

Ms Katrine Price

Quality Home Care

Inspection report

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Date of inspection visit:

24 January 2017

25 January 2017

Date of publication:

10 March 2017

Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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

Quality Home Care is registered to provide personal care to people living in their own homes. At the time of our inspection a service was being provided to older people, people living with dementia, people with a physical disability, younger adults and people with a learning disability or autistic spectrum disorder. There were 105 people receiving personal care from the service and there were 28 care staff employed.

We inspected this service on 24 and 25 January 2017. The inspection was announced.

At the last inspection on 8 and 11 July 2016 there was a breach of the legal requirements found. After the comprehensive inspection, the provider wrote to us to say what they would do to meet legal requirements in relation to the breach.

Improvements were needed to ensure that people were protected through the assessment and safe management of risks. People were not protected because staff had not followed the provider's policy and procedures in relation to the management and recording of their prescribed medication.

During this inspection we found that the provider had made some improvements in relation to the previous breach.

There was an increased risk that people may not receive their prescribed medication. The provider's policy on administration and recording of medication had not been followed by staff. Audits in relation to medication administration record (MAR) charts had been completed but were not robust, as they did not always identify all areas of improvement required.

There were some systems in place to monitor and audit the quality of the service provided. However, there were no audits on most areas of risk within the service. This meant that the provider's quality monitoring system was not always robust or thorough enough to monitor and drive forward the necessary improvements needed.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 scheme is run.

People had their needs assessed and reviewed so that staff knew how to support them to maintain their independence. People's care plans contained person centred information. The information was up to date and correct. People's privacy and dignity was respected by staff and staff treated them with kindness.

People had risk assessments completed and staff had the necessary information they needed to reduce people's risks.

There was a system in place to record complaints. This included the outcomes of complaints and how the information was used to reduce the risk of recurrence.

Staff understood the principles of the Mental Capacity Act 2005 (MCA) and could describe how people were supported to make decisions. Training had been provided by the service and staff were aware of current information and regulations regarding people's care. This meant that there was a reduced risk that any decisions made on people's behalf by staff would not be in their best interest and as least restrictive as possible.

The risk of harm for people was reduced because staff knew how to recognise and report abuse. Staff had completed all training required by the provider. There was a system to ensure that staff received further training to update their skills.

The provider's recruitment process was followed and this meant that people using the service received care from suitable staff. There was a sufficient number of staff to meet the needs of people receiving a service.

Staff meetings, supervision and individual staff appraisals were completed regularly. Staff were supported by team leaders, two care co-ordinators, deputy manager and the registered manager during the day. An out of hours on call system was in place to support staff, when required.

We found two breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not always safe

People's prescribed medication was not always administered by staff who followed safe practices or the providers policy. Risks to people's safety and welfare were assessed and managed.

People were protected from harm because staff understood what might constitute harm and what procedure they should follow.

The recruitment process ensured that only suitable staff were employed to work with people they supported.

Is the service effective?

Good ●

The service was effective

Incidents had been reported and investigated to ensure people's health and wellbeing was maintained.

Staff had completed training to enable them to meet people's needs. Training in the Mental Capacity Act 2005 had been provided as well as updated training that was required by the provider.

People's health needs were met because issues and concerns were reported to the appropriate health professionals.

Is the service caring?

Good ●

The service was caring.

People's dignity, privacy and independence were respected. People were involved in decisions about their care.

People commented that the care they received from staff had been compassionate, kind and caring.

Is the service responsive?

Good ●

The service was responsive.

There was a system in place to receive and manage people's concerns and complaints. Outcomes from complaints had been used to reduce the risk of recurrence.

People were involved in the assessment and reviews of their care and support needs. People received individualised care from staff who were responsive to their needs.

Is the service well-led?

The service was not always well led.

The registered manager understood their responsibilities.

Shortfalls in the service were not always identified because appropriate audits were not completed.

Staff were supported by the registered manager and staff in the office.

Requires Improvement 

Quality Home Care

Detailed findings

Background to this inspection

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

This inspection took place on 24 and 25 January 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available in the office. The inspection was carried out by one inspector and an expert-by-experience. An expert-by-experience is a person who has through personal experience or by a relative, received personal care.

Before our inspection we looked at information we held about the service including notifications. A notification is information about important events which the provider is required to tell us about by law. We also received feedback about the service from representatives of the local authority's contracts monitoring team; this helped with our inspection planning.

