff received an induction to the service to help them carry out their roles. The induction met the requirements of the Care Certificate which provides a nationally recognised set of learning outcomes for new staff working in health and social care services.
- Regular 'refresher' training was provided to all staff to ensure they remained competent and up to date in their roles. Staff spoke positively about the training they received. A staff member said, "The training here is much better than other agencies I have worked for."
- The service had a system for monitoring when 'refresher' training for staff was due. This showed that training sessions had been arranged and attended by staff members.
- Staff received regular supervision sessions where they could discuss issues in relation to their work and personal development. All the staff members we spoke with said they would not wait until a supervision if they had a question or concern. One staff member said, "We can call at any time of day or night. There is always someone to speak to and I always get the support I need"

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

- Some people were supported by staff to eat and drink if they needed help.
- Information about people's eating and drinking needs and preferences was included in their care plans and risk assessments.
- Where people had specific eating and drinking difficulties guidance had been provided for staff. For example, a person's care plan included guidance on cutting food into small pieces to assist with swallowing. Guidance on providing drinks and snacks within reach for people who would otherwise not eat or drink if a staff member was not there was included in their care plans.

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

- People's care plans included information about other health and social care professionals involved with

their support. Staff had developed links with these professionals to ensure that support was provided when required.

- People's daily care records showed that staff had liaised with other professionals to ensure that people's needs were met.
- Staff followed professional advice and guidance to ensure that people's needs were met. For example, they had worked with district nurses to support people with pressure ulcers and other skin concerns.

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

- Information about people's health and wellbeing was included in their care plans and risk assessments.
- People were registered with GPs and received support from community nursing services when required.
- Staff had contacted people's GPs where they had concerns about their wellbeing. Staff supported people to attend GP and hospital appointments where required.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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's care assessments included information about their ability to make decisions. Their care plans included guidance for staff about the decisions that people could make for themselves.
- Staff had received training about the MCA and understood the importance of this. Staff told us that they would immediately report if they had concerns about a person's understanding. A staff member said, "Sometimes people get a bit confused but usually if you ask them again they understand. If I thought they were getting more forgetful or didn't understand what I was saying, I would report it immediately."
- People were involved in making decisions about their care and support. Family members and other professionals had also been involved in supporting people to make decisions when required. Where people had refused or were unable to sign consent to their care plans, reasons for this had been recorded.

# 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 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

- People and family members spoke positively about the care and support they received from staff. Comments included, "I really look forward to [staff] coming. They are a breath of fresh air," and, "The staff know me well and always chat with me."
- Staff understood their roles in ensuring people received caring and compassionate support. A staff member said, "This could be my mother or even me one day. It's really important to me that I always make sure I remember this when I am working."
- Staff received training in equality and diversity and person-centred approaches to help them to understand the importance of supporting people's unique individual needs.
- Information about people's cultural, religious, relationship and other needs and preferences were gathered by staff during their care assessments. Guidance on meeting these needs was included in their care plans.
- The registered manager told us that, wherever possible, staff were matched to people on the basis of their specific cultural needs and interests. We saw, for example, that a person had been matched with a staff member who spoke their first language.

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

- Information about people's communication needs was included in their assessments and care plans. This included guidance for staff about how to support people to make choices about their care and support.
- People and their family members were involved in decision making. A person said, "They are always checking if I am OK with what they are doing. They talk to me all the time and I like that." A family member told us, "The staff are good with [relative]. They always seem to make sure that he is happy and agrees with the care."

Respecting and promoting people's privacy, dignity and independence

- People and family members told us that staff supported people's privacy and dignity at all times. A staff member said, "I always make sure [person] is covered and the curtains drawn if I need to wash them." A person told us, "They do make sure they are very respectful of my wishes."
- Staff supported people to maintain their independence. People were supported to do as much as they could for themselves.
- Care plans included guidance for staff on how to support people to do things for themselves as much as they were able to. For example, guidance for staff on supporting people to have a bath included information about the aspects of bathing that they were able to have their own control over.

