

Quality Health & Homecare Services Ltd

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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

This announced inspection took place on 14 March 2016. We gave the registered manager 48 hours' notice of our intention to undertake an inspection. This was because the organisation provides a domiciliary care service to people and we needed to be sure someone would be available at the office. The provider is registered to provide personal care and support to people who live either in their own home or live with a family member. At the time of our inspection 22 people received care and support.

There was a registered manager in place for this service. 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.

People who used the service had no concerns about the care and support they received and told us they felt safe when with staff members. People had confidence in the service provided and told us they were well cared for and supported by staff members who knew them and understood their needs. Staff were aware of the risks involved in the care and support they offered to people.

Staff were aware of the actions they would need to take to report abuse and concerns regarding people's welfare. Staff were able to explain how they kept people safe from harm and risks.

People told us they were treated with respect and their dignity and privacy was upheld by the staff who cared for them. People received care and support from regular staff members who they liked and found to be caring and kind.

Staff had knowledge about people's care needs and how these were to be met. People told us their consent was obtained before care and support was provided.

People received support with preparing meals where this was needed. In addition people were supported to take their medicines as prescribed and staff supported people to have their healthcare needs met. People were confident they would receive suitable support if they were unwell.

The provider was recruiting new staff to ensure sufficient staff were available in the areas where they were providing a service for people. Before new staff started working for the provider checks were carried out. Induction training was in place to support new staff members. Induction training including spending time with experienced members of staff and getting to know people who used the service was in place. Staff were supported by the management team and received training to enable them to fulfil their role.

Staff were aware of people's care needs. However records held at the office were not always either available or up to date. The care manager was aware of improvements which needed to be made.

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.

People told us they felt safe when they received care and support. People benefitted from receiving care from regular staff who knew their care needs and identified risks.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who knew how to meet their needs. People's right to make decisions were respected and their consent was sought before care was provided.

Is the service caring?

Good ●

The service was caring.

People received support from staff who were caring. People's right to privacy and dignity was respected while they received personal care.

Is the service responsive?

Good ●

The service was responsive.

People had information available within their own homes regarding the care and support they needed. People were confident they could raise any concerns about their care with the care manager.

Is the service well-led?

Good ●

The service was well led.

People were aware of who they could contact if needed in a management position. Staff felt there were supported by the management

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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.

The inspection took place on 14 March 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available at the office. The inspection team consisted of one inspector.

We looked at the information we held about the provider and this service, such as incidents, deaths or injuries to people receiving care, this includes any safeguarding matters. We refer to these as notifications and the registered provider is required to notify the Care Quality Commission about these events.

We asked the local authority if they had any information to share with us about the service provided. The local authority is responsible for monitoring the quality and funding for some people who use services.

We spoke with five people who used the service. We spoke with the care manager who was based at the office as well as five members of staff. The registered manager was not at the office on the day of our inspection as they were providing care and support to people in Kidderminster.

We looked at the records available for four people as well as medicine records, staff records and training records. We also looked at quality audits completed by the care manager.

Is the service safe?

Our findings

People we spoke with told us they felt safe when they received care and support from staff who worked for the registered provider. One person who used the service told us, "I am very happy with them (staff members) and I feel safe. I can't say that I don't." Another person told us, "I feel every bit safe" when staff provided their care and support. The same person told us, "I would trust them (staff) all day long."

We spoke with the care manager at the office and found they were aware of the actions they would need to take if they became aware of actual or potential abuse. We spoke with staff and found they knew of their responsibility to report any concerns they had regarding peoples safety. One member of staff told us, "I wouldn't work for a company that do not give good and safe care." All the staff we spoke with told us they would report the matter to either the care manager or the registered manager. Staff members were aware of other agencies such as the Care Quality Commission (CQC) and told us they would report their concerns to these agencies if they needed to do so. For example if management did not take suitable action at the time they reported a concern.

Risk assessments were available within the completed care plans we saw. Although copies of risk assessments were not available at the office for all the people who used the service staff were nevertheless aware of risks such as ones in relation to safe moving and handling, falls and the environment. Staff told us they would inform either the care manager or registered manager of any changes needed in the risk assessment in order for a re-assessment of the persons individual needs to be undertaken. Risk assessments showed equipment such as hoists needed to receive a regular service to ensure they were safe for staff members to use while providing care and support.

The care manager told us they had experienced some difficulties recruiting staff in one geographical area where they operated. We were told staff received a weekly rota to show them the people they needed to visit. This was confirmed by the staff we spoke with. Staff told us they had informed the care manager or the registered manager on occasions when they had run late. The care manager told us they as well as staff on call to deal with emergencies had undertaken calls and visited people at times when the rota needed to be covered. Although some staff had needed to work long shifts at times staff told us they believed the number of calls needing to be made was achievable with the staff available. Staff also told us although busy they were able to get to people on time and they had sufficient time between visits to travel to make sure they arrived at people's own homes on time. The care manager confirmed no calls were missed during the previous year.