During the inspection we spoke with seven people who used the service and four relatives. We spoke with the registered manager, policy assurance manager, the deputy manager, one senior care co-ordinator, two team leaders and two care staff.

We looked at four people's care records, three staff recruitment files, quality assurance surveys, staff meeting minutes and medication administration records and audits. We checked records in relation to the management of the service such as staff training records.

Is the service safe?

Our findings

At the previous inspection in July 2016 we found that the provider was breaching one legal requirement in this area and was rated as requires improvement. We found at this inspection that the provider had made improvements because risks to people had been assessed and minimised. However, risks in relation to medication administration and recording had not improved.

The registered manager and policy assurance manager could not find any medication administration record (MAR) charts in the office for November or December 2016. We checked MAR charts in the service in relation to dates after October 15 2016, which was the date the provider said they would be compliant by.

People were not always kept safe because staff had not followed the provider's guidelines when administering medication that was prescribed. The medication administration guidelines of the service stated 'only use a MAR [medication administration records] chart that has had the medication details added by a responsible professional (this may be a pharmacist, registered manager or other responsible person of a social care service, a doctor or nurse).' Further instructions included, 'If the medication is not given enter a large X in the box and enter the reason in the service user's home held record. If the medicine is left out (as specified in the care plan) for the service user' to take themselves at a later time, enter a large P in the box.'

During the inspection we found that medication had been added to the October 2016 MAR chart for one person. However, there was no documented evidence of the 'responsible professional' who had agreed the medication or recorded it on the MAR chart. They had also not included the date the medication was to start, the full details of the medication or how the medication was to be administered. This meant people could be at risk of being administered medication that had not been prescribed.

Another MAR chart we looked at showed three new medications had been added to the list of medications to be administered by staff. However there was no information on the front of the MAR chart to show who had written the medication on the MAR chart or when the medication was to start. This meant that there was an increased risk for people because staff had not followed the policy and procedures in how to record new medication.

Another MAR chart showed there were three medications, Quetiapine, Ventolin and Biscodyl (as recorded on the MAR chart) that were 'as needed'. Biscodyl is the incorrect spelling for the medication Bisacodyl. This meant staff had not checked the spelling of the medication as detailed in point four in the provider's policy. The registered manager was not aware the medication above were 'as needed' and confirmed there were no protocols in place for any of the three medications. She went on to say that there were no protocols for any 'as needed' medications completed for any person who was using the service. This meant that there was an increased risk for people because staff did not have the information to advise them when they needed to administer the medication 'as needed'.

Where gaps were found in the recordings of people's prescribed medication we saw that staff had not followed the provider's policy on recording when a medication had been given, refused, prepared or not

given. We looked at the daily notes for people in relation to the expected entry to show when a medication was not administered. There were no details recorded in the notes of when people refused or were not given their medication. This meant that there was a risk that people were not being administered their prescribed medication, due to these unclear records.

We informed the registered manager and policy assurance manager of these issues. They told us investigations would be undertaken to ensure people were kept as safe as possible in the administration of medications.

This was a breach of Regulation 12 of the Health and Social care Act 2008 (Regulated Activities) Regulations 2014.

People who had their medication administered by staff told us they received their prescribed medication at the correct times according to their care plans. We saw medication administration record (MAR) charts where a person could have one or two tablets, such as pain relief. Staff had noted the number administered. This reduced the risk that people were administered too many tablets within a 24 hour period.

Staff told us, and we saw, that all staff had been sent a letter on 23 January 2017 about the administration and recording of medication and a copy of the provider's policy in 'Instructions for use of the Medicines Administration Record (MAR) Chart by Care Workers'. This was to provide staff with the information they needed in the administration and recording of medications. Staff told us, and evidence in staff files showed that their competency in medication administration was completed by a senior staff member from the office.

There had been improvements in relation to the physical and health risks that people were exposed to. This was because the level of risk to people was managed effectively. Areas of risk had been identified and they included poor skin integrity, being at risk of falls, the person's home environment and the use of equipment for moving and transferring people. We saw information in relation to how these risks had been managed. For example, we noted that one person was at high risk of falls. Staff had been provided with appropriate equipment and information to show that they should ensure the person had their emergency call pendant available. An emergency call pendant is an alarm that notifies services of an accident or incident about that person. However, we saw that although risk assessments had been completed there was not always information for staff to know what they should do in the event of the risk occurring. Staff were able to tell us what they would do in the event of an incident relating to risk occurring. One staff member said, "We check the risk assessments are in the person's home and are up-to-date. We [staff] follow the risk assessments [to keep people safe]. If there are any changes we would tell staff in the office and they would deal with it."

