

Quality Care Services (Derbyshire) Limited

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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?	Requires Improvement ●

Summary of findings

Overall summary

We inspected this service on 19 December 2016. This was an announced inspection and we telephoned the week prior to our inspection in order to arrange home visits and telephone interviews with people. The service provides care in people's homes to older people and people with debilitating illness and long term conditions such as dementia. The service is available in the east side of Derby. The organisation is a family run business. The members have split the responsibilities of the roles, one member is the registered manager and the other member the responsible individual. Both are involved in the running of the business and both were present at the inspection. At the time of the inspection 250 people were being supported by the service. Our last inspection took place in 2014 and at that time the provider was compliant with the areas we inspected.

There was a registered manager in post. 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.

We had not received notifications relating to aspects of the service. Some people's care folders did not have all the paperwork relevant to the care needs for that person within the home.

Staff rated the service as a good place to work and people we spoke with would all recommend the service. The staff told us they felt supported by the manager and they had received ongoing supervision.

The staff had received training in a range of areas to enable them to carry out their role and had been given the opportunity to access further training. New employees received the relevant checks to ensure they were safe to work with people and they were provided with an induction to support their role.

People felt safe and the staff knew how to report any concerns to ensure people were protected from harm. When concerns had been raised we saw these had been addressed. Risk assessments had been completed for the environment and specific needs. The assessments identified guidance and ways to reduce any identified risk.

There were sufficient staff to support people's needs and people told us they received support from a regular group of staff which they found reassuring. Where people required support with their medicine this was completely safely and in line with the appropriate training and guidance.

People were given choices and supported to make decisions. Healthcare professionals had been contacted when requested to support people's health and wellbeing. Some people received support with food preparation, when this happened people were given choices on their meal.

People told us staff treated them with kindness and compassion. Their dignity was respected in aspects of the care they received. We saw the service was responsive and provided a flexible approach to support people's care needs and any changing situations.

The provider and manager completed a range of audits to use to maintain the quality of the service or to make improvements. The provider worked with the local authority to provide commissioned care. Any complaints which had been received had been responded to. People and staff were asked their opinion on the service and we saw that they had been responded to continue to make improvements.

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.
People were safe when supported by the service and staff understood how to protect people from harm. Risk assessments had been completed to cover all aspects of care provided and the environment. There were sufficient staff to support people and medicines were administered in line with their policy.

Is the service effective?

Good ●

The service was effective
Staff received training appropriate for their role and an induction that helped them support people. The principles of the Mental Capacity Act 2005 were followed. When people received support with their meals they were encouraged to make choices about their food. Support was provided for health professionals when needed.

Is the service caring?

Good ●

The service was caring
People were supported to receive their care how they wished. Staff were kind and caring and respected people's decisions. Staff supported people to maintain their dignity and privacy.

Is the service responsive?

Good ●

The service was responsive
The care plans provide the details of people's preferences so that they received the care they required. The service was flexible to people's changing needs. The provider responded to any complaints in line with their policy.

Is the service well-led?

Requires Improvement ●

We had not always received notifications about events which affect the service. The correct paperwork was not always

available for staff to consider the care needs for each person. Audits to monitor and evaluate the service were completed to reflect on quality and drive improvements. People's reviews were sought and responded to. Staff felt supported and there was a warm friendly atmosphere.

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Detailed findings

Background to this inspection

We carried out this inspection visit under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection visit took place on 19 December 2016 and was announced. The provider was given seven days' notice because the location provides a domiciliary care service and we wanted to make sure staff were available to speak with us. The inspection was carried out by 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. The expert-by-experience did not attend the office base of the service or visit people at home, but spoke by telephone with people and relatives of people who used the service.

We checked the information we held about the service and the provider. This included notifications that the provider had sent to us about incidents at the service and information that we had received from the public. We also spoke with the local authority who provided us with their current monitoring information. We used this information to formulate our inspection plan.

On this occasion, we had not asked the provider to send us a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. However, we offered the provider the opportunity to share information they felt relevant with us.

We used a range of different methods to help us understand people's experiences. We visited three people in their homes and made telephone calls to a further two people and seven relatives. We spoke with five care staff, the care coordinator, the NVQ assessor, the registered manager and provider. We looked at care

records for five people to see if their records were accurate and up to date. We also looked at records relating to the management of the service including quality checks

Is the service safe?

