

Quinn Domiciliary Agency 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

Quinn Domiciliary Agency Limited provides personal care and support to a small group of people with learning disabilities and mental health needs in their own homes. At the time of our inspection, 12 people were being supported across five locations in Essex.

This inspection took place on 29 September. This was an announced inspection. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to know that someone would be available.

There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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.

There were safeguarding procedures and processes in place to ensure the safety of the people who used the service. Incidents were recorded and analysed and personalised risk assessments were in place to reduce the risk of harm to people, and were regularly reviewed. People received their medicines as they had been prescribed and there were robust procedures for the safe management of medicines. Staff understood their roles and responsibilities in providing safe and good quality care to the people who used the service.

There were sufficiently skilled and knowledgeable staff on duty who were trained and supported to meet people's assessed needs. Staff worked flexibly to ensure that people could take part in activities that they enjoyed. Robust recruitment and selection processes were in place to ensure that staff were of a suitable character.

Staff received training to ensure that they had the necessary skills to meet the needs of the people who lived at the service and had regular supervision and appraisals.

People using the service were supported to make choices about what they did and information was provided in a format that they could understand. Staff had supported people by providing information about healthy living choices. People received care and support which was planned and delivered to meet their specific needs and people's consent was sought before they were provided with care and support. The service was up to date with the Mental Capacity Act 2015.

Staff meetings were arranged, so that staff could discuss and be involved with the smooth running of the service. People and their relatives were regularly asked for feedback to enable improvements to be made. There was a complaints procedure in place and people knew how to make a complaint if they were unhappy with the service. The service had a statement of purpose and an effective quality assurance system was in place.

People, their relatives and staff spoken with had confidence in the management team and felt the service had clear leadership. There were effective systems to assess and monitor the quality of the service and address any concerns.

The service met all relevant fundamental standards.

Further information is in the detailed findings below.

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 remains safe.	Good ●
Is the service effective? The service remains effective.	Good ●
Is the service caring? The service remains caring.	Good ●
Is the service responsive? The service remains responsive.	Good ●
Is the service well-led? The service remains well-led.	Good ●

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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 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 29 September 2017 and the provider was given 48 hours notice. The inspection was carried out by one inspector, an expert by experience and their supporter. Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We reviewed the information in the PIR along with information we held about the service such as notifications. Notifications are the events happening in the service that the provider is required to tell us about. We sent out questionnaires to staff and people using the service. We received 11 responses from staff and two responses from people using the service. We used all the information received to plan what areas we were going to focus on during our inspection.

We spoke with the registered manager, the assistant manager and three support workers. We attended an open evening where we spoke with six people who used the service and six relatives. We looked at a range of records which included four people's care records, three staff recruitment files, training records and records in relation to the safe management of the service, such as incidents and accident forms and audits.

Is the service safe?

Our findings

At this inspection we found the same level of protection from abuse, harm and risks to people's safety as at the previous inspection and the rating remains good.

People were protected from abuse and relatives told us that they felt the service was safe. One person said, "I feel safe here and with my staff to support me." One relative said, "I don't have to worry about [person] at all. They look after [person]." Another relative commented, "We had concerns prior to [person] being with this agency but these concerns have gone because [person] is in a safe environment." Staff knew how to protect people from the risk of harm and had received training in safeguarding. Staff were aware of how to report any safeguarding concerns and there were clear policies, procedures and guidelines for staff to refer to when needed. Safeguarding issues had been dealt with appropriately. The service had a robust recruitment process in place where all of the appropriate checks had been carried out before staff started work.

There were risk assessments in place to reduce any risks to people's health, safety and welfare. Occasionally people became upset, anxious or emotional. Plans were in place to provide guidance to the staff on how to support that person which included the strategies to use to prevent the person becoming upset and to keep them and others in the service safe. For example, one support plan said, 'Find out what is causing me to become upset' and, 'Give me some alone time.' One person said, "I can get upset quite quickly. Staff will always come and sit with me to make me feel better." One relative said, "They [staff] can deal with any situation and they are well trained to deal with anything." Relatives spoke positively of the support that people received and told us that the support they received enhanced their wellbeing and kept them safe.

