Staff Management Limited

Qura Brain Injury Service

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

Overall summary

Qura Brain Injury Service is a domiciliary care agency which provides support to people with complex and continuing care needs, specifically for brain acquired injury and other neurological disorders. The agency is one part of a larger organisation called Active Assistance. Qura Brain Injury Service provides services in the South West of England. At the time of this inspection Qura Brain Injury Service was providing support for approximately 70 people.

This inspection took place on 3 and 19 July 2015. The inspection visit was announced 24 hours in advance in accordance with the Care Quality Commission's current procedures for inspecting domiciliary care services. The service was previously inspected in July 2014 when it was found to comply with the requirements of regulations.

There was a registered manager in post. A registered manager is a person who has registered with the Care

Summary of findings

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.

The majority of people told us they had not had to use the on call numbers to speak with staff out of hours. However some people who had needed to use the out of hours service told us nobody had answered the phone, even though they had been provided with more than one number to ring.

Staff had a full understanding of the specialist care and support people required. Training and support for staff was happening on a regular basis and focused on the specialist needs of people using the agency. As well as providing care and support to people staff also supported people to develop social skills to engage in community activities. For example going to exercise classes, visiting the cinema.

People told us they felt safe and secure when receiving care. People received consistent support from care workers who knew them well. However some people told us they did not always receive care and support from regular carers. One person said, " With my regular carers I do feel safe but it is when they use agency staff, I get a different one every time and I feel really tired having to explain every time what needs doing".

Most staff told us they were supported by senior staff including the registered manager. Staff said, "I have every opportunity to speak with my manager on a regular basis and feel confident I am listened to". One staff member however felt recent changes within the senior staff team meant communication was not as good as it had been and some things might get missed.

Recruitment systems were robust and actively encouraged people using the service to take an active role in the selection process of their personal carers. This helped ensure people received care and support from staff who were competent and well matched to the role.

Audit systems were in place to monitor and manage how care and support was being delivered took account of accidents and incidents, as well concerns and complaints. The systems in place acted as early indicators of themes or trends which might affect individuals using the service or staff supporting people.

The registered manager demonstrated a good understanding of the importance of effective quality assurance systems. A review of the processes to monitor quality and understand the experiences of people who used the service was taking place, to include specific information about the needs of people with brain acquired injury or other neurological conditions. Some people told us they had not been asked for their views about the service.

The registered manager demonstrated strong values and a desire to learn about and implement best practice throughout the service.

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

There were sufficient care staff available to meet people's needs and provide planned care visits.

Recruitment procedures were safe. There were sufficient staff available to provide planned care visits but some people felt external agency staff did not always have enough knowledge to understand their individual needs.

Risks were well managed and there were systems in place to enable staff to support people with their medicines safely.

Good

Is the service effective?
The service was effective

Staff were provided with effective training and support to ensure they had the necessary skills and knowledge to meet peoples specialist needs effectively.

People's choices were respected and staff understood the requirements of the Mental Capacity Act.

People were supported with their health and dietary needs.

Good

Is the service caring?
The service was caring

People told us staff were caring in their approach.

People were treated with dignity and respect. Care was provided in line with people's wishes.

Staff supported people to maintain their independence.

Good

Is the service responsive?
The service was responsive

People's care plans were detailed, personalised, and included sufficient information to enable staff to meet their individual needs.

Staff supported people to access the community and this reduced the risk of people becoming socially isolated.

People using the service were involved in the selection of their support staff in order to ensure they were suitable to respond to people's needs.

Good

Is the service well-led?
The service was not entirely well led

Requires improvement

Summary of findings

People were concerned 'Out of Hours' contact numbers were not always answered.

Some people told us they had not been provided with the opportunity to give their views of the service they received.

Systems were in place to monitor how the service operated.

Qura Brain Injury Service

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 checked 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 3 and 19 August 2015 and was announced. The provider was given 24 hours' notice because the location provides a domiciliary care service. We needed to be sure that someone would be available. The inspection team consisted of 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.

We reviewed a range of records about people's care, support and how the domiciliary care agency was managed. These included care records for three people, medicine administration records (MAR) sheets incident reports and other records relating to the management of the domiciliary care agency. These included three staff training, support and employment records, quality assurance audits and a range of policies and procedures used by the service.

We spoke with the registered manager, a senior manager and three care coordinators. In addition we carried out telephone interviews with twelve people who used the service. Ten staff were sent questionnaires. We contacted six professionals who work with the agency including a clinical neuropsychologist, district nurse, social worker, clinical facilitator and community psychiatric nurse. We received two responses.

Good

Is the service safe?

