

Quality Care Management Limited

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Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Good 

Is the service well-led?

Good 

Summary of findings

Overall summary

About the service

Quality Care Management Limited is a care home which provides personal and nursing care for up to 38 people, aged 65 and over. Most people living at the service are living with dementia or some other cognitive impairment. At the time of the inspection the service was supporting 17 people.

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

The management of medicines was safe, however some improvement was needed to ensure creams and lotions were monitored more closely. Immediate action was taken by the registered manager to address this. Risks to people were well understood by staff and plans of care had been implemented with clear mitigation measures. Appropriate systems were in place to protect people from the risk of abuse and staff and the registered manager understood their role in safeguarding. Staffing levels and deployment met the needs of people and a contingency plan was in place if staffing levels were to drop below the requirements of the service. Infection control measures were in place and clearly understood by staff. Additional measures had been implemented as a result of the COVID-19 pandemic including additional training, additional personal protective equipment and clear procedures for visiting the service. It was evident that incidents and accidents were used to identify changes required to help ensure people's safety and the registered manager was working to improve the recording of this.

The service had a clear management structure in place. The ability to keep care plans updated had been difficult due to a significant outbreak of COVID-19 in the home. Whilst the impact on people was low from this because of staff's knowledge of people, the registered manager was aware of the need to ensure these were maintained. We have made a recommendation about this. Quality assurance systems were in place and covered a variety of subjects including medicines, care plans, infection control, safeguarding and complaints. Joint working with the local authority was taking place to ensure governance processes recording was clearer. People using the service and other relevant persons were consulted about the service. The registered manager demonstrated an open and transparent approach to their role.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was requires improvement (published 17 October 2019). This service has been rated requires improvement for the last six consecutive inspections.

The provider completed an action plan after the last inspection to show what they would do and by when to improve.

Why we inspected

This inspection was prompted in part by concerns we had received. We received concerns in relation to the management of falls, infection control and the leadership of the service. As a result, we undertook a focused

inspection to review the key questions of safe and well-led only. We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

The overall rating for the service has not changed at this inspection. We found no evidence during this inspection that people were at risk of harm from the concerns we had received as appropriate action had been taken.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Quality Care Management 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 four inspectors. Two inspectors visited the service and two made contact with staff and relatives via phone.

Service and service type

Quality Care Management is a 'care home'. People in care homes receive accommodation and nursing or personal care as a single package under one contractual agreement. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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

Inspection activity started on 2 September 2020 and involved reviewing records, seeking feedback from relatives, staff and other health and social care professionals.

We gave the service 30 minutes notice of the inspection visit as we needed to be sure the inspection could be undertaken safely.

What we did before the inspection

Before the inspection we requested the registered manager provide us with numerous documents for us to review. This included care and medication records for six people, staff training records, policies and procedures, governance records and investigation records. We also spoke with four staff and four relatives.

We reviewed feedback provided from health and social care professionals including records of safeguarding meeting minutes. Previous inspection reports and notifications were considered. Notifications are information about specific important events the service is legally required to send to us. We considered information the provider sent us in the provider information return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does 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. We spoke with three members of staff, a representative for the provider and the registered manager. People were not always able to speak with us in depth about the care they received so we spent time observing the support and interactions between people and staff. We also reviewed the environment and equipment in place.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We spoke with one further member of staff.

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.

Using medicines safely

- Topical medicines administration records (TMAR) were not in place for all people who required the application of creams and lotions. The registered manager told us these had stopped when they moved to electronic records which just recorded when creams had been applied. However, the lack of TMARS meant there was no guidance available to staff in relation to the frequency of cream application and where on the body this was to be applied. This meant that people may not have received creams as required placing them at risk of developing skin conditions.
- Topical creams were not always labelled correctly and in two people's bedrooms we found creams that had past the manufacturer's expiry date. This meant these creams might not have been fully effective or safe to use.
- The concerns found in relation to the management of topical creams was discussed with the registered manager who agreed to implement TMARs and include the use of creams and lotions in the medicine's audits.
- Following the inspection, the registered manager confirmed they had taken action and implemented TMARs for everyone who was having creams, reviewed all creams for people and included creams and lotions on their audits.
- With the exception of topical creams people receiving their medicines as prescribed and required. Medicines administration records (MAR) were completed correctly and indicated that people received their prescribed medicines.
- Medicine administration care plans were in place which provided information for staff on medicines people required and how these should be administered.
- Each person who needed 'as required' (PRN) medicines, such as pain relief, had detailed information in place to support staff to understand when these should be given, the expected outcome and the action to take if the desired outcome was not achieved.
- Medicines were administered by registered nurses who had been assessed as competent to do so safely.
- There were systems in place to ensure that medicines were securely stored, ordered and disposed of correctly and safely.
- Medicines that have legal controls, 'Controlled drugs' were appropriately managed.

