

Quest Recovery Services Limited

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Inspection report

Unit F
Britannia Trading Estate, Printing House Lane
Hayes
Middlesex
UB3 1AP

Date of inspection visit:
24 December 2020

Date of publication:
19 January 2021

Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

Quest Recovery Services Ltd is a domiciliary care agency. It provides personal care to older people and people with a learning disability living in their own homes. At the time of our inspection the service was providing care to five people.

Not everyone who used the service received personal care. 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

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were meeting the underpinning principles of Right support, right care, right culture.

People were protected from the risks of infection as staff had received training in infection control and the use of personal protective equipment (PPE), in line with government guidelines. The provider took steps to promote people's safety and reduce known risks.

The provider had taken steps to promote staff safety. Staff were suitable for the role they were employed in and there were sufficient staff to care for people safely. Staff felt well-supported by the management team. Staff were trained to administer medicines safely where people required this.

Safeguarding processes were followed when needed to promote people's safety, and staff were knowledgeable about these. Any accidents and incidents were reviewed to help identify lessons learnt and these were shared with staff.

We received positive feedback from people's relatives about the service, and people's feedback indicated they felt safe and well cared for. They trusted the care workers and the management team.

People's care and risk management plans set out the care tasks they required help with and these contained personalised information about people and their preferences for how they liked to be supported.

The registered manager led with an open and inclusive management style and this helped set a positive and person-centred culture where people were supported to achieve positive outcomes. Arrangements were in place to check and monitor the quality and safety of the service. Views of people, staff, relatives and other

professionals were gathered to help improve the service. The service worked well with a range of other health and social care professionals.

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

This service was registered with us on 11/1/2018 and this is the first inspection.

Why we inspected

We undertook this focused inspection because the provider had not been inspected since they had registered with CQC.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 safe findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our safe findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our safe findings below.

Quest Recovery Services 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 Care Act 2014.

Inspection team

The inspection was carried out by one inspector.

Service and service type

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

The service had a manager registered with the Care Quality Commission. 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.

Notice of inspection

We gave the service 48 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.

What we did before the inspection

We reviewed information we had received about the service. We sought feedback from the local authority and professionals who work with the service. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

During the inspection

People who used the service were unable to speak with us. However, we spoke with four relatives about their experience of the care provided. We received feedback from four members of staff and spoke with the registered manager.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. All the relatives of people who used the service told us people were receiving safe care and were happy with the care workers. Their comments included, "[Family member] is very safe with them. They picked up straight away how we wanted things to be done. They always agree. I am really pleased with them", "My relative is 100% safe with the care worker" and "They really treat [family member] very well, excellent. They do a great job. They are perfect."
- The provider had a safeguarding policy and procedures in place, including a London multi-agency safeguarding policy and procedures and staff were aware of these. Staff received training in safeguarding adults and knew how to recognise signs of abuse and report this to the relevant agencies. One staff member told us, "As a care worker I have a duty of care to make sure I safeguard and protect all my clients who are at risk." There had not been any safeguarding concerns in the last year.
- People told us they received their visits on time and had the same care workers delivering support. One relative told us, "The carer always comes on time and is very caring." The registered manager monitored closely people's daily visits. They were in the process of installing a new electronic monitoring system to enable them to monitor in real time staff logging in and out of people's homes.

Assessing risk, safety monitoring and management

- People were protected from the risk of avoidable harm. The provider had appropriately identified and assessed risks to people's health and safety such as risk of falls and skin deterioration as well as the environment they lived in. Risk assessments included a risk management plan and guidance for staff to follow to help ensure they understood the person's condition and knew how to meet their needs.
- One person was at risk of falls. We saw evidence there was a robust falls risk assessment and adequate measures in place to reduce this risk. People's records contained body maps so staff could record any marks or bruising to a person's body. They were advised to report these and any other concerns to the office immediately.

Staffing and recruitment

- The provider had appropriate procedures for recruiting staff. These included formal interviews and carrying out checks on their suitability and identity. New staff underwent training and were assessed as part of an induction, before they were able to work independently. This included a period of shadowing more experienced staff. They were assessed in a number of areas before being allowed to provide care to people. These areas included, establishing rapport and communication, personal care tasks, safe moving and handling techniques and medicines administration.
- People who used the service received care from staff who were well trained. Training was mostly online

and included end of life care, infection control, medicines administration, communicating effectively, role of the care worker, person-centred care, health and safety and food hygiene.

- There were enough staff deployed to meet the needs of people who used the service. Where possible, people received care and support from the same care workers, to help ensure continuity and rapport.