The registered manager had systems in place to ensure new members of staff were suitable to provide care and support to people. We saw the registered manager had sought references from previous employers and a Disclosure and Barring Service (DBS) check had been undertaken. The DBS is a national service and helps employers make safe recruitment decisions. We spoke with a newly appointed member of staff who confirmed they had attended and interview and a DBS had been carried out before they had commenced work.

Some people who used the service needed support with the administration of their medicines. People we spoke with confirmed staff gave them their medicines as prescribed by their doctor. One person told us, "They always do my medication" and told us they were pleased with how staff administered their medicines. Another person told us staff applied their creams and ointments as needed. Staff confirmed they had received training in the administration of medicines and felt confident to provide this level of support to people. We saw audits of medicines records were undertaken and any gaps in records were brought to the staff member's attention. Staff told us they would inform the care manager of any changes in people's medicines in order the records in people's homes could be amended.

Is the service effective?

Our findings

People we spoke with told us staff who provided their care knew them well and understood their care and support needs. One person told us, "They (staff members) know what they are doing." Another person made a similar comment about the staff who provided their care. This person told us they had confidence in the staff because they knew what to do and, "I can't fault them". A further person told us the staff who had visited them had, "Always known what they need to do and how to do it."

Staff we spoke with felt well supported and told us they received regular training and training up dates. One member of staff told us, "I have always got what I have wanted" regarding training and, "Never told we can't have training." We spoke with the care manager who confirmed staff had carried out training in line with the provider's policies and procedures. For example staff undertook refresher training on an annual basis regarding the transferring of people and moving and handling. The care manager reviewed staff training and was aware when staff required updates to be completed.

One person who used the service described the use of equipment in their own home to assist with their mobility and their ability to get upstairs. This person was confident staff used the equipment safely and believed they had therefore received suitable guidance and training in its operation.

Newly appointed members of staff received induction training as well as worked alongside experienced members of staff for an initial period. Staff we spoke with confirmed that when new staff members had completed 'shadowing' they initially provided care and support for people who needed more than one member of staff until they felt confident to work on their own.

The Mental Capacity Act 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. We checked whether the service was working within the principals of the MCA.

People we spoke with told us staff always asked for their permission while they supported them. One person told us, "They always say to me do you want the usual." The same person told us staff always asked them before they provided any care. Staff we spoke with were aware of people's right to refuse care. Staff were aware of people's right to refuse care. Staff told us they would inform the care manager or the registered manager if care and support was refused especially if this placed people at risk. Any applications to deprive someone of their liberty for this service must be made through the Court of Protection. The care manager told us during our inspection they had not needed to make any applications to the Court of Protection for approval to restrict the freedom of people who used the service.

Staff told us they supported some people with the preparation of their meals. People we spoke with were happy with the arrangements and confirmed staff provided the assistance they needed to ensure they received food and drink. One person told us, "They (staff members) warm my food for me. If it's not hot enough they do it again." Another person told us staff, "Will get me something to eat and a cup of tea." A further person told us, "They (staff) always get my lunch for me."

People we spoke with told us staff either had or would support them as needed with any healthcare needs. One person told us staff had, "Phoned a special nurse for me when I was feeling unwell." The same person added, "In an emergency I could ring them (the provider) and they would send someone to me to help me." Another person told us staff made sure their repeat prescription was done to ensure they had their medicines. The same person told us, "If they (staff) come and find I am poorly they will ring my GP right away for me." Staff we spoke with told us they had on occasions needed to contact healthcare services for people. For example staff had contacted emergency services if they were concerned about people's health and welfare. Staff told us they had waited with people until professionals such as paramedics had arrived. Staff told us they would contact the office for their other visits to be re arranged in these circumstances.

Is the service caring?

Our findings

People we spoke with were complimentary and positive about the staff who provided their care and support. One person told us, "They are all very kind to me." Another person told us, "I couldn't say anything wrong about them as they are so good and very nice." A further person described the staff who had provided their care as, "Lovely" and added, "They are very good people. That's the truth. I would give them 10 out of 10." While another person told us the care they received was, "Very good. I couldn't wish for better. They are all marvellous." Another person described one member of staff who regularly visited them as, "A gem" and told us the staff, "Couldn't be better".

People told us they felt it to be important they received care from a regular team of staff so they knew their likes and dislikes and how to care and support them. One person told us, "I think I am spoilt" and told us how pleased they were to have staff visit them, "Who care about you." People told us staff encouraged them to be independent and maintain their own skills where possible and that staff would assist as needed to ensure people were safe and had their needs met. Staff we spoke with told us of the importance of getting to know people and of people's needs.

People told us they usually knew who was going to be visiting them although they were not always informed of changes. People confirmed staff usually arrived on time and stayed for their allocated amount of time. People felt involved in their care and felt listened to by the staff who visited them. We were told staff consulted them about the level of support they needed and in making decisions about their care and support.

