

Quantum Domiciliary Care 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

This inspection took place on 28 July and 8 August 2016 and was announced. On the first day of our inspection the registered manager was not available so we revisited on 8 August 2016 to complete our inspection.

Quantum Care Limited is a domiciliary care service that provides support to people living in their own homes. Some people's care was funded through the local authority and some people purchased their own care. At the time of our inspection 40 people received support from this service.

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.

People were protected from the risk of abuse because staff received training so that they understood the different types of abuse and knew what actions were needed to keep people safe.

People felt safe and secure with staff coming into their homes because staff had the skills and knowledge to care and support them in their homes. There were sufficient numbers of staff available to meet people's needs.

Before staff were employed checks were made by the organisation about their skills and suitability which included a police check. The organisation did not always obtain references previous employment to ensure that staff conduct in that employment was satisfactory.

People were supported to receive their medication as prescribed. Staff who supported people with their medicines had received training, to ensure people received their medicines safely.

People were supported by staff that had received the support they needed so that they could carry out their role effectively.

People were supported by staff that were kind and respectful. Where appropriate, people were supported by staff to access other health and social care professionals when needed.

People's independence was respected and promoted and staff responded to people's support needs. Most people felt they could speak with staff about their worries or concerns and that they would be listened to and have their concerns addressed.

People had access to food and drinks and were supported to have food that they enjoyed.

The provider had management systems in place to assess and monitor the quality of the service provided to people. However, records management was not always effective in relation to ensuring all information was accurately recorded.

## 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 told us they received a safe service.

Procedures were in place so staff could report concerns and knew how to keep people safe from abuse. Risks to people were assessed and managed appropriately and there were sufficient staff to meet people's care needs.

Staff recruitment showed that staff was checked in relation to their suitability however references were not always available from people's previous employer's to show that their conduct had been checked.

People were support to take their medication were required so they remained healthy.

### Is the service effective?

Good ●

The service was effective.

People told us they received care in a way that they wanted.

Staff were trained and appropriately supervised to support people and had the skills and knowledge to meet peoples care need.

People were supported with food and drink as required. Health care needs were met and support was given when referrals were required to other healthcare professional.

### Is the service caring?

Good ●

The service was caring.

People told us they had a good relationship with the staff that supported them.

People were able to make informed decisions about their care

and support,  
and their privacy, dignity and independence was fully respected  
and  
promoted.

### Is the service responsive?

Good ●

The service was responsive.

People told us they were involved in all decisions about their care and that the care they received met their individual needs.

People were able to raise concerns and give feedback on the quality of the service.

### Is the service well-led?

Requires Improvement ●

The service was not always well-led.

People told us they received a service that met their care needs and their views were sought about the service provided.

Systems were in place to monitor the service provided to people. However records management in relation to complaints, and recruitment were not always adequately recorded. We were not always notified in a timely manner of events that may affect people using the service.

# Quantum Domiciliary Care Limited

## **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.'

The inspection took place on 28 July 2016 and 8 August 2016 and was announced. 'The provider was given 48 hours' notice because the location provides a domiciliary care service. We were told that the registered manager was not available. On our first day of inspection a representative of the organisation assisted us. We revisited a second day so the registered manager could be given the opportunity to provide information that was not available on the first day of our inspection.

The inspection was completed by one inspector. Before our inspection we reviewed the information we hold and the information the provider had sent to us in the form of a Provider Information Record [PIR] before our visit. 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.

We reviewed all the information we hold about the service. This included notifications received from the provider. Notifications are required from the provider about their service in relation to accidents/incidents and safeguarding alerts which they are required to send us by law

We spoke with eleven people who used the service, seven staff, three relatives and the local authority commissioners, who fund some people's care. At the time of our inspection the service provided a domiciliary care service to 40 people. We looked at two people's care records and the recruitment records of four staff. We also looked at the records in relation to quality monitoring of the service provided to people.

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## Is the service safe?