# 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 remained the same. This meant people's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People had individual care plans which described their personal histories, needs, preferences and interests. The care plans included information for staff on how they should support people to ensure that their needs and preferences were met.
- Information about people's cultural and religious needs were included in their care plans. Guidance was included for staff on meeting these where required.
- Care plans were reviewed monthly and when people's needs changed. People's care plans had been updated when there were any changes in their care and support needs. We noted that information contained elsewhere in people's records about support with decision making had not always been included in their care plans. The registered manager had updated care plans to ensure that they included this information following the first day of our inspection.
- People and family members told us that they had been involved in reviews of the care and support provided by the service.
- Staff were aware of people's backgrounds and interests. A staff member said, "It's good to have this information when we visit people. It helps me to know what to talk about when I'm doing care." Another staff member said, "We learn even more about people when we chat about the things that are important to them."

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 service had a policy on the AIS.
- Some information was provided to people in an easy to read format. This included, for example, the complaints procedure and the service user guide.
- The registered manager told us that no-one currently using the service required their care plans or other information in another language or format. They said that the service would seek to provide information in other formats such as large print, audio or language translations if required.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure that was provided to people and family members when they started using the service.
- The service had a system for monthly monitoring of complaints. No formal complaints had been received. Other concerns and queries about people's care and support were also logged and monitored.

- People and family members told us they would contact the registered manager if they had a complaint. One family member said, "They have always been very good when we have any problems."

#### End of life care and support

- Staff had received training in supporting people at the end of life. We saw they had liaised with local palliative care team and other health professionals to ensure that people received suitable care and support.
- Guidance about meeting people's end of life needs was included in their care plans where they were receiving support.
- People's care records also included information about their end of life wishes where they had chosen to share this.

# 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 Good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility.

- The registered manager knew the importance of being open and transparent with relevant persons and of taking responsibility when things go wrong. The registered manager reported notifiable incidents to CQC and commissioning local authorities.
- People and family members told us that they had been involved in planning their care and support and had been regularly asked for their views about the service.
- People and family members told us that the service provided them with information on a regular basis. A family member said, "We are given information about [relative] immediately if [staff] are worried about them or they need treatment."
- People spoke positively about the registered manager. A person said, "[Registered manager] has always been helpful to me. All the staff are good."
- Staff members told us the service was well-managed. One said, "I have worked for other agencies and this is the best. I can speak to my manager at any time and they are always really helpful and supportive."

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

- The registered manager was clear about their role and responsibilities and had the skills, experience and qualifications to lead the service. They were supported by a team of senior workers who understood people's needs.
- There were systems in place to monitor the quality of the service and any risks to people's safety. A range of regular audits and checks were carried out and immediate action was taken to address any concerns arising from these.
- Staff were familiar with the aims and objectives of the service, which promoted personalised support, dignity, privacy and independence. They were clear about their roles in supporting those goals.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People had the opportunity to complete feedback surveys about their views of the service. The most recent survey indicated people were happy with the service. Regular telephone monitoring of people's views had also taken place. Unannounced spot checks of the care provided by staff had taken place. Actions had been taken to address any concerns arising from such monitoring. For example, a staff change had been made for a person and a change in care times had been made for another.

- Regular staff meetings had taken place. These were used to discuss quality issues, people's needs and to discuss best practice guidance. The records of staff meetings showed that these had taken place on consecutive days. The registered manager told us that this was planned to ensure that there were sufficient staff on duty to ensure people were supported when other staff attended meetings.
- People's equality and diversity needs were understood by the service and supported. Details of these were reflected in people's support plans with guidance provided for staff to enable them to meet these needs. For example, people's disabilities, behavioural and mental health needs were fully recorded in their support records.

#### Continuous learning and improving care

- The provider used information gathered from quality assurance processes to make improvements. For example, additional training and support had been provided to staff where there were identified concerns.
- The provider was in the process of improving their quality monitoring systems to ensure that it fully addressed the needs of people using the service.
  - The provider had developed new recording systems following their last CQC inspection and local authority monitoring reviews.
  - The registered manager had immediately made changes to people's care plans in relation to plans to ensure that guidance on supporting people with decision making was updated following the first day of our inspection.
  - Staff had been informed about changes to people's care plans as soon as these had had taken place. The staff members we spoke with confirmed that they were updated about changes in people's care records immediately.

#### Working in partnership with others

- The service liaised with other health and social care professionals to ensure that people's needs were fully met.
- Staff had sought immediate advice and guidance from health professionals where there were any concerns about a person's needs. This was reflected in people's care records.