Our findings

People felt safe when they received care. One person said, "The staff have been great, they realised some days I need the extra help. I feel very safe." One relative said, "I don't worry about [Name] I know the staff are taking care of them." Staff had received training in safeguarding and understood the importance of keeping people safe. One staff member said, "We need to protect people. I would go straight to the manager if there was a problem." We saw any concerns had been raised with the local authority. When the provider had received a safeguard concern raised by other people we saw they had completed the appropriate investigation and taken action to reduce any further occurrences.

People told us they felt their personal information was protected. One person said, "They don't talk about others, , nothing like that. It's reassuring." Where people had a number code to enable staff to enter the property, we saw there was a system in place to maintain people's safety and security.

We saw that risks to people's safety had been assessed. Where the person required equipment to support their mobility within their home, a separate assessment had been completed which provided guidance on how to support the person safety. One person said, "I have two carers; they always wait until they are both here before getting me up. I use a rotunda and the staff know how to use it." A relative said, "I would say [name] is very safe with the staff. They all seem to be confident in what they are doing." Another relative said, "[Name] has a lot of different bits of equipment the staff seem very confident using it." Staff we spoke with understood the importance of the use of equipment. One staff member said, "You need to reassure people. I have been in a hoist when we did the training, I understand how it feels." They added, "The equipment looks quite scary." We saw that risk assessments had been completed to cover all aspects of their home. This meant any risk could be identified and solutions provided to reduce the risks.

Carers usually came at the agreed time and had enough time to deliver care. One person said, "I mainly have two carers who come although at weekends it can be different. I am very happy with the carers, we have become friends." Another person said, "We are very happy, the staff are brilliant." A relative told us, "We don't always get the same staff at weekends but during the week it is usually the same ones. [Name] does like the same people and it makes it easier for me as they all know what to do and where everything is."

Staff we spoke with all felt there was enough staff. One staff member said, "There's plenty of staff, we don't have a big turnover here." We saw how the provider supported staff with their working hour requests. For example one staff member told us, "When I was recruited I said I could only do a set number of hours and times, this was agreed and they have stuck to it." We spoke with the manager and provider they told us, "We don't have a problem recruiting. There is always a good staff flow so we recruit and then process their applications so we have them ready for any new packages. We aim to get the more experienced carers." All the people we spoke with said they received a rota each week to tell them who would be coming and unless there was short term sickness the rota was usually true.

We saw that when staff started working in the service, recruitment checks were in place to ensure they were

suitable to work with people. One staff member told us, "I had to provide three references. I could not start until after they received them, which took a while."

People were supported to take their medicines and have creams applied. People we visited showed us that they had their medicines delivered to them in blister packs. One relative said, "I am happy with the medicine arrangement with the staff, I used to get in a pickle with it." Another relative said, "The staff are usually very good at making sure [Name] gets their tablets, and they have quite a few." Staff told us they had undertaken medicine training and had their competence checked to ensure they supported people safely. One staff member said, "They check you're doing things right with the people and the equipment." People who received medicine support had a risk assessment in place which clarified the level of support being provided. Some people only had support with topical creams and we saw a medicines administration records (MAR) was in place and had been completed by the staff. Other people had their medicine in a blister pack and we saw all MAR sheets had been completed. The provider had a designated worker who focused on providing the medicine support to both staff and the people. They told us, "It's very important for people to receive their medicines correctly." During our inspection one staff member was liaising with the local GP practice following concerns that a person had not received their correct medicine following their discharge from the hospital. The staff member said, "We need to get it right, so I will keep calling the GP until we have it sorted for the person." This meant the provider ensured people received their medicine to support their health conditions.

Is the service effective?

Our findings

Staff were provided with training that was specific to the needs of people they supported. One staff member told us, "I have recently completed training on end of life; it was a real eye opener." They added, "I will be starting my training on dementia in the new year, this side of care can be really hard." All the staff we spoke with felt they received training for their roles. Some staff supported people with specific health care needs and we saw this training had been provided by the hospital.