We saw that the management of the service took prompt action when issues were highlighted to reduce the risks to people. Where incidents or accidents had occurred, these had been logged, analysed and action taken to reduce the risk of the incident happening again.

Relatives told us there were sufficient numbers of staff to meet people's needs although it could take time to get cover if a staff member was sick. One relative said, "[Person] can't be left on their own so sometimes they have to move [person] to a different service while they get cover. This doesn't happen very often but it can be disruptive for [person]." Another relative said, "[Person] has 1:1 whenever they need it and constant support." Staff told us that there were enough of them to care for people safely. One staff member said, "There is enough staff but it is tighter when someone is sick but staff always help out." People told us that they usually had the same staff and that they were usually on time to provide support. One person said, "There is always different staff on the rota. [Registered manager] will let me know why this is and tells me it is because staff are on holiday or sick." Another person commented, "Staff will let me know if they are going to be late." The registered manager told us that staffing had been a challenge recently due to annual leave and sickness and recruitment was in progress to address this.

Medicines were well managed and there was a policy in place. Allergies were recorded so that staff were aware and there were clear completed records and we saw that people received their medicines as

prescribed. Staff had been trained and had their competence to administer medicines regularly assessed.

Is the service effective?

Our findings

At this inspection we found staff had the same level of skills, experience and support as they did at the previous inspection and the rating remains good.

People were cared for by staff who said they felt supported, valued and motivated and supervisions were held. One staff member told us, "We have regular supervisions and talk about how we feel, how people are doing, how the work is and any support that we need." Staff had received a range of training appropriate for their role which had been regularly updated. All of the questionnaires we received said that staff felt they got the training they needed to meet people's choices, needs and preferences. One staff member said, "Training shows us what we are expected to do and the training is very helpful." A relative said, "They [staff] can deal with any situation. They [staff] are well trained." There was a recognition scheme in place called 'Employee of the quarter.' This was voted for by the team to acknowledge where a staff member had shown helpfulness, knowledge and dedication. The winner received a gift voucher of their choice. This encouraged a positive culture.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked whether the service was working within the principles of the MCA. Staff had been trained and had a good understanding of the MCA. They understood the importance of gaining consent from people before providing support. One staff member said, "I did MCA training quite recently. I always check facial expressions and body language to check if the person is happy for me to provide support." There was a clear policy in place and guidance for staff was displayed on the office wall.

Records identified people's capacity to make specific decisions and how they would demonstrate this, for example, one support plan said, "I can make my own decisions." Information about a wide range of subjects including medicines, advocacy and information sharing was available in an easy read pictorial format to enable people to make their own choices as far as possible. An advocate had previously supported people at the service. An advocate supports a person to have an independent voice and enables them to express their views when they are unable to do so for themselves.

People were supported to maintain a balanced diet and staff had a good understanding of people's dietary needs and preferences. Six people were being supported to attend a slimming group and one person had lost four stone. Visual prompts had been provided to people so they were aware of foods that were higher in fat and sugar and could make healthy food choices.

When needed, people were supported to access relevant health services. We saw records of visits to health care professionals in people's files and people had annual health checks with their GP. Care records included a Health Action Plan (HAP) which detailed the actions needed to maintain and improve the health of the individual and any help needed to achieve them.

Is the service caring?

Our findings

At this inspection we found that people were still cared for by kind, caring and compassionate staff and the rating remains good.

