

Quality support solutions Limited

# Quality Support Solutions Limited

## Inspection report

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Date of inspection visit:

14 January 2020






Date of publication:

17 February 2020

## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?	<b>Requires Improvement</b> 
Is the service effective?	<b>Good</b> 
Is the service caring?	<b>Good</b> 
Is the service responsive?	<b>Good</b> 
Is the service well-led?	<b>Requires Improvement</b> 

# Summary of findings

## Overall summary

### About the service:

Quality Support Solutions Limited is a domiciliary care agency. It provides personal care to adults living in their own homes, so that they can live as independently as possible.

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. At the time of this inspection 42 people were using the service, 22 of whom were receiving personal care. People had a variety of care and support needs including learning disabilities, autistic spectrum disorders and physical disabilities.

The service has been developed and designed in line with the principles and values that underpin Registering the Right Support and other best practice guidance. This ensures people who use the service can live as full a life as possible and achieve the best possible outcomes. The principles reflect the need for people with learning disabilities and/or autism to live meaningful lives that include control, choice and independence. People using the service receive planned and co-ordinated person-centred support that is appropriate and inclusive for them. For example, staff did not wear uniforms and were discouraged from wearing anything that suggested they were care staff when coming and going with people.

### People's experience of using this service:

Since the last inspection a number of improvements had been made. This included the provider's internal systems to monitor the quality of service provision and to drive continuous improvement. However, we identified some areas requiring improvement during the inspection that had not been fully identified by the provider. This included the planning and timing of care visits, staff recruitment checks and the actions taken when someone runs out of their medicine. This showed that the provider's systems required further strengthening to ensure all legal requirements are consistently identified and met.

Despite this, people we spoke with told us the care and support they received was generally reliable and helped to improve their quality of life. They said staff provided care and support in a kind, compassionate way and their privacy, dignity and independence was respected and promoted.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. The outcomes for people using the service reflected the principles and values of Registering the Right Support by promoting choice and control, independence and inclusion. People's support focused on them having as many opportunities as possible for them to gain new skills and become more independent.

Staff knew how to protect people and keep them safe. They had the right skills and knowledge to meet people's needs. Staff maintained good standards in relation to infection control and hygiene, and supported people to stay healthy too. They helped them to access healthcare services when they needed them and

ensured they had enough to eat and drink.

People were given the opportunity to make suggestions and provide feedback about the service provided to them. Systems were in place for people to raise any concerns or complaints they might have about the service. Feedback was responded to in a positive way, to improve the quality of service provided.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

#### Rating at last inspection

The last rating for this service was Requires Improvement (published 17 January 2019).

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Quality Support Solutions Limited on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

The provider completed an action plan following that inspection to show what they would do and by when to improve. At this inspection we found enough improvements had been made and the provider was no longer in breach of regulations.

However, pending additional improvements, the service remains rated requires improvement. This is the second time the service has been rated requires improvement.

#### Why we inspected

This was a planned inspection based on the previous rating.

We have found evidence that the provider needs to make further improvements. Please see the safe and well-led key question sections of this full report. We found no evidence during this inspection that people were at risk of harm from these concerns.

#### 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?

The service was not always safe.

Details are in our safe findings below.

**Requires Improvement** ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

**Good** ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

**Good** ●

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

**Good** ●

### Is the service well-led?

The service was not always well-led.

Details are in our well-led findings below.

**Requires Improvement** ●

# Quality Support Solutions 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 and an Expert by Experience. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

#### Service and service type:

Quality Support Solutions Limited 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 two working days' notice of the inspection. This was because it is a small service and we needed to be sure that the registered manager would be in the office to support the inspection.

The inspector visited the office on 14 January 2020 to see staff and to review records. The Expert by Experience spoke with people and relatives by telephone on the same day; to ask them about their experience of using the service.

#### What we did before the inspection:

We reviewed information we had received about the service since the last inspection and sought feedback from one of the local authorities who work with the service.

We used all of this information to plan our inspection.

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:

We spoke with five people using the service and four relatives. We spoke with the registered manager who is also the nominated individual, one senior support worker and two support workers. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We looked at various records, including care records for five people, as well as other records relating to the running of the service. These included staff records, medicine records, audits and meeting minutes. This was so we could corroborate our findings and ensure the care and support being provided to people were appropriate for them.

