

Quinn Domiciliary Agency Limited

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Inspection report

The Office, Hendersons Farm
Loamy Hill Road, Tolleshunt Major
Maldon, Essex
CM9 8LS
Tel: 07814 328096
Website: www.quinn-da.co.uk

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 12 August 2015 and was announced.

Quinn Domiciliary Agency Limited offers personal care to a small group of people with learning disabilities and mental health needs in their own homes. The organisation offers support to people living in Wickford and the surrounding area. At the time of our inspection there were 14 people using the service.

The service had a registered manager at the time of our inspection. 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.

Summary of findings

We had carried out an announced inspection on 17 February 2014 and found that the service required improvements to the administration of medicines. After the inspection, the provider wrote to us to say what they would do to meet the legal requirements in relation to the improvements required.

At our inspection on 12 August 2015, we found that improvements had been made to the processes for supporting people to take their prescribed medicines safely.

People were safe and staff knew what actions to take to protect them from abuse. The provider had processes in place to identify and manage risk.

People were supported by sufficient numbers of staff who were safely recruited, were regularly supervised and had the skills to meet people's complex and varied needs. New and existing staff had access to a flexible and comprehensive training programme.

The provider had policies in place with regard to the Mental Capacity Act (MCA) 2005 and Deprivation of Liberty Safeguards (DoLS). The Act, Safeguards and Codes of Practice were in place to protect the rights of adults by ensuring that if there was a need for restrictions on their freedom and liberty these are assessed and decided by appropriately trained professionals.

Staff had a good understanding of the importance of obtaining consent and suitable measures were in place where people lacked the capacity to make decisions. People were supported with meals and staff at the service worked with health professionals to support people with their health care needs.

People's independence and culture was promoted by staff, and they were involved in decisions about their care. People were treated with kindness, dignity and respect by staff who knew them well and their rights were upheld.

Detailed assessments had been carried out and personalised care plans were in place which reflected individual needs and preferences. The provider had an effective complaints procedure and people had confidence that concerns would be investigated and addressed.

The service benefitted from a clear management structure and visible leadership. A range of systems were in place to monitor the quality of the service being delivered and to drive improvements.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff understood how to protect people from harm and abuse.

There were enough staff to support people in a safe way.

Staff were recruited appropriately within the required legislation.

Staff supported people to take their medication safely.

Good



Is the service effective?

The service was effective.

People were supported by staff who had the skills and knowledge to meet their needs.

Appropriate measures were in place to ensure decisions were made in people's best interest.

People's nutritional needs were met by staff who understood what support they needed.

People were supported to maintain good health and access health services.

Good



Is the service caring?

The service was caring

People felt staff knew them well and treated them with kindness.

People were consulted about their needs and preferences.

People's privacy and dignity was respected.

Good



Is the service responsive?

The service was responsive.

There was a focus on providing a service which was personalised and flexible to meet people's needs.

People were supported to voice their views, and concerns and complaints were used to improve the service.

Good



Is the service well-led?

The service was well led.

The service had an open culture. The management team demonstrated a commitment to involvement and inclusion of everyone.

Staff were valued and received the necessary support and guidance to provide a person centred and flexible service.

There were systems in place to obtain people's views and their feedback was used to make improvements to the service.

Good



Quinn Domiciliary Agency 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.

This inspection took place on 12 August 2015 and was announced. The provider was given 48 hours' notice because the location provided a domiciliary care service, and the manager is often out supporting staff or providing care. We needed to be sure that someone would be available. The inspection team consisted of one inspector.

Before the inspection we reviewed the information we held about the service including the improvements required at the previous inspection and statutory notifications. A

statutory notification is information about important events which the provider is required to send us by law. We also reviewed safeguarding alerts and information received from people who used the service.

On the day of the inspection we spoke with the registered manager and assistant manager at the agency's office. We met with two people who shared a house and four people who shared another house (known as a shared tenancy) to hear their views about the service they received. We spoke with three support staff who were working there.

Following the inspection visit we received information from three relatives about the service and three professionals and spoke with one additional staff member.

We looked at three people's care records and examined information relating to the management of the service such as health and safety records, personnel and recruitment records, quality monitoring audits and information about complaints.

Is the service safe?

Our findings

At our inspection of Quinn Domiciliary Agency Limited on 17 February 2015, we found that minor improvements were needed to the management of medicines. This was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

At our inspection on 12 August 2015 we found that the provider had followed the action plan they had written to meet the shortfalls and made the necessary improvements in relation to the requirements of Regulation 12 as described above.