### Our findings

People we spoke with told us they felt safe when receiving support from staff. One person told us, "I always feel safe with the staff who come to me, any problems I will speak to one of the managers." Another person told us, "They [staff] make sure I am alright. I can phone the office at any time. I feel I am very well looked after." Another person told us, "They take good care of me." As part of people's individual assessment, a home safety checklist was completed. This helped identify any potential hazards in a person's home to minimise any risks to the individual and staff.

The provider had a system so that calls could be monitored which showed if a call was missed so action could be taken to ensure people received their calls. Three out of the eleven people spoken with told us, although they had no missed calls, they were not always informed if staff were going to be late. All three people said that this was an area for improvement. One person told us, "We live our life around the times of the care delivery because when they are late or early this has an impact on our life. We always let them know if we have an appointment so I think they should do the same if they are going to be late. The staff are very good, however if they could stick to the times they have agreed to everything would be ok. It's not all the time but it happens. However we have had no missed calls." All eleven people confirmed that staff always attended their calls.

All the people spoken with told us that there was enough staff so the majority of the time they had the same staff to support them. One person told us, "This means I can build a relationship with them [staff] and feel more comfortable." Another person told us, "Most of the time it is the same staff, only when staff are taking holidays this can change which is just for a short time so I don't mind."

Staff spoken with told us there was enough staff to provide the care and support needed. All people spoken with said the service was reliable. One person said, "No missed visits. They always come." The care coordinator was able to monitor the visits and identify any potential delays in people's calls. Staff told us that if they were held up on a visit they could call the office staff and report the problem so an alternative member of staff could be sent to the next call. All the people spoken with confirmed that they had not had any missed calls so risks to people not receiving their scheduled visits were minimised.

The registered manager told us staffing levels were based on the care and support needs of people's using the service. People spoken with confirmed that they had an assessment so that the appropriate staff numbers could be provided to support them, such as one or two staff depending on their care needs. People we spoke with told us they were happy with the care staff and the support they received.

Care staff we spoke with understood the different types of abuse and told us what action they would take if they had concerns. Staff told us how they would report their concerns about people's safety or welfare to the registered manager, the provider or if necessary the local safeguarding authority. Training records showed that safeguarding people from harm formed part of the staff induction and on-going training. This was confirmed by staff when we spoke with them. People told us they felt the support they received in their home was safe. People told us they were supported by staff they knew, so staff were familiar with their care

routines. People confirmed they were receiving the full allocated amount of time for their visit which ensured their needs were met as agreed as part of their assessment.

People spoken with and records confirmed that risks assessments were discussed with each person who used the service. Records showed plans were put in place to minimise risks when supporting people with their care. For example, ensuring that the equipment used as part of a person's care had the appropriate checks so the equipment was safe to use. All staff knew the procedures for reporting back to the registered manager if a new risk was identified so changes could be made were needed.

The PIR told us that all checks were completed before staff commenced employment. We saw from the provider's employment records they had made checks to ensure staff were suitable to deliver care and support. We saw from staff records that the registered manager had ensured that staff had completed an application form and were interviewed before they commenced their employment. All staff records seen showed that a Disclosure and Barring Service (DBS) check had been completed. The DBS is a national agency that keeps records of criminal convictions. Staff records we looked at showed results of these checks, to make sure the people whom they employed did not put people at risk through their recruitment practices. However reference documentation was not always clear in staff files. For example where verbal reference had been obtained written confirmation was not sought so the authenticity of the references could be confirmed. References for one person were provided by the provider and no other reference was obtained from the person other employment to ensure their conduct was satisfactory. Following our inspection we were informed by the provider that references had been obtained.

People told us were they needed help to take their medication, staff supported them. People told us that they got the right amount of support to take their medication when they needed it. Staff told us that they had training in supporting people with their medication when required. Staff told us if they had any concerns about people medication or where people had not taken their medication they would report this to the manager in case the person became ill by not taking their medication.