After the inspection:

We continued to seek clarification from the registered manager to validate evidence found. We requested information about staff training, records about people's care visit timings and quality monitoring checks. We also sought feedback from a second local authority who works with the service.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Staffing and recruitment

- At our last inspection people told us that staff did not always turn up at planned times. This had not been identified as a problem by the registered manager who told us it was not possible to identify the exact time staff members arrived for visits or how long they stayed for. At this inspection, improvements had begun.
- A new electronic rota system had been introduced and care visits for some people using the service had been set up on a real time system, enabling the registered manager to monitor when care visits were carried out or if any were missed. The registered manager explained that it depended on funding arrangements whether people's visit times were entered on the real time system. This meant some people's visit times could be monitored more easily than others for punctuality and duration.
- We checked a sample of the real time system records and spoke with people, to find out how reliable the service was for them. Overall, the records showed that most visits were carried out within 15 minutes of the planned time. Most people agreed with this and told us the service was reliable. They confirmed staff normally let them know if they were going to be late. One person said, "I am perfectly happy with them (staff)...they're pretty good (keeping time), on the whole they're very good. I never had a missed call." Another person told us, "They have started sending a rota, since last week. I now know the exact time and whose coming, which I like." However, this was not the experience for all. One person said, "There's no specific time and that's frustrating...you have to go with the flow." A relative added, "The times are a little random." They did not know in advance which staff were coming and when.
- Staff provided mixed feedback too. Some felt their rotas were realistic and they had enough time to carry out care visits as planned. One staff member said, "I've not had a problem." However, they also told us they did not get enough notice with their rotas and there were times when they were not given travelling time between visits. Another staff member told us, "The rotas are always different. People don't know who is turning up or when to expect them." Records supported this feedback and we found a few scheduled care visits with no travelling time built in. One of these involved a member of staff having to travel over five miles between visits, a journey that would take around 13 minutes to complete. This would make it impossible for the staff member to deliver care and support to the people involved, on time. It was clear from this inspection that although improvements had been made, more work was required to ensure a consistently reliable service for people.
- At our last inspection we found inconsistencies in the employment checks carried out for new staff. Pre-employment checks are important to demonstrate staff members are suitable for their positions. During this inspection, we found improvements had been made, particularly in relation to the quality and thoroughness of checks to ensure new staff were fit and safe to work at the service. Despite this, we found one staff file where the new robust checks had not been applied. There was nothing to indicate that the staff member was not safe to work at the service however, the registered manager confirmed there would be no

exceptions to the checks carried out on all staff in future.

#### Using medicines safely

- At our last inspection we found a lack of clear guidance for staff to understand when to administer PRN (as required) medicines for some people. In addition, auditing processes had not identified when one person had missed a dose of their medicine. On this occasion improvements had been made. PRN protocols had been updated to provide clearer instructions for staff, and audits of medicine administration records (MAR) had identified potential problems, with actions to remedy these. However, we did find one record where someone had not received their medicine as it had run out. The registered manager explained that the person's family was responsible for ordering their medicines. There was no evidence that the person had come to any harm however, there was nothing in the records to show what actions the staff had taken to ensure the safety and wellbeing of the person at the time, such as seeking advice from their GP. Following the inspection, the registered manager provided evidence that actions were now being taken and recorded.
- Other MARs we looked at had been completed correctly, indicating that where the service was responsible people were otherwise receiving their medicines as prescribed. A relative told us, "They (staff) do all the medication. The guys (staff) are awesome."
- Staff confirmed they had been trained to administer medicines to people and records supported this. Senior staff also checked to ensure they were competent to manage medicines in a safe way.

#### Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe. One person said, "It's all fine, yes, I am very safe with them (staff)."
- Staff told us they had been trained to recognise abuse and protect people from the risk of abuse. They all spoke confidently about reporting any concerns if they needed to. One staff member said, "I would report straight away to the manager." They were clear about how to escalate any concerns outside of the service too, if needed.

#### Assessing risk, safety monitoring and management

- At our last inspection we found risks to people had not always been assessed fully and on some occasions risk assessments had not been completed when risks were known. For the records checked on this occasion we found this had improved. Risks to people, such as falling, had been assessed to promote their safety and protect them from harm. This information had been recorded in their support plans, providing guidance to staff of how the risks should be managed to keep them safe. One person told us, "I have fallen but not recently. I've got this thing (pendant alarm) around my neck...Oh yes, I feel safe with them (staff)."

#### Preventing and controlling infection

- People were protected by the prevention and control of infection. People confirmed staff maintained good hygiene by using personal protective equipment (PPE) such as disposable gloves when handling food or before providing personal care. Records also showed staff responsible for preparing and handling food had completed food hygiene training. During the inspection two members of staff popped in to pick up more supplies of gloves. They told us they were always able to do this.

#### Learning lessons when things go wrong

- Processes were in place to ensure lessons were learned when things went wrong. For example, the registered manager spoke about the actions that had been taken following a safeguarding incident, to minimise the risk of a future reoccurrence. This had included providing new guidance and information to staff and people using the service.

