

Quality Care Homegivers Limited

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Inspection report

5B Wharfside House
Prentice Road
Stowmarket
Suffolk
IP14 1RD

Tel: 01449780480

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

This inspection took place on the 18 and 19 May 2016 and was announced.

Quality Care Homegivers is a small domiciliary care service providing personal care to people in their own home. On the day of our inspection there were 17 people using the service.

The service had a manager who was new in post, having been employed within the last six months. They were in the process of registering with the Care Quality Commission (CQC). A registered manager is a person who has registered with the Care Quality Commission to manage the. 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.

We received only positive feedback from people who used the service. People told us they were supported by regular staff who provided consistency of care and they were treated with dignity and respect with no concerns about their safety. Everyone we spoke with expressed their satisfaction with the way the service was managed and the care and support provided by staff.

There was a variation in the quality of care planning including risk assessment and guidance for staff with actions to protect people from the risk of harm. Risk assessments in relation to the management of people's medicines were not always sufficiently detailed or accurate.

The manager was in the process of improving systems to ensure information was consistent and care plans were regularly reviewed and updated to reflect people's changing needs.

There were enough qualified, skilled and experienced staff to meet people's needs. People received care from a staff team that treated them with kindness and were mindful of protecting their rights to choice, dignity and respect.

Staff were supported with a planned induction and ongoing training opportunities. However, planning for supervision and access to team meetings was sporadic. The manager was new in post and told us they planned to provide regular opportunities to staff to discuss their work performance and plan their training and development needs.

The culture of the service was open, transparent and focused on the needs of people who used the service. Staff were supported by the manager who they described as supportive, approachable and hands on.

People found the manager responded promptly to any concerns. People were provided with opportunities to express their views regarding the quality of the service, through annual satisfaction surveys. The provider recognised that further work was needed to audit the care and to ensure feedback from people was analysed and used to in planning continuous improvement of the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement ●

The service was not consistently safe. Personalised risk assessments in relation to the management of people's medicines were not always sufficiently detailed or accurate.

Staff were provided with training and understood how to identify people at risk of abuse. The provider had a whistleblowing policy and procedures to guide staff in how to report concerns appropriately.

The provider's recruitment procedures demonstrated that they operated safe and effective systems.

Is the service effective?

Good ●

The service was effective as staff received training relevant to their roles and responsibilities.

People were asked for their consent before they received care.

Staff supported people to have enough to eat and drink.

People were supported to access a range of healthcare services.

Is the service caring?

Good ●

The service was caring.

Staff treated people with kindness and empathy.

People received care that was respectful of their need for privacy and dignity.

People were supported to make decisions about how their care was delivered.

Is the service responsive?

Good ●

The service was responsive.

People had their needs assessed prior to commencement of the service and were involved in the development of their care plans.

Staff listened to people and responded to their wishes. People knew who to complain to and were confident their concerns would be responded to appropriately.

The provider provided people with the information about how to complain should they wish to do so.

Is the service well-led?

The service was not consistently well led.

The culture of the service was open, inclusive and centred on promoting the quality of life for people.

Staff understood their roles and responsibilities and were supported well by the management team.

The manager and provider recognised that further work was needed to establish systems and processes to ensure regular quality and safety monitoring to mitigate potential risks to people and ensure planning for continuous improvement of the service.

Requires Improvement 

Quality Care Homegivers Limited

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.

This inspection took place on the 18 and 19 May 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service where people in the office are often out during the day; we needed to be sure that someone would be in.

This inspection was carried out by one inspector.

Before we carried out our inspection we reviewed the information we held about the service. This would include statutory notifications that had been sent to us in the last year. This is information about important events which the provider is required to send us by law. We would use this information to plan what areas we were going to focus on during our inspection.

We spoke with five people who used the service. Two people we visited in their homes alongside staff and three people on the telephone following our visit to the location office. We spoke with three staff, one of the director's and the manager responsible for the day to day management of the service.

We reviewed three care and support plans, medication administration records, two staff recruitment files, staff training matrix and records relating to the quality and safety monitoring of the service. We also looked at a sample of surveys completed by people who used the service and staff.

Is the service safe?