The provider had a structured induction for new employees which involved training, shadowing experienced staff and observations by senior staff to check their progress. One staff member told us, "I had five days shadowing, it was very useful." One person told us, "New staff would usually introduce themselves with their name." Another person said, "The staff always introduce themselves and wear their uniform. If I haven't seen them before I will always check they have their ID".

The manager was aware of the new national care certificate which sets out common induction standards for social care staff and was introducing it for new employees. They told us, "We don't currently have anyone on this training at the moment." We saw established staff had been supported to complete further learning. We spoke with the vocational assessor who was visiting the service. They said, "There are currently eight staff working through their NVQ 2 and 3. All staff seem to be supported." They added, "The work is to a good standard and well researched and staff are well informed."

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.□

We checked whether the provider was working within the principles of the MCA. Staff knew about people's individual capacity to make decisions and understood their responsibilities to support people to make their own decisions. One staff member said, "We must assume capacity unless told differently." Staff we spoke with told us how they supported people to make decisions. One staff member said, "Things like what to wear, or eat, you involve them in the decision making."

People were asked that they were ready to do something before they started. When people made a decision this was respected. For example one relative said, "The staff are very patient with [Name] although time is limited and sometimes [name] can be difficult. They will try and encourage them into the shower but if they say no then that is fine and the staff will do other things." This showed the staff and manager understood their responsibilities to comply with the Act.

Some people required support with their meal preparation. One person told us, "I prepare as much as

possible, they plate it up and finish it off." Other people who received support with mealtime visits told us staff offered them choice and encouraged them to eat and drink enough to maintain good health. One person said, "[Name of staff] they are excellent, they can cook whatever we want." All the staff we spoke with told us when they supported people with meals they gave choices and encouraged people to eat well.

People retained responsibility for managing their health care, but people told us staff had provided support when requested. For example, one person told us they had been supported by the care staff to a hospital appointment. They said, "The company were very good they sent a staff member with me last time it was very helpful." Another person told us when they had a fall the staff member contacted the appropriate people to support. The person said, "I was very glad of the support." This shows people were supported with their health needs.

Is the service caring?

Our findings

People had positive relationships with the staff. One person said, "They are kind and friendly. I am grateful as they do the things I cannot." Another person said, "They are extremely kind. The regular staff can pick up if I am having a poor day as they know me so well." Staff told us they understood the importance of developing a relationship. One staff member said, "They need to feel they can trust you, people's pride of needing help often gets in the way." Another person said, "I love hearing the stories of when they grew up and time spent during the war. I think we make a difference." We saw the care plans provided guidance on how to support the person and clarified the aspects of the care which had been commissioned.

We saw how people had been involved in discussing their care needs with staff. One person said, "They know my needs and they make me laugh." They added, "They never come in grumpy." A relative said, "They treat them well. The staff have set up a bit of a rapport. They chat and put [name] at ease." Another relative said, "The staff consult the care plan if necessary and I will leave them a note if I think they need to be aware of anything as they do me. They treat [name] nicely and the ones that know them natter and know them quite well." This meant that people were involved in making decisions about the care and support and staff listened to what they wanted

People and relatives told us the office kept in contact when people's needs changed. For example one person had been admitted to hospital. One relative told us, "The office have rung me a couple of times to see how [Name] is. I think that is very caring of them."

People's privacy and dignity was respected. One person said "The staff are lovely they come upstairs and ask me how I have slept and if I am ready to get up. They give me a wash and use towels to make sure they look after my modesty and keep me warm." Another person told us, "They encourage me to do the things I can, and keep me covered up." A relative told us, "They always close the bedroom door and keep the curtains closed whilst supporting with personal care. I can hear them chatting and making [Name] comfortable". Staff we spoke with understood the importance of people's dignity. One staff member said, "I read the care plan and reassure them. I make sure the person is warm when providing personal care." They added, "I know how I would feel in that situation." This showed that people's dignity was respected.

Is the service responsive?

Our findings

The care plans reflected people's needs and provided a guide to the tasks identified by the person during their assessment; these were available in each care folder within the home. One staff member said, "The care plans tell you about the person and what's expected." They added, "I read the daily logs if I have not been for a few days to see if there are any changes."