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- Records showed that people's holistic needs were assessed prior to them using the service, which helped to ensure their care and support was right for them.
- The registered manager showed us they received information in a variety of ways, to help them keep up to date with changes in legislation and good practice. This included meetings with other providers and electronic bulletins from relevant health and social care organisations.

Staff support: induction, training, skills and experience

- At our last inspection we found some staff members had not completed recent training in key areas such as safeguarding and medicine management. During this inspection this had improved. Records showed more recent training had been completed in both these areas and a number of others too. The registered manager used a training matrix to highlight when refresher training was due and maintained a record of when staff had been reminded to complete this. Staff confirmed they completed most of their training through a computer, sometimes known as 'e-learning' (electronic learning).
- People felt staff had the right skills and knowledge to meet their needs. One relative said, "New ones (staff) come and the regulars show them what needs doing."
- At the last inspection we also found inconsistencies in the frequency of staff meetings and individual supervisions being held, to support staff in carrying out their roles and responsibilities. During this inspection there was evidence of these taking place, but staff told us they still did not happen as often as they would like. Despite this, staff told us they had regular access to the registered manager through a messaging system on their phones or when they worked alongside them whilst providing care and support to people. Staff also confirmed they were able to get support out of hours if they ever had a concern or a query. One staff member told us, "It's very rare you don't get an answer." The registered manager acknowledged there was still room for improvement in terms of the frequency of meetings and supervisions. They told us they would look at building specific time into staff rotas to ensure staff felt fully supported in their roles and had regular opportunities to update their knowledge and practice in line with best practice.

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

- Where the service was responsible, people told us they were supported to eat and drink enough to maintain a balanced diet and to keep them hydrated. One person told us, "I put (meal of choice) out the night before from the freezer. They (staff) take it from there."
- Care records contained guidance for staff on how much support people needed with eating and drinking. Where needed, staff completed additional 'food journals' to monitor those people most at risk of not eating

and drinking enough.

Staff working with other agencies to provide consistent, effective, timely care; and supporting people to live healthier lives, access healthcare services and support

- Staff helped people to access healthcare services and receive ongoing healthcare support.

People or their relatives generally organised their routine healthcare appointments. However, staff confirmed they were able to contact relevant healthcare professionals such as GPs or the community nursing team if required, and gave examples of when this had happened. Records we looked at supported this. In addition, a relative had written to thank a member of staff for the medical care they had arranged for their family member when they had become unwell. They had written, '(Staff member) even took the time to come back to see what was happening to them. We thought this showed great compassion and understanding in difficult circumstances. We know it's their job but they did go the extra mile to help'.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making 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 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.

- The registered manager understood their responsibilities regarding the requirements of the MCA. In the care records we checked there was evidence that people's mental capacity had been assessed and their consent to care had been sought.
- The registered manager confirmed no one currently using the service was being deprived of their liberty, and as such it had not been necessary for any applications to be made to the Court of Protection. The Court of Protection makes decisions on financial or welfare matters for people who are not able to make decisions at the time they need to be made.
- People we spoke with confirmed they were asked for their consent before support and care was provided to them.

# 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 the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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

- People confirmed staff treated them with kindness and compassion. One person told us, "They (staff) come in and make me a cup of tea just how I like it...They're all very polite and very friendly." A relative added, "They (staff) are very considerate carers and respectful towards (relative)." We heard respectful interactions taking place during a telephone conversation between a staff member and someone using the service. Despite the pressure of being involved in the inspection process, the staff member prioritised the person's needs and ensured they were listened to.
- Another relative had written to express their thanks when staff had showed concern for their family member's wellbeing in a caring and meaningful way. They had written, '[Name of staff member] was so nice and caring, supporting my (relative)...doing their utmost to keep them calm in what would have been a very fraught and anxious time for them.'
- Staff spoke in a considerate and knowledgeable way about the people they provided care and support to. One staff member told us, "I love the job and the people."

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

- People confirmed they were able to express their views and staff involved them in making decisions about their care and daily routines.
- Records showed that people received additional help with making important decisions about their care and support from their relatives, where appropriate.

Respecting and promoting people's privacy, dignity and independence

- People confirmed their privacy and dignity was respected and upheld. One person explained staff helped them with their personal care and said, "I have never found them (staff) to be anything else other than polite."
- Staff used a messaging service to cascade information to each other via their mobile phones. The registered manager was aware of the importance of monitoring this closely to ensure people's confidentiality was not breached or their safety placed at risk. We checked a sample of recent messages and found these did not contain any personal information relating to anyone using the service.