Our findings

People told us they felt safe whilst receiving care and support from the service. Comments included, "I feel really safe with my carers" and, "I feel my relative is being protected from abuse and avoidable harm". However, one person told us, "With the regular carer I feel safe, but when they use [external] agency staff I get a different one every time". This was not found to be a general issue but managers were aware of a few instances where external agency staff were being used due to recruitment and geographical issues. Staff members told us they were committed to ensuring people they supported were kept safe while promoting independence. Comments included, "I think we get the balance right by giving people the opportunity to get the most out of life when they are living with conditions which affect their day to day lives". Also, "The training makes sure we know how to keep people safe".

Staffing schedules showed that in most instances support workers were rostered for a six month period. This was due to majority of static care packages, where people were supported by the same staff team. Where changes were made they were clearly identified on the schedule. In some instances external agency staff were used to support people. Peoples satisfaction with staffing levels varied. Some people said they had regular carers who were familiar with their needs. Other people told us they liked their regular carers but that changes occurred, often at short notice. This had resulted in people receiving care from external agency staff whom they felt did not have enough information about their individual needs. We identified there were three people who received care and support for an external agency due to recruitment in rural geographical areas. The registered manager and care coordinators acknowledged that there were occasions when staff might not be available at short notice, for example sick leave. When using external agency staff client profiles were provided in order for the external agency to match staff with the necessary skills to support the person. However, some people told us this was not always the case. The registered manager agreed more effective communication would help to improve the current dissatisfaction reported to us by some people using the service.

People were satisfied with the support they received with their medicines. Three relatives told us they felt confident staff knew what their relatives medicine needs were and that staff handled medicines safely and made accurate records. Their comments included, "The carers know what the medication is for and they sign the sheets to say they have given it". Also, "The carers give me my medication and they know what it is for and I am aware of what I have been given". People had assessments completed with regard to their levels of capacity and whether they were able to administer their medicines independently or needed support. There were up to date policies and procedures in place to support staff and to ensure that medicines were managed in accordance with current regulations and guidance.

Staff recruitment procedures were safe. Three staff files confirmed that checks had been undertaken with regard to criminal records, obtaining references and proof of ID. The service had checked potential new staff member's employment histories by requesting references.

There was a robust system in place to protect people from abuse and to respond to any allegations of abuse. There was a dedicated team responsible for managing and overseeing allegations of abuse. The service provided training for all staff in respect of protecting people. Staff told us they had received training in safeguarding people and that the training was updated annually. A service manager told us they were responsible for presenting training at a local level to newly recruited staff.

Assessments were undertaken to assess any risks to people who received a service and to the care workers who supported them. This included environmental risks and any risks due to the health and support needs of the person. Risk assessments included information about action to be taken to minimise the chance of harm occurring. People using the service had specific brain acquired injury or neurological diagnosis and in some instances this meant people had restricted mobility. Information was provided to care workers about how to support people when moving around their home and in the community specifically when transferring in and out of chairs, cars and their bed.

Good

Is the service effective?

Our findings

People were supported by staff who were familiar with their needs and preferences and knew them well. Comments include; "I think they are very well trained" and, "New carers shadow the main carer before starting on their own". Some people told us they thought some staff required more training for caring and supporting people with brain acquired injury and other neurological disorders. Staff told us they had good access to specialised training but one person felt that actually getting specialised training can be a long haul". More senior staff told us they had the opportunity to attend seminars and training at head office and cascade learning to support staff.

Staff training was managed centrally from the organisations head office. The registered manager was notified when training updates were required. Staff files we looked at showed staff had regular access to training. Each training course concluded with a test which staff had to pass before they were deemed competent.

The service had appropriate procedures in place for the induction of newly recruited members of care staff. Once employed new staff received an initial week of formal training, before shadowing and observing experienced members of staff in individual care settings. In addition, during their probationary period new members of staff were expected to complete additional training. A member of staff told us, "I have been a carer before but I was impressed with the level of training, especially for people with these types of conditions [brain acquired injury and neurological disorders]".

The registered manager told us they used a combination of unannounced 'spot check' observations and formal one to one supervision meetings in order to support staff and help ensure they were carrying out their roles effectively. We looked at staff supervision notes and found they were comprehensive with details of issues discussed and actions taken if necessary. For example one record discussed a staff members personal training needs and how they were going to be met. An annual personal development plan was seen which showed a more in-depth review of a staff member's performance and identified personal goals. Professionals reported that the managers and staff at Qura were "very professional".