Using medicines safely

- People received their medicines safely and as prescribed. There was a policy and procedures for the safe administration of medicines and staff were aware of these. Staff received regular medicines training, regular refreshers and had their competencies assessed.

- There were regular audits of people's medicines and the medicines administration record (MAR) charts. Where concerns were identified, we saw evidence the registered manager took appropriate actions. For example, they held a meeting with staff to discuss about staff not following the medicines policy and procedures and using incorrect terminology.

Preventing and controlling infection

- People received care and support from staff who understood the importance of following good infection control measures, particularly in relation to COVID-19. There were policies and procedures which included guidelines about working safely with COVID-19. Staff received training in infection control and the use of personal protective equipment (PPE).

- Staff were provided with PPE, such as gloves, aprons and face masks, and relatives confirmed care workers wore these when they provided personal care. Staff told us they were able to obtain PPE as needed. One staff member told us, "Yes, we have more than enough PPE."

- Some care workers told us people had coped well with being supported by staff wearing masks. One staff member told us, "There have been no concerns from service users and families about the use of PPE."

Learning lessons when things go wrong

- The registered manager had systems in place to help ensure lessons were learned when things went wrong. One staff member told us, "When things go wrong, we first write down a statement of the incident with all the people involved and take each person's narrative of the situation. The incident is reported to the manager and [they] decide how to best handle it" and another stated, "In staff meetings or supervision, we discuss what went wrong and we reflect and correct the mistake."

- The provider had a policy and procedures in place for the management of incidents and accidents and staff were aware of these. There had not been any incidents or accidents in the last year.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were met in a person-centred way. Relatives we spoke with told us the staff were 'excellent' and went 'beyond and above' when providing care to their family members. One relative told us they had seen an improvement in their family member's health since they started using the service. They said, "[Family member has dry skin. Nobody ever cared before but this care worker does go above and beyond their duty and now I can see [their] legs are less dry and actually healing."
- People's care plans were comprehensive and person-centred and were developed from the pre-admission assessments. Care plans were divided in sections which covered every area of the person's needs, such as mobility, communication and personal care. Each area stated the current situation regarding the person's needs, what assistance was required, and any equipment needed. People were consulted and had signed their records to evidence they agreed with these.
- Care plans indicated people were consulted in relation to the gender of their care workers. The provider undertook compatibility assessments to help ensure they matched people with care workers who could best meet their needs.
- People's religious and cultural beliefs were considered during their initial assessments. Care plans reflected people's preferences. For example, one person's care plan stated 'To treat [Person's] cultural and religious matters with respect and dignity'. Some people's records contained a 'this is me' document. This listed people's individual needs in their own words. For example, one person's records stated they 'valued their faith and still practiced' and liked to 'be independent and empowered'.
- The provider had an 'equality and diversity' policy which considered the needs of people from the Lesbian Gay Bisexual and Transgender (LGBT+) community. The registered manager told us they did not support people from this community currently.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's communication needs were met. One relative told us, "Communication is good." Care plans included details about people's communication needs and how to meet these. For example, one person had poor eyesight. We saw their care plan stated for staff to 'Face [Person] when communicating to make for easier understanding and to communicate effectively'. The same person had a speech impediment, and staff were advised to 'listen attentively, be patient'. Another person's records requested for staff to 'speak

very slowly when communicating... be patient with me.'

- The service provided support to a number of people for whom English was not their first language. As much as possible, the provider matched people with care workers who spoke their language. One relative told us, "The carer speaks the same language which has really helped....The carer gives [family member] time to express [themselves]."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- Most of the people who used the service lived with relatives and were able to maintain relationships with their extended family. Those who lived alone were encouraged to take part in community activities, although, because of the pandemic, most of these had been put on hold.
- Staff understood the importance to support people with their social and cultural needs whenever possible. Staff supported some people to attend college and day centres, and other people were supported to attend places of worship.
- We saw evidence staff had helped a person get over their anxiety triggered by a past trauma by supporting them to undertake a range of activities such as swimming.

Improving care quality in response to complaints or concerns

- There was a complaints policy and procedure in place. People and relatives knew how to make a complaint and were confident these would be addressed. They found the office staff to be prompt and responsive when they contacted them. Their comments included, "Never had to complain about anything", "I am happy with everything" and "This agency is very good. They do their jobs really well. Not one single complaint." There had not been any complaints in the last year.

End of life care and support

- The provider had an end of life policy in place and staff received training in end of life care as part of their induction. Staff worked closely with healthcare professionals such as the GP and district nurses and were confident they would work together to meet people's needs if they reached the end of their lives. However, the provider was not supporting anybody with end of life needs at the time of our inspection.
- Care plans included a section about end of life care. This recorded how people who used the service wanted their needs met at the end of their life and any advance decisions they may have.