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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

- At the last inspection we found people's changing needs were not always adequately recorded. During this inspection this had improved. People's assessed needs had been reviewed to ensure their support plans reflected their current needs. Support plans we checked were personalised and contained information about how each person preferred to receive their care and support. Additional records were being maintained to demonstrate the care and support provided to people daily.
- Records showed that people and where appropriate their relatives, had contributed to planning their care and support.

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.

- We checked to see how the service was meeting this standard and found support plans contained information about people's individual communication needs, with clear guidance for staff on how best to meet these.
- Some information had been provided in alternative formats using pictures, photographs and symbols. This included some support plans and satisfaction surveys.

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

- Where the service was responsible, people were supported to meet their social needs. Staff explained this could take different forms depending on the need of each person and the agreed care package. For example, one member of staff talked to us about providing regular company for one person in their own home. They also supported other people to develop their independent living skills through shopping, cooking and accessing local community facilities, such as cafes.

Improving care quality in response to complaints or concerns

- At the last inspection we received mixed feedback from people about how complaints were dealt with. During this inspection this had improved. Information had been developed to explain to people how to raise a concern if they needed to. Everyone we spoke with understood the process for raising concerns. One relative said, "No, (we have) no concerns at all. We have all the numbers (for the office) we're alright." The

registered manager showed us they were in the process of sending updated information about the complaints process to everyone using the service as a reminder. This included a new easy read version, to make the information as accessible as possible.

- Records had been maintained where people had raised concerns and showed that complaints were dealt with in a timely way. Written feedback had been provided to people, with follow up actions taken to improve the quality of service provided, where required.

#### End of life care and support

- At the last inspection we found there were no formal processes in place to establish people's preferences and choices for their end of life care. During this inspection this had improved. The registered manager had amended the assessment form used to gather information about people's needs before they started using the service. This meant that people's end of life preferences could now be captured as part of the assessment process. The registered manager had also identified relevant training to help staff to support people at the end of their life, to have a comfortable, dignified and pain free death. Records showed that further work was still needed to ensure the new process included everyone using the service and not just people new to the service. The registered manager assured us this work was underway.

- The registered manager explained that they were not currently supporting anyone at the end of their life. They added that it was unusual for them to provide this level of care because people would generally move on to another service if they became too unwell to remain in their own home. We did however see some written compliments which demonstrated the care and support provided to people in the past whose health had declined. One relative had written, 'You have all really made a huge difference to (relative's) final years...I know that they really liked having your company most of all as they were a very social person.'

# 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 the last inspection this key question was rated as requires improvement. At this inspection this key question has remained the same. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

### Continuous learning and improving care

At the last inspection we found the systems to monitor the quality of the service were not sufficiently robust in order to drive continuous improvement. This was a breach of Regulation 17 of the Health and Social Care Act 2018 (Regulated activities) Regulations 2014.

We found enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

- The quality and frequency of the audits used to check the quality of service provision had improved. Audits and spot checks had identified more areas for improvement however, we identified a few areas requiring improvement that had not adequately been addressed by the checks in place. This included inconsistencies with care visit planning and times, a missing pre-employment check for one staff member and no action recorded when someone had run out of their medicine.
- Although we found a number of improvements had taken place since the last inspection, this highlighted that the provider's quality monitoring and assurance systems still required further strengthening. This would ensure improvements were embedded and legal requirements consistently met. The registered manager acknowledged our findings and acted to address some of the issues soon after the inspection.

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

- We found the registered manager to be open and knowledgeable about the service and the people using it. They understood their responsibilities in terms of quality performance, risks and regulatory requirements. For example, the registered manager took swift action to address areas we asked more questions about or identified for improvement.
- Records showed that legally required notifications were being submitted to us (CQC) as required, and when things went wrong people and their relatives were kept informed too.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- Systems were in place to enable people to provide feedback about their experience of using the service. This included satisfaction surveys and face to face contact. People told us they saw the registered manager when they came out to provide care and support to them. One person told us, "She's been out to see me twice. I liked her, she seems like a nice lady." A relative added, "The lady who runs it comes out to care for (relative) once a week, or more. If I need to, I can touch base with her." A number of people said they would be happy to recommend the service to others.
- We saw the results of the most recent satisfaction surveys sent out to people in November 2019. Of the 15 people who returned their surveys, 11 had recorded they were completely satisfied with the service they received, and the remaining four people were nearly completely satisfied. Where needed, actions to improve the service had been identified.
- Staff provided positive feedback about the registered manager too. They described them as supportive, approachable and fair.

#### Working in partnership with others

- Records showed that the service worked in partnership with other key agencies and organisations. This included local authorities and external health care professionals to support care provision, service development and joined-up care in an open and positive way.