

Quay Care (Poole) 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?

Good ●

Summary of findings

Overall summary

About the service

Quay Care (Poole) Limited is a domiciliary care agency providing personal care and support to people living in their own homes. Not everyone who used the service received personal care. At the time of this inspection eight people were receiving the regulated activity of personal care from the service. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

People's experience of using this service and what we found

People's care plans were detailed and kept up to date to which meant they received effective care and support.

People and their relatives felt safe with the care staff who visited them. One relative told us their loved one, "Was treated with kindness and with proper care." People received support from a small team of care staff who knew their care needs and preferences well. People receiving a service and their relatives described the care staff as, "Like family".

The service was well led with a focus on the recruitment, training and development of staff to ensure people received a safe, caring and responsive service.

People were protected from abuse and avoidable harm. Staff were confident any concerns of abuse or neglect reported would be responded to by the management team. Staff told us they felt their own well-being needs were supported.

People using the service were supported safely and any risks identified were assessed and could be mitigated. Where people were supported to eat and drink this was done safely. Medicines were managed safely. People were supported to take their medicines by trained and competency checked staff.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were referred to health and social care professionals to be assessed for any equipment needed to help promote their independence in their own home.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

The last rating for this service was good (published 21 September 2017)

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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.

Details are in our findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our findings below.

Quay Care (Poole) Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 05 September 2022 and ended on 26 September 2022. We visited the location's office/service on 07 September 2022.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We used the information the provider sent us in the provider information return. This is information providers are

required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with three people and their relatives about their experience of the care provided. We received feedback from five members of staff including care workers, senior care workers, registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We received written responses from four health and social care professionals.

We reviewed a range of records. This included three people's care and support records and two people's medicine administration records. We looked at three staff files in relation to recruitment and training. We also reviewed a variety of records relating to the management of the service, including policies and procedures, staffing rotas, accident and incident records, safeguarding records and quality assurance reports.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at policies and procedures.

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were managed. Individual risk assessments for people detailed the action staff must take to reduce the risk of avoidable harm. People were actively involved in working to reduce their risks and to make unwise decisions as safely as possible.
- Risk assessments included any risks associated with meeting care needs such as, skin integrity, eating, drinking and mobility.
- Environmental risk assessments identified any risk to both people using the service and staff, this included accessing the property at night and in adverse weather.
- Staff had training on how to use equipment and regular spot checks of care were completed by the registered manager.
- Accident and incidents were recording using an electronic monitoring system. The registered manager explained, "When the care staff completes the incident form, the management team is notified and we can set actions as care tasks, like further monitoring for three weeks."
- Learning was shared through communication updates using a secure messaging system. We reviewed some recent incidents which demonstrated how staff discussed and learnt from the incident.

Systems and processes to safeguard people from the risk of abuse

- Systems and processes were in place to protect people from the risk of abuse. The service used software that provided staff updated policies and procedures electronically and prompted them to access the most recent version.
- Staff had received training and understood how to report safeguarding concerns. Staff knew how to recognise the signs and symptoms of abuse and who they would report concerns to both internally and externally.
- The registered manager had created a safeguarding and statutory notifications log to ensure referrals were made in a timely manner and lessons could be learnt from events.

Staffing and recruitment

- People were supported by staff that were recruited safely. The providers recruitment process required staff to follow an application process including assessment of their history character and qualifications to ensure they are suitable to work with people.
- We viewed three staff files and found each file had valid Disclosure and Barring check completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

- Staffing levels met people's care needs. The registered manager told us all office staff had recruitment checks and training to support with care visits in the instance of an emergency or staff sickness.
- Staff told us they had time to complete care visits and travel to the next person without rushing. One staff member said, "If ever we are late for a visit, we always have a few minutes to spare already built in from the [day's schedule]." Staff told us that they can contact the office in the event of an emergency.

Using medicines safely

- Medicines were managed safely. Staff followed safe procedures when giving people their medicines.
- An electronic system was in place to monitor whether people received their medicines at the right time. No medicines incidents were reported.
- Medicines were administered by trained staff. Medication competencies were checked by the registered manager.
- People had medicines guidance in place for as and when required medicines We saw detailed care plans and risk assessments had considered how medicines can be accessed safely.