People had positive and caring relationships with the staff members who supported them and respected their privacy. One person said, "I look forward to seeing the staff. They are nice to me." Another person commented, "I get on with all of my staff. They talk to me nicely and always respect me. They also give me time on my own." One relative told us, "The staff are lovely. It's a home from home environment. It is comforting to know that [person] is cared for. There is nothing they could improve. They [staff] go above and beyond." Another relative said, "Staff are very caring. They get onto [person's] level and it is like a family. I can't fault them at all." The atmosphere at the open evening was relaxed and calm and people were happy. One person had brought some pottery that they had made with them to put on display, another brought some art work and people were proudly showing us photographs of a recent cruise that they had been on. We saw that staff had a good rapport with the people they were supporting. Staff we spoke with were enthusiastic about their role. One staff member said, "The service is amazing. We love the people we support like they are family." Another commented, "I love working with Quinn. I love watching people grow and working with different personalities."

Staff promoted people's independence and encouraged and supported them to do as much as they could themselves. One person said, "I have aims and goals as I am working towards being more independent in the community."

House meetings and drop in sessions at the office were held so that people could express their views on the service. One person said, "We have house meetings to discuss what things we want to do."

People were supported and encouraged to maintain relationships with their families. The registered manager told us that visitors were welcome at any time. This was confirmed by the relatives we spoke to.

Is the service responsive?

Our findings

At this inspection we found that people still received personalised, responsive care that met their individual needs and the rating remains good.

People's needs had been fully assessed before they used the service and their support plans had been developed from the assessment process. People told us that they could choose what they wanted to do. One person said, "I am able to choose what courses I would like to do." Another support plan said, "Support me to make choices by giving me the information that I need."

Support plans reflected people's wishes and needs and contained detailed information to enable staff members to provide support as agreed with each person. One support plan said, "I like to have the rules that I have suggested in place to keep me well." One staff member said, "The support plans have all the information that we need." People had a one page profile which included their likes and dislikes and highlighted any key information that was important to the person. People reviewed their support plans with their key workers. A keyworker is someone who ensures that records are kept up to date and people are involved in the support they receive. One person said, "I do have a support plan. I sit with my keyworker and tell them what I want in it."

People received care and support specific to their needs and were supported to participate in activities which were important to them. People accessed the community on a regular basis including swimming, the park and a local nightclub. Some people attended college. One person said, "Staff take me shopping and they support me with activities. I also enjoy going to college." One staff member said, "I think people do enough activities although it can be hard to get some people out of the house."

Relatives and the staff team told us that the registered manager took any concerns seriously and resolved matters quickly. There was a good complaints procedure in place and a pictorial complaints process was available.

Is the service well-led?

Our findings

At this inspection we found that the service still provided people with a well led good quality service and the rating remains good.

There was a registered manager in post. The registered manager promoted an open and positive culture where relatives and staff felt that they could raise issues at any time. Relatives and the staff team told us that they felt the service was well led. One relative said, "It's fantastic. They have addressed every need and always address any concerns. I couldn't ask for anything else. They [Quinn] do a wonderful job." One staff member said, "The manager is very approachable and always on the end of the phone."

People told us that they knew who to contact if they needed to, including the management team and that their comments were valued, listened to and acted upon. Where people had said that they would like to go on a cruise, we saw this had been booked and people were talking excitedly about this at the open evening. The service asked for people's views through informal contact with people and their relatives, through open evenings and satisfaction surveys. Comments from the surveys included, "All staff are brilliant. You can tell they are passionate about their jobs." And, "Nothing is too much trouble and we feel [person] has gained a second family."

Team meetings were held regularly to provide support and guidance to staff. One staff member said, "We have team meetings and talk about anything that has happened, the rota. We talk about anything and everything really. Things always get sorted out."

The service's PIR showed that they had identified areas for improvement and discussions with the registered manager during our visit showed that they had a clear vision for continuous improvement to provide good quality care. The manager had completed audits of the service to identify any concerns in practice, in areas such as medicines. Spot checks were completed within services and covered records, staff interaction and organisation of the shift.

People's personal records had been stored safely in locked offices when not in use but they were readily accessible to staff, when needed. The registered manager had access to up to date information. This was shared with staff to ensure that they had the knowledge to safeguard people, protect their well-being and provide them with a good quality service.