Some people were supported with meal preparation and engage in planning meals. People's dietary needs were identified on individual care plans. People told us they made their own choices about what they ate and when they had their meals. People said, "I do have a healthy diet with a variety of menus I try not eat too much rubbish. If I want something special to eat then I will go with a carer to buy the ingredients if there isn't any at home" and, "They [staff] encourage me to eat healthily and I know all about the right diet I should follow. They [staff] do sit down with me and allow me to choose exactly what food I want".

Managers and staff understood the requirements of the Mental Capacity Act (MCA). The MCA provides a legal framework for acting and making decisions on behalf of individuals who lack the mental capacity to make specific decisions for themselves. Where decisions had been made in people's best interests these complied with the requirements of the act and had been fully documented within the person's care plans. Care plans showed where capacity assessments were taking place.

People had been involved in both the development and review of their care plans. They had signed these documents to formally record their consent to care as described in these documents. People told us they were able to make choices about how their care was provided and that staff respected their decisions. One relative said, "They [staff] are pretty good with this, but [the person] usually tells them what they want".

Good

Is the service caring?

Our findings

People consistently told us they knew and got on well with the staff that cared for them or their relative. People's comments included; "The staff have a lovely attitude towards (the person) and are very tender", "Yes, they do care about (the person). They are always laughing together and get on really well together, they have changed (the persons) life completely". Also, "I have a good rapport with most of my carers and we have a laugh and a joke". The registered manager told us they endeavour to use the same agency and for the same staff to be used in order to provide continuity of care. A person's care profile was given to the external agency in order for them to provide a suitably matched staff member. Managers recognised there may be some occasions when this process does not meet the person's wishes.

People reported that staff treated them with respect while providing care and support. Peoples' comments included, "They help me to the bathroom and then withdraw to give me some privacy", "They let me do things on my own and give me privacy especially in personal care which I can now manage myself".

Care service managers and staff had a good understanding of people's specific care needs.

People were comfortable with the staff who supported them and told us "They [staff] are all good with me". Professionals said, "I can't fault them. They are very good at understanding [the person's] needs and responding to them".

The registered manager and care service managers had a highly detailed understanding of people's specific care needs. During the inspection visit they told us, "We really are committed to provide a good service". Also, "The systems we have in place mean we get to know the person we provide a service to and that helps us provide a bespoke service". A staff member told us, "I have specific clients and therefore get to know them very well due to the level of support we provide. It's important that we listen to what people want as it's their care at the end of the day".

People told us staff understood a person's life history, their likes and dislikes, based upon the person's wishes as to what information they wanted to share with staff. Comments included, "They [staff] had my complete history and I am able to tell [staff] my likes and dislikes". Also, "My [relative] is able to tell staff what is needed. Staff listen and take on board what's said". One person felt regular staff understood their history and likes and dislikes but external agency workers did not always know the information before providing a service.

People told us they thought staff supporting them were concerned about their general wellbeing. A relative told us, "They are very concerned about my [the persons] wellbeing and if they are worried they will talk to me". Staff were also providing emotional support to a person and their relative to overcome their concerns about the impact of a hospital admission. The relative told us staff were, "doing their best to reassure both of us". Also, "The carers will talk to my husband in the first place. I too am able to speak with them if I am worried about [the person]. They also help make appointments with the doctor or dentist and they take [the person].

Good

Is the service responsive?

Our findings

People's care and support plans were developed with the involvement of people using the service. People said that when their care was being planned at the start of the service, a care service manager spent time with them finding out about their preferences. This included what level of care was required and how individual specialist needs were going to be met and delivered. People told us, "We were involved and they did listen to our views. They showed us the draft care plan to amend if necessary and when we were happy with it we signed it" and, "Yes I am involved and they do listen to me and put in what I want. Once I have agreed the plan I will sign it." In one instance a person had agreed to their plan but when implemented it had not worked as they had wished. When they raised the issue with the service it was responded to but it had taken some time to agree a new support plan.

Information gathered during the assessment process was used to identify the person's specific needs and preferences in relation to getting the right support staff. The service carefully recruited staff who were likely to get on well with the person and would be able to meet all of the individual's care and support needs. Staff told us there was a sensitive introduction process to ensure the person receiving support was happy with the staff member. One staff member said, "It really is a two way process and it's got to work at all levels. The system seems to work well".

Most people told us their care and support plans were reviewed regularly or when changes occurred. For example when a relative had a hospital admission more support was provided.

Some people using the service had complex medical and social care needs resulting from brain acquired injury or other neurological conditions. The service regularly engaged with other professionals associated with peoples care and support in order to respond to changes where they were required. A brain injury consultant regularly provided the service with advice regarding good practice in supporting and caring for people with brain acquired injury or neurological conditions. A professional health worker told us they were very satisfied with the level of support provided to a client they were involved with. They told us, "Communication of client's progress, concerns, risks and working proactively to identify solutions was always good".