Preventing and controlling infection

- People were protected from the risk of infection.
- We were assured that the provider was using PPE effectively and safely. Staff had enough supplies of PPE and stocks were maintained. Spot checks by the registered manager showed staff were compliant.
- We were assured that the provider was responding effectively to risks and signs of infection. This included making staff and visit changes to reduce the risks of infection during the COVID-19 pandemic.
- We were assured that the provider's infection prevention and control policy was up to date.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People were involved in assessments of their care needs. Assessments were carried out for each person before their visits commenced.
- Specialist healthcare professionals had been involved in assessments and planning of care. This included district nurses and speech and language therapists.
- Care plans were updated with the person, their family and any professionals involved in their care.

Staff support: induction, training, skills and experience

- The management team were aware of best practice guidance and were following the principles.
- Staff had the correct level of skills and training to undertake the responsibilities of their role effectively.
- There was an induction programme in place which included completion of the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors.
- Staff spoke positively about the induction and training provided, they felt supported. One staff member told us, "The training included everything at our level, and we could go back and clarify anything we needed." Another staff member said, "I had training completed, it was with a human being not online."
- As part of their own induction, the registered manager had shadowed staff. This enabled them to meet people and to get to know their care needs and preferences.
- One person told us, "Care staff are very efficient, very good." Another stated, "They [care staff] arrive on time." A health and social care professional told us of the positive impact staff have had, "[person] is more talkative than they were prior to the care staff attending and their wellbeing has also improved significantly. I am sure it is down to the care staff that know them well and the gentle encouragement they give to make them feel comfortable."

Supporting people to eat and drink enough to maintain a balanced diet

- People were supported to maintain a balanced diet. Care plans identified the level of support people needed from staff to prevent malnutrition and dehydration.
- Care staff knew people's dietary needs and preferences. One staff member told us, "[care staff] discuss new foods and drinks with [person] who cannot get out to the shops themselves and take them in samples of things to try, we recently got Ovaltine which adds some variety to [person's] meal plan." Another staff member told us, "We cook Christmas dinner for clients in their home as they can't do it themselves."

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- People had health risk assessments which detailed allergies and pain management.
- Staff understood when to escalate any concerns with people's health to a healthcare professional. For example, if a person was unwell or unable to use prescribed equipment safely.
- Staff made referrals to health professionals such as the GP, speech and language therapist and dietitian. For example, where a person's needs had changed or where they had lost weight unexpectedly.
- Staff worked closely with other visiting health professionals to ensure people had specialist input to their care when needed. An example included support from district nurses to monitor wounds and provide catheter care.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

- People's consent to care and treatment was obtained and recorded in the care records.
- The registered manager knew about people's individual capacity to make decisions and understood their responsibilities for supporting people to make their own decisions.
- Assessments included consideration to any advanced decisions or known wishes. The registered manager and nominated individual asked people and their relatives to provide evidence of lasting power of attorney, these documents were confirmed with records held by the Office of the Public Guardian (OPG).
- People's care records continued to identify their capacity to make decisions. Staff received training in the principles of the MCA.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At our last inspection we rated this key question outstanding. At this inspection the rating has changed to good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Staff knew people well, their life history, interests and hobbies and were focused on people's personal preferences. One staff member told us, "Everyone we go to as clients are seen as people not just clients, each one has a story to tell and a life that has been lived and all have a name."
- The provider told us they have matched people with staff of similar interests, for example people and staff with an interest in gardening were matched. For a person with dementia they were supported by staff who had an in depth understanding of their needs and preferences.
- Equality and diversity training was a mandatory part of the staff induction and all staff had completed it.
- Compliments about the service included: "Friendly, helpful and makes a nice cup of tea. Always cheerful, helpful and kind", "Everyone knows their responsibilities and carries them out to the best of their abilities" and, "They always ask if there is anything else, they can do for me."