We saw that some care packages had been altered to support people's changing needs. For example one person told us, their care package had been reduced as they had become more independent and the staff had told them to contact them immediately if they felt they required any further support. Staff told us they would always contact the office if someone's needs changed. We spoke with the local authority about this provider and asked how they responded to packages of care. They told us, "This company respond quickly to any requests. They are reliable and do not have to advertise for care staff as 'word of mouth' provides enough for their recruitment needs." Also, "They have managed some challenging packages of care extremely well." This demonstrated that the provider responded to levels of care needs.

People told us the care package was flexible to their needs. One person told us, "I can cancel a visit even at last minute if something comes up and I know I am not going to be in." And "The office staff are very helpful they will work round my many hospital appointments. I only have to say I need them early so I can get the transport and they do it." A relative said "I often have to speak to the office as I have to cancel at short notice. There is never a problem I think they are very flexible."

There was an on call system for people to ring in the event of an emergency out of office hours and managed by senior staff. We saw the on call number was displayed in large print in the front of all the care folders. People and relatives told us when they had used the service it was very effective. One person said, "They answer straight away and always very nice." A relative told us, "[Name] are in and out of hospital. Sometimes I have to ring out of hours to let them know [Name] is in hospital and not to call. They always answer the phone straight away even if it's very late. They will also check to see how they are. The service all drops back into place when they come back out of hospital. It is marvellous."

We saw some people were supported with their daily life choices. For example the service provided an early call when the hairdresser was attending and other people had a call to prepare them for a church visit or family.

The provider had a complaints procedure and we saw that all complaints had been investigated and any resolution had been communicated to the people involved. One relative told us, "We have two carers who are regular now but this had not always been the case. [Name] has dementia and I felt it was really important we had the same people coming. I spoke with the company and they have been good enough to send us two people who are more mature and who my relative is more comfortable with." Another relative said "I am a bit of a moaner, I like things to be spot on but I also give a lot of praise where it is due. I ring the office quite a lot; they are always pleasant and deal with whatever it is". This showed the provider addressed

any concerns.

Is the service well-led?

Our findings

The provider had not always notified us about important information affecting people and the management of the service. For example we had not been notified about several safeguarding investigations. We discussed the notification requirements with the manager and provider, it was acknowledged they had not sent us this information.

We recommend that the provider reviews the regulations and guidance relating to notifications to inform us in the future.

We saw that not all the paperwork was available for staff to view when they visited the home. This meant there was a risk that staff didn't receive the correct information to support the package of care. We spoke with the manager and provider about this. They were able to provide evidence the paperwork had been completed and agreed they had not checked that it remained in place. They told us they planned to complete spot checks on files and advise staff if elements are missing they should report it so it can be replaced.

Everyone we spoke with without exception said they would recommend the service. Staff also felt the service was a good place to work. One staff member said, "I love it, you get to meet lovely people and do your own thing in between." Another staff member said, "I would not go anywhere else, We support each other there is never any animosity."

Staff told us they felt valued and supported by both the manager and provider. One staff member said, "Very supportive, it's like a family. They are great, always try to help." Another staff member said, "We get supervision every three months. We discuss, how we are in the community, any concerns about people and ourselves." The manager told us, "We recognise if staff are stressed and support people to deal with it."

We saw that people were asked to give feedback on the quality of the service via questionnaires about the service. To date all those returned had been positive. The staff member who deals with this aspect of the service told us, "If we have any concerns raised we contact the person and address it directly." They also told us when the survey has been completed they share the results with the staff and the local authority commissioners.

The provider had a range of audits they completed to monitor the safety and quality of the service people received. For example, we saw a medicine audit had been completed and where there had been errors identified, the staff member had been provided with additional support for their learning and understanding. The incident audit had identified that a person's scooter was placed in the passage causing a trip hazard. Records confirmed this had been relocated to make it safe for the staff. This meant the provider used the audits to ensure the safety of people and the staff.

The provider receives the majority of packages of care from the local authority following a commissioned

process. A representative from the local authority told us, "They are one of the best providers we have and currently hold 11.83% share of the Derby market." The manager and provider told us, "The new contract is working well. It is a fairer system and means we have a steadier flow of work, with more time to plan." We saw the provider and a staff member from the local authority meet on a quarterly basis and discussed the packages of care. Along with any safeguards and resolutions, complaints or incidents. The manager and provider told us this was part of their audit process and gave them an opportunity to review the care being provided.