People told us they felt safe. One person said, "Of course I feel safe. I wouldn't let them [staff] do things for me if I didn't." Another person said, "The care staff consider my safety all the time when doing things for me." One relative commented, "I am sure my mum is safe with the carers, they really know what they are doing." One person who had specific health issues stated that the staff, "Have had my safety as their top priority from day one. They [staff] make me feel safe and secure." They went on to explain a situation where staff had stayed with them (the person) to ensure they remained safe, saying "[Name of staff member] stayed with me until 12 [midnight] to keep watch. They [staff] are excellent."

Staff had a good understanding of the safeguarding policy and their responsibilities to report allegations of abuse and poor care. They confirmed they had received updated safeguarding training. Staff knew the procedures to follow if a person who used the service raised issues of concern or if they witnessed or had an allegation of abuse reported to them. One staff member said, "I would inform my senior and let [name of

registered manager] know. If necessary I would talk to the GP, social services, police or CQC." The registered manager told us that one safeguarding concern had been raised and investigated since the last inspection. The registered manager was clear about their responsibility to report safeguarding incidents to the local authority to ensure the safety and welfare of the people involved.

We saw that there was a sufficient number of staff to meet the needs of people using the service. The number of visits from staff to people using the service varied with people's needs. Some people had staff visit once a week and others had four calls a day. Overall people and their relatives were happy with the care they received from the service. However, some people told us there were times when the calls were very late. People told us they received a phone call from the office staff if there was going to be a delay but that it was not consistent. Staff told us that if care staff went sick then they tried to cover each other's calls. One staff member said, "We [care staff] cover as much as possible. The care co-ordinators will come out and the area supervisor if necessary. We tend to cover it [gaps] as we're all flexible." There was evidence on the day of inspection that staff from the office covered, when a member of staff called in sick, so that people received the care they needed.

Staff were aware of how to report any accidents and incidents about people. Information on the computer system used in the service showed that accidents and incidents had been investigated and, where necessary, action had been taken and the outcome recorded.

We saw that there was a policy in place in relation to recruitment and we checked three recruitment files. We saw that staff only commenced working in the service when all the required recruitment checks had been satisfactorily completed. Staff told us that they had provided a number of documents which included an application form, a disclosure and barring criminal records check and references. This meant that there were checks in place to make sure that only suitable staff of a good character worked with the people they provided a service to.

Is the service effective?

Our findings

People and relatives told us the staff were trained and 'professional'. Staff, who were new to the service, told us they received an induction including training, followed by shifts undertaken with a more senior member of staff. One member of staff said, "The induction was about what I wanted [training wise], where I was working, the job and so on. I've done this sort of work before but I still had two weeks shadowing [shifts with a more senior member of staff]. I also got training like moving and handling [transferring] and medication. I already have NVQ Level 2 [in Health and Social Care] and am waiting to do Level 3." Another member of staff who had worked for the service for a number of years told us their expected training was up-to-date and had recently completed refresher training in moving and transferring and safeguarding. They commented that the training was useful and meant that staff were aware of any changes and updates in legislation or practice. There was a computer system in the service which provided the registered manager with details so that staff were kept up to date with any training expected by the provider.

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.

We checked whether the service was working within the principles of the MCA and whether any conditions on authorisations to deprive a person of their liberty were being met. We found that people's rights were being protected from unlawful restriction and unlawful decision making processes. At the time of our inspection the staff we spoke with said that people who received a service had the mental capacity to make decisions about their care.

Staff said they had received training in the application of the MCA and DoLS. One member of staff said, "There may already have been a [mental health capacity] assessment but there can be changes. In which case I would ask for another assessment. In people's everyday life I would see how they were coping and if there were any changes in their memory. Best interest is about the usual, everyday stuff. You have had to get to know them [people using the service] and making sure you don't make assumptions [of their mental capacity]. I would ask the GP to check for any underlying problems." People we spoke with said they were able to make choices for themselves.

There was evidence and staff confirmed that they received one-to-one supervision on a regular basis. One staff member said, "Yes we have spot checks and we never know when they [senior staff] are coming. I haven't had an appraisal yet but I have been told it will automatically appear on my rota."