Staff told us what they would do if they had a concern over someone's safety or wellbeing, which may include contacting health care professionals. For example emergency services or relatives so the right health professional was contacted to ensure the person health did not deteriorate. All staff knew what to do in the event of an emergency. For example if they could not gain entry to a person home.



# Is the service effective?

## Our findings

People we spoke with felt the service was good; they described the care staff as knowing their care needs. One person told us, "I feel the staff are very knowledgeable about what they do, not only that I think they are given training so they know what to do." Another person told us, "I think that they have been trained as they are very good at their job."

Staff confirmed that training was provided so they could meet people's needs. Staff spoken with told us they received supervision, performance checks and attended team meetings to support them to do their job. Staff spoken with were fully aware of their roles and responsibilities. Staff told us they felt supported and were encouraged to improve their skills and professional development.

Staff told us they had access to online training to update their skills if needed. The registered manager told us and showed us the staff induction process which included different modules and tasks for them to complete along with training sessions that staff required. Once the components had been completed then the registered manager would sign them off as competent. The registered manager told us that all staff were working towards the care certificate. The care certificate is the new minimum standards that should be covered as part of induction training of new care workers.

The PIR told us; "Upon referral every service user undergoes an assessment with our registered manager or care coordinator to identify their specific needs and personal preferences which we use to tailor their care plans. We have a flexible and diverse workforce and identify care workers who are able to accommodate specific preferences with regards to the way that care is delivered, by who and when." One person told us, "I prefer a male carer which they have provided." This meant that the provider was taking account of people's wishes and acting in accordance with the plan they had consented to.

People told us that before they received a service their care needs and preferences about how care was to be provided were discussed with them. A senior staff member visited people to assess their needs and to develop a plan of care. We saw that this included information about people's lifestyle and gave details about people's preferences. People spoken with confirmed that they were consulted about their care on a daily basis. The representative of the organisation on the first day of our visit showed us information in relation to a person's changing care needs. However, this was recorded on the on call telephone and had not been uploaded on to the person individual care record. We discussed this with the registered manager on the second day of our visit. The registered manager told us that in future all information will be recorded on people's individual care records.

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. The registered manager was aware that if a person's mental capacity and their ability to consent to care deteriorated, a referral to the local authority would be made, so an assessment could be completed.

Staff spoken with confirmed that any concerns they had about people's capacity, they would report to the registered manager. Staff told us that they gave people choices and involved them in their care. People spoken with confirmed this. All staff told us they would report to the registered manager if they had any concerns about a person's capacity in making day to day decisions about their care.

People told us they were involved in choosing the meals and drinks that staff prepared for them. The care staff offered support at differing levels according to individual people's need. One person told us, "They [staff] prepare some hot meals for me or a sandwich depending on what I want. They [staff] all know what I like. One staff member told us, if a person was not eating, or they were different to what they were usually I would report this to the senior care, as it may be that they need to see the doctor."

## Is the service caring?

### Our findings

People we spoke with were positive about the care staff and support they received. One person said, "Staff are easy to get along with." People told us that staff chatted with them whilst supporting them. One person told us, "It's not just about my care we have a chat in general." One staff member told us, "I spend time with the person chatting and not rushing around it makes people feel that you are concentrating on them as individuals and not just doing a job." All the people we spoke with told us that staff very caring.

All the people spoken with were positive about the staff, and they all told us that they [staff] were very caring and considerate. Staff gave us examples of how they maintained people's dignity. For example, One staff member told us, when I shower [named person] I make everything is ready offer them the choice of being alone in the shower and making sure that before I do anything I ask their permission so I am guided my them." One staff member told us, "If there is a relative present when I go I ask the relative to leave the room while I am providing personal care." One person told us, "They are kind and respectful." Another person told us, "They talk to you respectfully and treat you with dignity and respect." People told us staff listened to their views about the care they wanted on a daily basis. One person told us, "Sometimes I want help with something different, staff never say no, they are so friendly and they know their job very well." Another person told us, "They do everything I want them to do. They always ask me what I want."