The provider had made improvements to the management, safe storage, administration and recording of medicines for people. Medicines were securely stored in a locked room which was accessed by a staff member who administered the medicines as and when they were prescribed. There were protocols in place for staff to follow when people had been prescribed medicines on an as required basis, for example for pain relief.

Information about each medicine was in an easy read format so that people could understand what their medicine was for. Medicine administration records (MAR) were in place and we saw that these were completed correctly and kept in a dedicated medication folder. There were records of meetings with a person's GP and other professionals to ensure that medicines were appropriate for them and reviewed as needed.

The registered manager carried out checks to make sure processes were followed and that people were receiving their medicines safely. This included staff competency to administer medicines so that any issues could be resolved quickly and the person was kept safe.

People told us they felt safe. One person said, "I get help when I need it and yep I am safe here." One staff member said, "We make sure people feel safe so they can live their lives."

Staff and management understood the importance of protecting people and keeping them safe. Staff were able to describe different forms of abuse and were aware of

what to do if they felt a person was not safe. Staff said they were confident that any reports of poor practice or potential abuse would be dealt with appropriately by the registered manager.

Where people were assessed as being at risk of abuse there was detailed guidance on helping them stay safe. The service notified CQC and the local authority appropriately about safeguarding concerns.

People had detailed risk assessments which were reviewed regularly. The risk assessments were personalised and based on the needs of the person. The assessments were completed with the person and identified what the risks might be to them, what type of harm may occur and what steps were needed in order to reduce the risk. These included activities like accessing the community safely and keeping well and healthy. The registered manager told us that key workers had discussions with people on a one to one basis about keeping safe when at home and in the community.

Personal evacuation plans were in place for people in case of emergencies. Staff told us they knew what to do in an emergency and there was a plan in place to enable the service to continue supporting people in the event of an incident. A staff member slept in at each house overnight with another on call if needed. People told us that this was important to them. One person said, "I like to know that someone is here in case I get worried."

There were enough staff to meet people's needs and staff were able to respond to people as their needs and wants changed. People shared the hours provided by the staff member at each house and some people had one to one support at different times in the day and evening. One family member told us, "I am happy that [relative] is in such a nice safe environment and enjoying their life."

Staff told us that they had been interviewed and that all relevant checks had been obtained to ensure that they were suitable to work with people who used the service. We looked at recruitment files for two staff and saw that references and criminal records checks had been undertaken.

Is the service effective?

Our findings

People were happy with the support given to them by the staff at Quinn Domiciliary Agency Limited. They told us that they got to go out all the time, to college, clubs, shopping and could do things on their own or with other people in the house. One person said, "I get help when I need it to go out." Another said, "I like my key worker, they know me inside out." A relative told us, "The 'set up' that [relative] has is something we always hoped would be possible. The staff at Quinn have helped me feel that I have done the best for [relative] in that they are encouraged to live a full and meaningful life."

Staff had the skills and the knowledge to meet people's needs. They told us that they had received a thorough induction and we saw that staff completed a comprehensive period of training when they started working.

There was a comprehensive training programme in place. In addition to mandatory courses such as safeguarding adults from abuse, first aid, moving and handling, fire safety, infection control, there were courses and in-house training to help staff meet people's specialist needs, for example, people who used Makaton or British sign language and those who needed support around their epilepsy. Courses were also provided to learn about supporting people with learning disabilities, mental capacity and the use of covert medicines.

The registered manager told us that a system was in place to offer staff the opportunity to undertake training in the Qualification Credit Framework QCF in health and social care. Staff had either completed the different levels of the certificate courses in levels two, three, four and five or were undertaking courses at present. This included the registered manager and senior staff. A senior member of staff had a training qualification and was planning a range of in-house training based on meeting the individual needs of people who used the service. Staff at Quinn Domiciliary Agency Limited had the knowledge and skills to carry out their role and responsibilities which was based on best practice.

Staff were supported and received regular supervision on a three monthly basis. Appraisals for the year were currently being completed. The registered manager had taken on a

consultant to look at ways of improving the supervision system for staff. Staff told us they were supported by the management and by their colleagues and that it was, "a great place to work as everyone supported each other."