Assessing risk, safety monitoring and management

- Prior to the inspection we had received concerns about the ability to identify risks and to manage these effectively. We looked specifically at the management of risks, including those associated with falls, nutrition and behaviours.
- Plans of care had been implemented following an assessment into the level of risk of falls for people. The

plans contained clear mitigation measures, including the use of sensor mats, crash mats, bed rails and regular checks by staff. Where equipment was used, these had been risk assessed and we observed these were in place. Staff were able to describe the different measures in place for different people to reduce the risk of falls. The post monitoring of falls and the recording of this had recently been improved upon. This ensured that, following a fall, the records demonstrated that the person was monitored for any adverse conditions, such as head injuries.

- Plans of care were in place to tell staff how to manage behaviours that challenged. The registered manager told us they worked with other professionals when behaviours that challenged posed risks to others. We saw for one person how the service had implemented one to one support for them in order to reduce the likelihood of behaviours occurring. One member of staff told us, "[The person] is able to say what [they] want and you stay with [them]. I ask [them] what [they] wants to do or suggest some things like go in the garden, play some board games. [They] likes sitting in bed watching films on tv so we did what [they] wanted, went in the garden and did a bit of gardening and then I suggested watching a film on tv. [They] likes talking about [their] family and has photo album with pictures. If [they're] on her own, [they] gets anxious and distressed, [they] just needs a lot of emotional support."
- People's weight was monitored regularly, and we saw, where it was needed, the involvement of professionals had been sourced. For example, dieticians and speech and language therapists.
- Although care plans did not contain a high level of information, for example we could not see recorded that people required high calorific and fortified diets, we saw that people had snack boxes in their rooms that they could help themselves to. These included high calorific foods for those people whose weight was a concern. In addition, we were told how people were supported to have homemade milkshakes, have second portions of the foods they liked and supplements where these were recommended by health professionals.
- Where people required support to eat their meals, this was provided and included in their care plans. Where special diets, such as diabetic or pureed where needed, we observed this was provided.
- We saw that where people were living with specific health conditions that posed risks, such as epilepsy, staff were aware of this and information was available to help staff recognise and respond appropriately to a seizure. For one person who was living with contractures of their limbs, an occupational therapist had been involved and provided guidance to staff about how to support the person with their positioning. We observed this advice was being followed.
- Staff were knowledgeable of risks associated with people's specific health conditions and were able to provide them with appropriate support as required.

Systems and processes to safeguard people from the risk of abuse

- Appropriate systems were in place to protect people from the risk of abuse.
- Staff had received safeguarding training and knew how to prevent, identify and report allegations of abuse. One member of staff told us they, "would go to the nurse or the manager" and if no action was taken they, "would go higher up in management or to safeguarding (this is the local authority team)".
- The registered manager understood their regulatory responsibilities and had referred safeguarding concerns to the local authority and CQC as required. At the time of the inspection a safeguarding concern had been brought to the attention of the registered manager and they were investigating this.

Staffing

- Before the inspection we had been made aware that the service had been short on staff during the COVID-19 outbreak. A representative for the provider and the registered manager confirmed this but had worked on a contingency plan should the situation arise again.
- One member of staff told us they usually worked part time but had increased their hours when this was needed during the COVID-19 pandemic as some staff were not working due to shielding. They told us there was, "Usually enough staffing. At the peak of covid in the home they had regular agency staff. They

(managers) will get agency staff in if needed and try to get the same ones."

- A second member of staff said, "I'd say there are enough staff, never seen a day when we have had to rush people. We can take as long as we need to help them."
- We observed that there appeared to be plenty of staff around to support people. They responded to people's requests for support promptly. Staff were seen to be sat with people, encouraging them to drink, eat and engage in activities. The atmosphere was calm and relaxed.
- The recruitment of staff followed safe practice and all required pre employment checks were completed before staff started work.

Preventing and controlling infection

- Before the inspection we had been made aware of concerns about the use of Personal Protective Equipment (PPE) in the home. We were aware the local clinical commissioning group had provided support and training to staff around the use of PPE.
- We saw that full PPE was used when staff were providing direct personal care to people and they wore face masks at all other times. However, we did note that there were occasions when other physical contact, such as holding hands whilst walking or dancing when staff only wore masks. Public Health England's guidance states that disposable gloves, aprons and face masks should be worn when unintended physical contact is likely. We discussed this with the registered manager and sent the guidance to them. They stated that they would review this and the use of full PPE within the home.
- We were assured that the provider was preventing visitors from catching and spreading infections. Staff were trained in infection control and had also received specific Covid-19 training to help ensure they understood the risks and adhered to infection control processes in line with Covid-19 guidance. Risk assessments and procedures were in place in relation to infection control and additional risk assessments and procedures had been introduced in response to the coronavirus pandemic.
- We were assured that the provider was promoting safety through the layout and hygiene practices of the premises. All areas of the home were clean and regular cleaning tasks were completed in line with set schedules. Cleaning tasks completed fully considered high risk areas.
- We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.
- We were assured that the provider was accessing testing for people using the service and staff.
- We were assured that the provider's infection prevention and control policy was up to date. The service had a general infection control policy and a 'Coronavirus Preparedness and Management Plan'. This set out clear guidance about the management of people with symptoms, general infection control procedures and the use of PPE based on current guidance.