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.

This is the first inspection for this newly registered service. This key question has been rated 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

- The culture of the service was open and person-centred. Relatives spoke positively about staff and management. They told us the registered manager and office staff were approachable and responsive. Their comments included, "They are professional, they care like it is their own family", "I asked friends which agency I could use, and they pointed to Quest Recovery. They told me they were the right people and they were", "Very happy with the service. My [family member] is clean and happy. Very nice carers" and "They check on a regular basis how things are."
- Staff told us they felt supported by the management and could contact them at any time. Their comments included, "Yes we have a very supportive and understandable manager who is approachable", "I feel very supported. We are a small team and everyone is lovely" and "I am happy to work for Quest Recovery Services."
- The staff spoke warmly about the people they supported and the agency they worked for. One staff member told us, "Quest really cares about its clients" and "I really like how our manager makes sure our clients have all their needs met and goes above and beyond to advocate for their rights."
- The registered manager was dedicated and worked with the office team to deliver a good service to people who used the service. They believed effective communication contributed to the success of the service. They told us, "I believe in good communication and ensure this is the case for the whole team. We have created a telephone application group with the care staff so they can communicate effectively."

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 registered manager understood their duty to report any accident or incident, to take appropriate action and to offer an apology if necessary. They demonstrated they knew they had a legal requirement to notify the CQC and did so as necessary.
- We saw records to confirm this, such as a written apology when a care worker had been late for a visit. One staff member told us, "At Quest Recovery Services, we have an open culture in recording, reporting and notifying."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- The provider had effective monitoring systems in place which included audits about recruitment, care

plans, accidents and incidents, health and safety and medicines.

- There were regular spot checks carried out, to help ensure staff were supporting people in line with their care plans. Spot checks included punctuality, if the care worker wore their uniform and ID badge, if they treated the person with care and dignity, followed their care plan, and if they followed good infection control practices. Staff were assessed supporting people with their medicines and completing records. Where there were issues identified, this was addressed without delay.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were supported to express their views of the service via quality assurance questionnaires. We viewed a sample of these and saw people were happy with the care they received. One comment stated, "I am happy with my carers, they are good."
- People were consulted about their care during regular review meetings. These were to assess if they were happy with the service, if their needs were met and if there was anything which could be improved. We viewed records of these and saw people were happy with the service. Their comments included, "Yes, I am impressed with the service", "The service is very effective and efficient" and "We are more than happy."
- There were regular staff meetings where a range of subjects were discussed, such as COVID-19 and testing, infection control, flu jab, risk assessments and care plans and any other important information. Staff had the opportunity to discuss any concerns with their colleagues which helped to alleviate any anxiety they might have.

Continuous learning and improving care

- The registered manager was organised and kept good and clear records. All telephone calls were monitored and recorded in a communication book. This detailed the date, time and reason for the call, action taken and outcome. For example, where a care worker called to say they were running late, this was recorded and we saw the registered manager contacted the person who used the service to inform them of this and offer an apology.
- The provider kept a record of compliments they received from people who used the service and their relatives. We viewed a sample of these. Comments included, "I am happy with the personal care provided... they take care of my [family member] well. I have no complaints", "[Care worker] has very good empathy and is kind", "We really like the service and all the carers from Quest Recovery."
- The registered manager told us they felt well supported by the director. They said they received regular supervision which they found helpful.
- The registered manager held a recognised management qualification in health and social care, and degrees in community sector management, education and leadership and public affairs. They were currently studying for a level seven in strategic management and leadership.

The provider has been endorsed by Skills for Care as a training provider. Skills for Care is an independent charity who works as a delivery partner for the Department of Health and Social Care, and works closely with care services and registered managers.

Working in partnership with others

- The registered manager kept abreast of developments within the social care sector by attending meetings and training courses organised by the local authority. They added they increased their knowledge by liaising with a range of healthcare professionals such as GPs and district nurses.
- The registered manager liaised with social care professionals regularly where they felt this was needed to improve the wellbeing of a person. For example, during an assessment, they identified a person required a specialised bed. They organised a joint visit with an occupational therapist (OT) and the relevant equipment was obtained.

- Another person's wheelchair was faulty which meant they could not attend college. The registered manager liaised with social care professionals and the OT, and made an appt with a mobility specialist to ensure this was addressed without delay.
- The registered manager told us they had felt well supported during the pandemic by the local authority, which had been helpful. They told us they received good information and training had been provided. They felt the help they received had contributed to the way they had managed during a difficult time.