Staff had an understanding of the key requirements of the Mental Capacity Act (MCA) 2005. The management were very focussed on ensuring people's rights were respected and that people had the opportunities and freedom to live their lives as independently as possible. Staff were able to tell us who and in what way people communicated their choices and decisions which showed that staff respected people's right to having control in their lives.

People were asked to give their consent to their care, treatment and support and we saw that people had signed their support plan, for information to be shared about them, and for the use of their photograph should this be required.

Capacity assessments were undertaken and best interest decisions were made with relevant professionals, staff, relatives, advocates and the person themselves being involved in the decision making process. Where people did not have the capacity to make decisions, support was in place with the provision of an advocate as well as information available in accessible formats such as pictures or symbols.

The registered manager told us that they were following best practice guidance about mental capacity and best interest decisions and, where people had social workers; they were involved in any best interest decisions and Deprivation of Liberty Safeguards (DoLS).

People had choice and support about what they wanted to eat and drink. People were supported to have a balanced diet and to keep themselves healthy. People had support to cook their meals, opportunities to experiment with eating different foods, baking cakes and could eat alone or with other people in the house. One person said, "I really like going to the pub to eat." Another said, "I like [staff member's] cooking the best and I like when they are here in the evening."

Where people had more complex needs, staff provided specialist support to minimise the risk of them having poor health. Any information with regards to a person's diet on health grounds was documented in their support plan as

Is the service effective?

was their food and drink likes and dislikes. People's weight was recorded so that it could be monitored for loss or gain. Key workers talked to people about healthy choices so that they could make informed decisions.

People were supported to access health care services to maintain their health and wellbeing. Staff were aware of people's individual needs and how this affected them on a day to day basis. Referrals were made quickly when people's physical, mental or sexual health needs changed or support and information was required. One professional told us, "In conjunction with Quinn Domiciliary Care Agency, we devised a comprehensive support plan and,

following a good transition, [the person] moved into the tenancy supported by Quinn. In the initial stages, there were challenging episodes but Quinn responded appropriately and effectively to ensure the placement did not break down."

Staff supported people to attend hospital and other health care appointments. One health professional told us, "The staff within the service have worked well with me and have contacted me if they are concerned about one of the individuals they are working with. Staff supported individuals to attend appointments with the consultant and their GP."

Is the service caring?

Our findings

People told us that the staff were very kind, caring and some were fun and some were good at cooking. People said, "I like going out with [staff member], we have a laugh." Another said, "I can talk to them, they are alright." One family member said, "What I can say about the way [relative] is cared for by the staff is nothing short of excellent."

During our visits to see people in their homes, we saw that positive caring relationships had developed with people using the service. People were relaxed in their home with the staff member on duty. They talked to us about the staff that worked with them at home and out in the community and knew them by name and the times they worked.

Staff supported people with compassion, respect and dignity. Staff were clear in their communication, gentle in their approach and responses, used eye contact and were patient when people were talking or were doing a task. Staff demonstrated that they were focused on the person rather than on the task which showed a person centred approach to the care provided.

People were enabled to develop to their own support plans and, where appropriate, people had their own communication books which helped people to understand their needs and ways they communicated and behaved. Two people showed us their support plan and knew what was in each section of it. One person said, "I helped to write this and it's about all what I want to do." Another person said, "It's all about me and my family and my friends."

Staff promoted and supported people's independence and individuality. People were treated with dignity and respect by the way staff talked with them and enabled them to be their own person. The involvement of family and friends and advocates was encouraged and nurtured which enabled people to maintain their important relationships.

One family member told us that, "We have only ever found the staff to be caring sensitive people who have the best interests of the people they support at heart. While they cater for all, they still manage to work for the individual needs of people and deliver the one to one care that is necessary."

Is the service responsive?

Our findings

People told us that they were looked after well and supported by the staff to do what they wanted to do. One person said, "If I change my mind about doing something, it's OK." Another person said, "The staff help me with shopping and my clothes for going on holiday."

People were involved and contributed to the assessment and planning of their care and support. Their support plans illustrated their preferences, wishes, likes and dislikes, their views about themselves, life events, culture, relationships, ways of communicating and behaving and things that they liked to do on a day to day basis. Staff had the information they required to provide support in a personalised way. We saw they were skilled at understanding people's language, sounds and non-verbal signs.

There was a key worker system in place so that each person had a staff member who took responsibility for certain things, for example reviewing the support plan, looking at new activities and talking to people about how they were feeling. Daily records were kept as well as the support plan being reviewed regularly so that staff could understand and respond to the most up to date information about people's needs.