People's changing needs were recognised when their health improved the numbers of calls were reduced and people were encouraged to do more for themselves so that they became more able to care for themselves. One person told us, "Since I have started using the service my health has improved. I have reduced my calls, so they have helped me, just by letting me do things for myself with support." Another person told us, "The staff support me to do things for myself which has helped me become more independent." Staff told us that people are encouraged to do as much as they can for themselves. For example if a person needed support with washing then they would be encouraged and supported to do as much as they could for themselves. One person told us, "I shower myself but staff are there if I need them."

## Is the service responsive?

### Our findings

People told us that they had received support from the same group of care staff for over a year. One person spoken with said, "The same staff have been coming for about a year now. They know me well and how I like things. I wouldn't want anyone else. They are so kind to me." Another person said, "I couldn't find any fault with the care staff that come to help me. They all appear to know their job inside out and are very respectful." People told us that the staff knew them well and felt their care needs were met. One person told us that "They (staff) know what I want without asking".

The PIR told us, "We place our service users at the centre of their care from the beginning of their time with us, We work collaboratively with them to identify personal goals and develop their care plan in order to achieve their unique aspirations. We are responsive to changing needs and work closely with the service user, the Council and health professionals to help them access additional services, to increase independence. People confirmed that staff encourage them to be as independent t as possible. One person told us, "With the staffs support I am able to do so much more for myself."

All the people we spoke with knew how to complain about the service and were confident their concerns would be listened to, acted upon and resolved to their satisfaction. One person told us, "No complaints, if any queries I would phone the office they are receptive." Another person said, " If I have any issues I just phone them up and they take care of it." People told us that the senior care [named person] was very approachable and they would have no hesitation in telling [named person] if they were not satisfied with the standard of care. One person said, "I don't need to complain about anything but I am sure [manager's name] would listen and take some action if I brought something to her attention."

## Is the service well-led?

### Our findings

The PIR told us, "We undertake a pro-active approach to operating a well-led management by 'building-in' the following best practices into our management style. (1). 'Open-Door' Policy We encourage staff to come forward with any concerns regarding the way we manage our service. These matters are then discussed and acted upon. (2). The Managing Director, Registered Manager, and Service Manager are all approachable. Senior Management recognises and accepts that there is no place for 'fear' and 'blame' within an organisation and as a consequence has built up trust and cooperation within our team.

Staff confirmed the registered manager encouraged open communication with people who used the service so that where improvements were needed action could be taken. One person told us, "I get a phone call to ask me if I am happy with the service." Another person told us, "I think they do act on things that you suggest for example I only wanted a male carer, the one I have is brilliant I asked for this and they did what I asked. Staff told us they would have no concerns about raising anything they were worried about with the management. The registered manager understood her responsibility in relation to supporting staff and assessing peoples care needs to ensure that people received a good service.

People told us that they could speak with someone from the office when they needed to and staff responded well. People knew who the registered manager was and confirmed they could contact the registered manager or senior care if they needed to. Staff confirmed that they felt supported and when information about people's care was passed on to the registered manager action was taken. There were systems in place to monitor staff performance which included spot checks, supervision and meetings. People and relatives spoken with were complimentary about the care provided by the staff and felt supported to be able to live in their own homes.

People told us that the staff always asked if they were happy with the care they provided and confirmed that they received regular telephone calls to ask if they were happy with the care they received.

The provider had internal quality assurance processes in place so the service provided to people could be monitored. We saw that audits had been completed to get feedback from people and relatives about the quality of care provided. Other audits included medicine management, care records, health and safety, accident and incidents. However, the systems in place did not ensure that records were maintained as required. For example complaints were not always recorded so trends could be identified to minimise reoccurrence. The recruitment process had not always ensured that work references were obtained from the most relevant person to ensure their conduct was satisfactory.

The provider has a legal obligation to notify us of events that may affect people using the service, and we had been notified about some incidents. During our visit we were notified by other parties that three incidents had occurred where we had not been notified by the registered manager, these were recent incidents. The registered manager submitted these notifications to us during our visit.