People were encouraged to maintain their independence and undertake their own personal care. Where appropriate staff prompted people to undertake certain tasks rather than doing it for them. A relative told us, "They encourage [the person] to do basic cooking and undertake simple craft work and to do puzzles".

Staff supported people to access the community and minimise the risk of them becoming socially isolated. People told us, "The carers are really good and will try to encourage me to go out most afternoons. Sometimes we just go out for a drive other times we go out for a meal or I go to see family or friends" and, "They support [the person] in anything they wants to do. They take [the person] to appointments; go dog walking and do general jobs around the house or garden".

Information on how to raise a complaint was contained in the service user guide which was issued to people when they started using the service. This included contact details for CQC. There were other forms of contact available to people as laid out in the client information leaflet. These included the name and contact details of the customer service manager, the service website as well as a social media site.

Requires improvement

Is the service well-led?

Our findings

During the first day of our inspection visit a number of people who had attempted to contact the service out of hours, told us their calls had not been answered on any of the contact numbers provided. “We are supposed to be able to contact the case manager but they never answer the phones” also, “It is virtually impossible to get hold of anyone on the emergency and out of hour’s phone numbers”. We discussed these concerns with the care service managers who were unware of people’s concerns. A review of the services on call system was completed as a priority of the registered manager. This review identified there needed to be a simplified system so that staff had clear information about who was on call. As a result a revised out of hours emergency procedure had been put in place by the second day of our inspection visit. The new system clearly identified who was responsible, when the ‘out of hours’ system operated and contact numbers. Managers were monitoring the revised procedures to ensure they were effective and kept people safe.

Most people using the service told us they thought the service was well run and their comments included, “The managers I have met have been very good. I think the company is well led” and, “The manager often visits especially as the long term carer is leaving. The manager listens to us and ensures changes will happen. If we haven’t requested a meeting the manager comes at least every three months”. However a significant minority of people reported concerns in relation to management of the service. People told us, “I don’t have confidence in the management especially when promises were made but improvements didn’t happen” and, “The company is not well led because they are not sorting out discrepancies”. The registered manager told us about changes currently taking place, including creating new posts and responsibilities for senior staff. For example undertaking more reviews, introducing a supervisor specifically available to support staff. The registered manager was aware of the need to ensure people were listened to and actions taken to provide confidence in the service they received.

Some people were satisfied with how the service had responded and resolved concerns raised with the service. Others told us they had not felt listened to, for example one person told us, “Nothing is being resolved in a timely and efficient manner”. We spoke with the registered manager and other managers about this. They showed us the issue was complex and was being dealt with at a senior level. The registered manager agreed to improve the level of communication with the complainant in order to address their concerns as to the action being taken.

The registered manager told us people’s views were sought using an annual survey although this was currently under review and was being replaced with an on line survey. We viewed a survey questionnaire; however there were no completed surveys available to view. Most people told us they could not recall receiving any survey questionnaires. Comments included, “No we have never received one”, “I can’t remember ever having one” and, “Possibly but I can’t remember. It certainly has not been recently or regularly”. The registered manager told us that to improve the content of the client survey; the service had worked with the organisations brain injury consultant. This was in order to include more focused questions which would better reflect the specialist support the service provided. People had the opportunity to discuss their thoughts and feelings about the service they received by having regular contacts during service manager visits.

There was a management structure at the service which provided clear lines of responsibility and accountability. The registered manager had overall responsibility for Qura DCA South West and demonstrated strong values and a desire to learn about and implement best practice throughout the service. The registered manager was supported by operational managers and clinical advisors as part of the larger organisation [Active Assistance].

The organisation had systems in place to monitor quality and the effectiveness of the service. These included visits to people’s homes by either the registered manager or care service managers. The registered manager told us information collected during the visits was fed back into the organisations quality monitoring system, with any themes or trends picked up and used as ‘lessons learnt’. For example themes from complaints or safeguarding issues. Most people told us they had received visits from managers and had the opportunity to discuss issues with them. However some people told us they did not have confidence in the service to act on issues which were bothering them. We discussed this with the registered manager who

Requires improvement

Is the service well-led?

informed us of a customer service manager who has recently been recruited to address issues like this. The registered manager agreed to feed this information back to them in order for them to investigate further.

The auditing process provided opportunities to measure the performance of the service. Internal audits measured the effectiveness of the service against a number of regulatory frameworks including HSCA Regulations 2014 and RIDDOR reporting for health and safety. The registered provider had systems in place to identify, assess and manage risks to the health, safety and welfare of the people who used the service. These included audits of accident and incidents, medicines and care records.