People were supported to follow their hobbies, activities of choice and cultural interests. These included going to college, clubs such as drama and snooker, night clubs, the pub, watching sport and specialist interest TV and going on holiday. People's religious beliefs and cultural wishes were respected. One health professional told us, "Over the years we have found them to work well with young adults who are new to living in the community for the first time. They have excellent connections to resources in the local community, including holidays, college, advocacy services and support groups."

We talked with the registered manager about how they enabled people to have one to one time when there was only one staff available for four people. This was an issue raised by two professionals and a relative. The registered manager told us that the one staff member in each of the five houses was available during the day and a staff member at night. Additional staffing hours were available at all times for people to have one to one support when they needed or wanted it. Some people went out to the same clubs, groups and activities at similar times and

many chose to go to the pub and night club together so this was facilitated. Staff members who were able to drive the minibus were available to do the college and night club run.

The registered manager and assistant manager made themselves available to support people as and when necessary such as for health care appointments, both planned and unplanned. They went on to say that whilst staff had a rota that they worked to on a monthly basis and staff worked very closely with people in all five houses, they could be deployed flexibly in response to activities taking place, health appointments or in the event of accidents or incidents.

People told us they were very happy with the support they received from staff. There was nothing they wanted to do that they were not able to. They told us that when they wanted to go out somewhere and needed someone to go with them, a staff member went with them.

The service supported people to maintain family and personal relationships. People's families and key individuals were invited to reviews as appropriate and provided with opportunities to contribute their views. One professional said, "They [Quinn] have lots of social gatherings and are a very friendly company. They are one of the few providers that prioritise developing social skills and the development of friendships."

One family member said, "Our family feel that [relative] has a level of independent living that would be hard to find elsewhere. We love the fact that [relative] has a life of their own but is still encouraged to be part of our family."

There was a complaints policy and process in place which was accessible to people who used the service. There was a range of ways for people to feed back about their views and to raise any issues or concerns for example through the registered manager's regular visits and a 'tell us your views' box. People told us they knew who to speak to when there was a problem. One person said, "I would speak to [staff member], my keyworker."

One family member told us that they had requested some specific support for their relative and this had been looked into and resolved appropriately. A complaint had been received and dealt with appropriately by the registered manager in relation to a person's clothing.

Is the service well-led?

Our findings

Quinn Domiciliary Agency Limited had developed and grown through the inclusion of staff, people who used the service and their families. It had a focus on promoting a positive culture of being open, person centred and empowering. People told us that they felt included in how they should be supported. One person said, “I tell them about things and they listen to me.”

The service had good links with the locality and enabled the people they supported to access local health, social and leisure resources in the community. The managers also had liaison and good links with Essex Guardians about people’s financial affairs and the local authority social services department.

There was a clear vision and purpose to enabling people to have a good quality of life. We observed this by seeing the staff in action and talking to the registered and assistant managers. The staff told us that they could speak to the managers at any time about any concerns they had as there was an open door policy. The managers were ‘hands on’ which meant they was aware of concerns as and when they happened.

The registered and assistant managers were visible and well known to everyone who used the service and their families. They kept abreast of changing legislation and best practice and followed guidance as and when required to improve the service. They understood their role and

responsibilities to the people and staff they worked with and the requirements of being a registered provider. The effective leadership of the service was evident in policy and practice.

There was a commitment to ensuring the organisation worked with other organisations such as advocacy services. The registered manager told us they had joined the United Kingdom Home Care Association (UKHCA) to share information and learning.

There were systems in place to measure the quality of the service and to drive improvements. Audits were undertaken through visits to people who used the service, reviews of support plans, competency checks, supervision and daily records. Complaints were recorded and the managers were very keen to make improvements and learn from them. Logs of accidents and incidents were used to identify any emerging patterns and trends and any issues of concern were dealt with promptly.

People who used the service and staff took part in an annual survey, which the registered manager told us, was not very successful in 2015 as only a small number of people responded. To improve on this, they held an open surgery in the local hall on a Sunday for people and their families to attend and to hear their views. The results of the survey, the audits, the employment of a consultant to provide supervision sessions to the registered and assistant manager and the open surgery all formed part of their overall plan for improvements.

We saw that they had a robust records and management system in place and that all information about people was kept confidential.