People's nutritional health needs were met. People told us that they were able to make choices about what they wanted to eat and drink. One person said, "My carer always gets my lunch. We choose together at breakfast what I am having for lunch and whoever [member of staff] comes at lunchtime cooks it for me." Another person said, "My carer always makes sure I have access to a drink before they leave me." A staff

member said they always offered choices of sandwich filling when providing a snack for one person. They said, "You have to look in the fridge and then offer [name of person] and ask what the [person] wants."

We found that people's physical and mental health needs were being met. One relative said, "I am happy that my mother's health needs are being met by all the care staff." One person said, "The staff know exactly how I am feeling when they come in." They went on to say that if their health was poor the staff called the, "community matron or GP." Staff said they were aware of people's health and welfare and would report any concerns to staff in the office or directly to the GP or district nurse if necessary.

Is the service caring?

Our findings

People made a number of positive comments about the staff who provided their care and support. One person said, "I feel very safe with all the carers as we really know each other well." Another person agreed and said, "All the carers are so kind to me. It's like having my friends come to visit." Staff commented things such as, "We are a good care company, with fully trained staff," and "the quality of care is always good."

People were involved in decisions about their needs and how they wished to be supported. For example one person said, "When the carers came at first they all asked me what I wanted to be called." Another person said, "It's the best care." One member of staff said, "The service users are the best thing [about the job] and ensuring we [staff] have done our best." Another staff member talked about caring for people and said, "We make sure they're included all the time about their care – we don't just do it [provide care]."

People told us that their privacy and dignity were valued by the staff who cared for them. One person told us that they were "treated with the utmost respect at all times." Staff were able to give examples of how they ensured people's dignity was respected. For example by closing curtains, covering people when providing personal care and ensuring doors were closed.

People or their relatives were involved in the development and review of their planned care. This was through meetings with staff and management as well as information provided on people's day-to-day preferences. For example, there were individualised details such as the different bath mats or shower gel to be used when providing personal care for one person and how to wake another person when they were sleeping.

One person said, "I couldn't ask for better care. I am treated great by everyone [all staff]." One staff member said, "We ask people how and what they want. We want to keep people in their homes for as long as possible." Another person said, "They [staff] always work an extra mile to make sure I am happy, safe and secure. This care company is the best one I have had."

The registered manager said that none of the people required representation from general advocacy services at the time when we visited. However, they were aware of organisations who offered this type of service. Advocacy services are independent and support people to make and communicate their views and wishes.

Is the service responsive?

Our findings

People and their relatives told us they were involved in the assessment and regular reviews of the care and support being provided by the service. One person told us they were involved in every aspect of their care, which included how new staff needed to be introduced to them. They added that they had just had a review of their care, which took place yearly. The person said, "They [staff] don't just 'do things' they discuss things with me. They talk to me and we do things as a team." This meant people had regular opportunities to talk about their changing needs or any concerns about the service.

The information in the newly written care plans we looked at was individualised but some care plans were more detailed than others. For example, there were good details of how staff should support one person to stand and how another person could wash most areas of their body but needed staff support with other areas. However, in another file there was only 'assist me to shower' recorded with no individualised detail of how staff should support the person with their care. Some care plans showed details of people's abilities as well as the things they found difficult. This meant that people were being provided with care that was based upon their needs.

Staff also said that information about people's individual needs was also discussed during the regular staff meetings. One member of staff said, "We discuss any changes or new care plans or new clients. We can say if there are any problems like needing extra time because a person is getting slower. [Name of registered manager and deputy manager] will ring [the person who contacted the care] to increase care." This meant staff recognised and responded to people's changing needs.

Staff told us there were a number of ways in which information about people was shared. For example one staff member said, "If we get a new client [person receiving the service] we come into the office and look at the file [which includes an assessment and plan of care]." Another member of staff told us they received information of any changes in relation to people's care needs by text or telephone, or when they came into the office. Staff were aware of the current guidance for each person and could provide the consistent support that people needed.

People told us the service was flexible. One person said, "They try to alter times [of the care provided] if I need to for any reason [such as GP or hospital appointments]."

There was a policy and procedure in place from the provider on how to deal with concerns or complaints. People and their relatives knew how to make a complaint and had the necessary telephone numbers to enable them to do so. One relative said, "I haven't had any reason to complain but I would if my [family member] had a problem with her care or she was unhappy at all." The provider responded to complaints and ensured lessons were learned to improve the service provided. For example one complaint had addressed the issue for the person but management had found the investigation into the concern could have been improved. Changes had been implemented in the method of investigation as a result. Staff demonstrated to us that they were also aware of how they would help a person they were caring for make a complaint if they wished to.