Supporting people to express their views and be involved in making decisions about their care

- People and relatives views were considered by the service and where sought, used to make decisions about care.
- The registered manager explained as part of the initial assessment people were asked how they wanted to be supported and that care plans were a live document. Changes were read by, and agreed with the person before the updated care plan was shared with staff.
- Changes to a person's visits or care were documented and a secure message was sent to staff informing them of the change. The provider told us this process updated the care plan which could be seen by staff and also any permitted family members.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity were respected. Gender preferences of carers care staff were documented, and a review of recent care records confirmed these requests were followed.
- People were supported to be as independent as possible. Care plans reflected what people were able to do for themselves and how to encourage them to do this. The provider gave an example of how care staff supported a person to have access to a phone when their own was broken to be able to maintain their independence.
- People's personal information was kept secure and the management team understood the importance of ensuring people's confidentiality was maintained.
- Mobile technology was used to record daily notes so they were securely stored and confidential. Staff were required to write notes while at the persons property including call arrival and departure time. Quay Care

had invested in mobile technology and told us it had a positive impact on the service, for example, access for families.

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences; End of life care and support

- People's care plans detailed their support needs and how they wanted these to be met. The focus of the service was person-centred, staff spoke knowledgeably about people's needs and care preferences.
- Staff had access to people's care and support plans on the electronic care planning system. This meant staff had access to the most up to date information.
- Staff told us they had enough information about people to provide their care needs. Care plans were clear and updated.
- People were given the opportunity to discuss their end of life care needs and wishes. At the time of inspection, the service was not caring for anyone approaching end of life.
- We saw compliments and had feedback from a relative thanking staff for end of life care provided.
- The end of life policy and procedure considered a person's spiritual preferences and detailed access to end of life medicines. For example, medicines to reduce and eliminate pain to be accessed without delay should a person's health decline.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their care staff, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff knew people well and understood their communication skills. This included whether they used sounds or facial expressions and if they wore hearing aids or glasses. This ensured people were able to have choice and control in their day to day decisions.
- Communication methods included information in picture format and large print. One person received a large print copy of the rota, so they knew who was visiting them each week.

Improving care quality in response to complaints or concerns

- The service had a complaints policy and procedure in place. People and their relatives knew how to make complaints should they need to.
- The complaints process included details of how to appeal a decision, contact details for the local government and social care ombudsman and the CQC.
- One relative confirmed to us they had contacted the office, and this query was dealt with.

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At our last inspection we rated this key question good. At this inspection the for this key question has remained good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- There was a positive culture within the team. A health and social care professional told us, "Quay Care staff are an open, honest and transparent team who strive to deliver the best care for their clients." A staff member told us, "There's enough time for calls everyone seems happy".
- Staff told us the nominated individual provided care staff cold drinks and fans in the hot weather and treated care staff to cakes during national carers week.
- People, their relatives, professionals and staff gave us positive feedback about the management team. Comments included: "[Nominated individual's name] respects and appreciates our staff if someone goes over their hours they get some flowers or coffee they are always thinking of others and sometimes it's even just them saying thank you and you know you've done a good job", "Management and owners are not scared to go out and do the job", "We are friends and we trust each other. We have good management and I couldn't wish for a nicer person than the nominated individual [name]. It's been good since the new manager has started.", "I've never felt so supported by people around me or been so welcomed by the team."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong

- The provider understood the requirements of the duty of candour. This is their duty to be honest and open about any accident or incident that had caused or placed a person at risk of harm.
- The registered manager understood CQC requirements, in particular, to notify us, and where appropriate the local safeguarding team, of incidents including potential safeguarding issues, disruption to the service and serious injury. This is a legal requirement.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements, Continuous learning and improving care

- The registered manager and provider used live system data to ensure care was delivered and was safe and responsive to the needs of people. This information was used to continually improve the service.
- Staff understood their roles and responsibilities within the service.
- Staff performance was monitored with spot checks. One staff member told us, "It went well the feedback from the registered manager was it was a good."
- The service used online publications, guidance and information sharing to ensure they kept up to date with changes. The registered manager was confident in their role, learning was important to them.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- People were involved in the running of the service. The registered manager regularly asked for feedback on the service they provide from people and their relatives. The service collected customer review forms which directly asked for feedback on care. The provider told us using this feedback, people were offered flexibility with visit times, this allowed people to have visitors or attend groups and day services. This promoted independence for people.
- The service worked well with visiting health and social care professionals, the registered manager and staff felt comfortable to access their support when needed.