Learning lessons when things go wrong

- It was evident that incidents and accidents were used to identify changes to support for people and the registered manager was working to improve the recording of this. For example, at the time of the inspection the registered manager confirmed that no recorded analysis of behaviours was in place, but they were able to describe how each behaviour was looked into to identify possible triggers and to implement measures to try and reduce the behaviours.
- During the outbreak of COVID-19 in the home, additional support was put in place for those who found isolation difficult.
- The registered manager told us how, where possible, the CCTV in communal areas was used to identify any concerns around unwitnessed falls to ensure staff practice was appropriate and other measures to ensure injuries did not occur were implemented where it was appropriate.
- Staff told us the registered manager always encouraged reflective practice in the service.

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.

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

- Prior to the inspection we had received concerns about the management and leadership of the service.
- The service had a clear management structure in place. The registered manager was supported and supervised by a representative for the provider. In addition, plans were in place to provide external clinical and governance support for the registered manager. The registered manager was also supported by a staff member who assisted with administration tasks.
- Quality assurance systems were in place and covered a variety of subjects including medicines, care plans, infection control, safeguarding and complaints.
- The registered manager was clear about the purpose of audits and how they were used to ensure the support measures and systems in place were effective, working well or required further work.
- The registered manager informed us they had attended a meeting with the local authority quality team who had suggested that the audits used could benefit from further detail in the recording of the learning from these. Ongoing work with the team was taking place to look at this.
- Information within care plans was not always person centred and up to date. The ability to keep these updated had been due to a significant outbreak of COVID-19 in the home. The registered manager agreed that more work was needed to ensure the care plans clearly reflected people's needs and staff support.

We recommend the registered person consider contingency arrangements to ensure records can be maintained during difficult times.

- Despite the need to provide more detail in some care plans, this was not impacting on people because staff were knowledgeable about people who used the service and demonstrated they took a person-centred approach to providing care. One relative told us, "The care and everything is very good, we are very satisfied it seems extremely good." Another said, "[Relative] needed some medical treatment and the hospital couldn't do it, so the [registered] manager rang around everywhere to get her the treatment she needed, she went above and beyond. It's made such a difference to [relative] as she can now eat better and her speech has improved, it's been brilliant."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- We received positive feedback from relatives and staff about the management of the service. Our observations showed that people felt comfortable when in the presence of the registered manager and staff.

- A relative told us, "I have no concerns at all about anything. It seems all satisfactory, she has a very nice room, we have no concerns." A second relative said, "The manager and the staff are approachable and friendly, we always come away from there knowing that [relative's] being well looked after, we've always been quite confident with the home."
- A staff member told us that there had been a number of improvements made in the service since they had been employed. These included, the implementation of the electronic system which they said was, "much clearer to follow and helps staff identify trends, for example, if someone's fluid intake had reduced." They said they felt that the registered manager had acted on all the issues raised from previous inspections and by the safeguarding team.
- All staff told us the registered manager was supportive, listened to them and would take action for anything that was needed.

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 demonstrated an open and transparent approach to their role. Staff confirmed the registered manager worked in this way and said they always encouraged staff to reflect on their practice and learn lessons where these were needed. A member of staff told us the registered manager was, "Open and clear with staff about any safeguardings and actions required to make improvements."
- The registered manager was aware of their responsibility to take action and keep people safe. When things had gone wrong, appropriate authorities were informed and notifications were submitted to the CQC as necessary.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others, Continuous learning and improving care

- Feedback from people about the service they received was sought and any issues of concern were addressed. For example, we saw that one person had raised a wish to see more alternatives on the menu. The registered manager had discussed with them what they wanted and ordered these items for them.
- Records showed the service worked in partnership with other health professionals. The registered manager confirmed that they had been working closely with the local authority's quality improvement team to look at their audit processes, recording of lessons learned and review of policies.
- In addition, they were working closely with the Multidisciplinary team which they confirmed was very supportive in learning. They provided an example, about how they had recently learnt some information about a specific medication which had highlighted an awareness into increased risk of injuries from falls. They said this meant that the team could be more aware of an additional risk.