Is the service well-led?

Our findings

The registered manager and policy assurance manager said there had been monthly medication audits completed. However, the audits we saw had failed to identify a number of issues in the administration and recording of people's prescribed medication. For example, new medications that were prescribed after the start of the monthly MAR charts had not been detailed according to the provider's policy. This had not been identified during the audit and therefore had not been followed up by the registered manager as an improvement required. The registered manager confirmed that there were currently no regular audits for areas of the service such as people's daily notes (that documented the care provided at each person's care call), people's care plans or incidents and accidents. This meant that the provider's quality monitoring system was not always robust or thorough enough to monitor and drive forward the necessary improvements needed. This also limited the provider's ability to respond to situations as quickly and effectively as they could have.

This was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

There was a registered manager in post at the time of the inspection. The registered manager understood their responsibilities and had new support systems in place to enable them to manage the service. The provider had appointed new staff to support the manager including the policy assurance manager, deputy manager and two care co-ordinators. Other staff had been promoted to team leaders. One team leader told us, "We report issues to the area supervisor [care co-ordinators]. We make sure the files [of people] are up to date."

People told us they found it easy to contact staff in the office. One person commented, "I have never had a problem getting hold of anyone in the office if I need to." People said that if the call was not answered straight away the office staff returned their call as soon as possible. The registered manager said that questionnaires to check the quality of the care being provided by Quality Home Care had been sent in January 2017 to people who use the service, their relatives and staff. The responses were expected to be returned after the date of the inspection and therefore no outcome could be provided at the time.

The registered manager told us, and staff confirmed that there was a system of spot checks to observe the care provided by staff and these had been regularly completed. One team leader told us they completed the spot checks regularly. They did this when people required two staff for their personal care and they (the team leader) assisted to provide the second member of staff.

Staff said there were regular team meetings and we saw minutes of the January 2017 meeting. The minutes included information on MAR chart completion, dementia friend sessions and requests for condition specific workshops. The registered manager said the workshops were being arranged for February 2017. Staff commented, "Team meetings are held once a month. We discuss any changes [for people], issues in care, sickness levels and flexibility of staff" and, "We have just had a staff meeting. We get copies of the minutes." This meant that staff were updated with information about people using the service and information from

the provider in relation to the service.

We saw that memo's to all staff were used to provide staff with up to date information and expectations from the provider. For example there were details of the office open hours. Outside those times the out of office hours telephone numbers were available. Also staff were told to write all phone calls that they made to and from the office staff in the communication logs. This was to ensure an evidence trail in relation to information requested and provided by staff.

Staff told us that the service had a policy and procedure in place in relation to 'whistleblowing' so that they could report any poor practice. One staff member said, "I would report anything anybody [staff] did. I would talk to senior staff. [It would be] in confidence." Another staff member said, "I would go to [names of registered manager and deputy manager]. It would get dealt with; but if not I would go further."

Staff told us they felt supported by the registered manager and other staff in the office. They knew about the out of hours contact numbers and said there was always someone at the end of the phone to help them. One staff member said, "I could go to [name of registered manager] with anything. We've now got a deputy manager so I could go to her too. If [for some reason] we [staff] can't get hold of someone in the office we have a list of all the senior staff home numbers." We saw that staff came into the office between visits to talk with office staff or pick up supplies of paperwork and equipment. Information was shared during the visits and this helped staff to keep up-to-date with events occurring at the service.

The registered manager was aware of the incidents that occurred within the service that they were legally obliged to inform the CQC about. Records we held about the service, and looked at during our inspection confirmed that notifications had been sent to the Care Quality Commission (CQC) as required. A notification is information about important events that the provider is required by law to notify us about.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The medication audits were not robust. Other audits to monitor or improve the quality of the service were not in place. Regulation 17 (2)(a)

This section is primarily information for the provider

Enforcement actions

The table below shows where regulations were not being met and we have taken enforcement action.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>Care and treatment was not provided in a safe way. People's prescribed medication was not always administered by staff who followed safe practices or the providers policy. Regulation 12 (2)(g)</p>

The enforcement action we took:

A warning notice was sent to the provider and registered manager of the service. They are required to be compliant by 09 March 2017.