People confirmed staff who visited them were respectful at all times and maintained their privacy and dignity. One person told us the staff, "Wash and dress me. I only have female staff. This is what I want." Another person confirmed they only had female staff visit them to provide care and support and told us how pleased they were with this because they were able to have their dignity maintained and were not embarrassed. A further person described the privacy and dignity afforded to them as, "Very good".

Staff we spoke with were able to give us examples about the way in which they ensured people's privacy and dignity was maintained. Staff told us they ensured doors were closed before they provided personal care and people were suitably covered at all times. Information was included within people's care plan on how to maintain people's privacy and dignity.

Is the service responsive?

Our findings

People we spoke with confirmed care records such as a care plan and risk assessments were held at their own homes for staff to read and write in. One person told us they were aware of their care plan and told us staff had read it out to them in the past. The same person told us they would say if anything was not right with their care plan and believed staff would change it as needed. Another person told us, "Staff have records but I haven't looked at them." The same person was however happy they could ask staff to do things to help them and felt staff would oblige where possible. A further person described the folder in which their care plan was held. They confirmed they had had sight of their care plan and told us "All the information is right and there for me to see."

We saw dates for routine reviews of care plans for people who lived in the Evesham area were available. The care manager confirmed they were not aware of any scheduled dates for reviewing people cared for by staff based in Kidderminster and we were unable to see when reviews had occurred.

We spoke with members of staff and they were able to describe how they cared for people and the level of support they required. Staff told us they would report any changes in people's needs and they were confident their plans and risk assessments would be amended and reviewed as needed. Staff were aware of people's preferences and confirmed male staff did not provide personal care to females.

People we spoke with told us they had in the past received customer satisfaction surveys to seek their opinions. People also confirmed the care manager had telephoned them in the past to seek their thoughts on the level of care provided. Information received from people as part of the satisfaction surveys and telephone calls had received suitable action to resolve the comments made.

People told us they were happy with the service provided. One person told us, "I would tell the top person (care manager) if I was not happy". Another person told us, "I can't say anything wrong about them". The same person however was not sure who they would speak with in the event of them wishing to voice dissatisfaction with the level of care provided. Another person told us they would speak with the registered manager and were aware of their name. A further person told us, "I have no grumbles with them" the same person felt they would be able to contact the care manager if needed and told us they had confidence in their ability to sort things out." This person was not aware of the registered manager and had not had any contact with them.

The care manager had not received any complaints about the service they had provided. We were assured any complaints would be taken seriously and suitable action taken to resolve the issue raised.

Is the service well-led?

Our findings

The service had a registered manager in post who was also the provider. People we spoke with told us they had on occasions rung the office and spoke with the care manager or the registered manager. People who used the service and their family members were aware of these people. The registered manager was not available on the day of our inspection as they were providing care and support to people in the Kidderminster area. The care manager was available throughout the day of our inspection.

We spoke with the care manager and found they were able to describe the care and support required by people they cared for who lived in or around Evesham. They provided care and support to some people themselves especially at times of staff shortages. The care manager also had some knowledge of the needs of people who lived in Kidderminster. We were informed the registered manager and a small number of staff provided care to people in Kidderminster and therefore staff based in Evesham, including the care manager, had less contact with these people.

Staff we spoke with were able to describe the care and support needs of people they visited. We asked to view care plans of people who used the service. The records for people who lived in the Evesham area were filed and maintained. The care manager told us they were aware improvements were needed in other people's care records and notes.

We saw audits had taken place of the daily records written by staff who worked in Evesham. The audits included reading the notes written by staff. In addition checks were made of the medicine records completed by members of staff. These checks were carried out to ensure people's care needs remained the same and to establish whether needs were been met. If shortfalls were found on the medicine records such as a missed signature there shortfalls were brought to the attention of the staff involved and a record made of the action taken. The care manager told us they would include the records of people who received a service in the Kidderminster area in their audits in the future.

People we spoke with were aware of either the care manager or the registered manager or both. The majority of people we spoke with told us they would speak with the care manager if they needed anything sorted due to having confidence in them and due to their availability at the office.

Staff we spoke with told us they were well supported by and valued by the care manager. One member of staff told us, "I've always had the support needed and feel welcomed at the office." Staff told us they found the care manager to be approachable and supportive.

We saw staff had received regular one to one meetings. During these meetings they could discuss any concerns they had with the care they provided as well as their individual training needs. We also saw staff received regular observed practice sessions during which a senior member of staff would observe the care and support provided to people and provide comments on areas where improvements could be made. One member of staff told us spot checks were carried out to, "Ensure we (staff) are following out the care plan and using the right equipment."

Staff told us they liked the work they undertook and felt confident they could speak with the care manager if needed. One member of staff told us, "Great company to work for." Staff meetings had taken place. During these meetings policies such as one on medicine management had been discussed to ensure all staff were aware of the guidelines they needed to work to.

The care manager confirmed they had not needed to inform the Care Quality Commission (CQC) of any events which had involved people who used the service since our last inspection. The care manager was aware of the circumstance when a notification would need to be made.