Our findings

All of the people we spoke with told us they felt safe with all of the staff who supported them. One person said, "I couldn't get more pleasure out of seeing them. They are so wonderful. They have made such a difference to my life. I feel safe with all of them. They are all very kind." Another told us, "I am very happy with the care they provide, I cannot find fault. They always turn up. I know I can rely on them and that makes me feel secure."

We noted from a review of staff handbooks and the policies and procedures available for staff that the provider had a whistleblowing policy in place. This policy provided guidance for staff in relation to actions they should take in safeguarding adults from the risk of abuse. As part of their induction staff told us they received training in awareness of what constituted abuse and what steps they should take to respond to any allegations of abuse. One member of staff who had received this training told us, "I have never worked in care before and they teach you how to look for signs of abuse. We are told to speak to the office staff if we have any concerns whatsoever." The manager demonstrated their knowledge in reporting concerns to the local safeguarding authority for investigation if required.

People were satisfied with staff handling of their medicines and told us they received their medicines in a timely manner. Staff maintained appropriate records of administration. We looked at medication administration records (MAR) for two people in the community and saw that records had been completed appropriately.

Personalised risk assessments in relation to the management of people's medicines were not always sufficiently detailed or accurate. Care plans did not always clearly state what support people required with their medicines and staff were unclear about the level of support they should give. For example, where a care plan record guided staff to prompt a person to take their medicines, staff were actually administering medicines. Staff did not always demonstrate a clear understanding of the difference between prompting and administering of people's medicines. The provider's medication administration policy did not provide staff with clear guidance with this regard.

There was a variation in the quality of information provided within risk assessments. Risk assessments had been produced for a range of situations. For example, when supporting people to mobilise safely, the use of equipment and risks for staff associated with working in a family home environment. Some were more detailed than others. The provider told us that the variation in quality was due to several changes in management over the last two years. Care plans including risk assessments were in the process of being reviewed. Staff and the manager demonstrated their understanding of what measures were in place to mitigate any risks to people's health, welfare and safety.

The provider had procedures in place to guide staff in the event of emergencies. Accidents and incidents were recorded and analysed by the provider. Staff were supported out of hours with an on call duty rota where they could access support and advise when required. One member of care staff told us, "They are always available and answer the phone quickly. They are always easy to get hold of."

There were sufficient numbers of suitably qualified staff to meet people's needs. All of the people we spoke with told us staff never missed a call and if staff were running late they were informed by telephone. People told us that the staffing levels were sufficient to meet their assessed care and support needs. Staff and the manager told us that apart from one vacancy and with the support of the manager providing hands on care, there were enough staff at the present time balanced with the allocation of care hours provided to ensure that all visits were covered efficiently.

When asked if staff stayed their allocated time people told us, "They always have time to chat and do all they need to do. They are really good. They always have time to laugh with you and make me smile." Another person told us, "They always ask you if there is anything else they can do for you before they leave."

People told us they had support from regular carers which meant they received consistent care from staff who knew them well. Staff told us that their schedules allowed for them to get from one person to another and to stay for the required time.

The provider had established and operated effective recruitment procedures. This ensured that staff employed were competent and had the skills necessary for the work they were employed to perform. We looked at the staff recruitment records for three staff recently appointed. Recruitment records showed that the provider had carried out a number of checks on staff before they were employed to work alone with people. These included checking their identification, health, conduct during previous employment and checks to make sure that they were safe to work with older adults.

Is the service effective?

Our findings

People told us they were satisfied with the care and support they received. They told us that staff had the skills to meet their needs. One person told us, "The staff are marvellous. They know just what to do. They are like family to me." Another told us, "They appear to be competent and know what to do. When anyone new starts they come and introduce them to you and show them what to do."

Staff were supported with access to their manager who they told us worked hands on, alongside them, to cover when staff were on leave. This they told us gave them regular opportunities to discuss any concerns that they might have. Staff performance, spot checks were carried out by the manager on care staff to check the quality of care they provided to people and to assess their competency. Records of these checks had been maintained. However, the regularity of these was found to be sporadic.

We saw from a review of records and discussion with staff that planning for one to one supervision sessions and access to team meetings had also been sporadic. The manager was new in post, and told us they planned to provide regular opportunities for staff to discuss their work performance and plan their training and development needs.

Newly appointed staff told us they had benefitted from a comprehensive induction programme. This included a week of office based training. Induction training included first aid, safe food handling and safe procedures for moving and handling people. Staff told us at the start of their employment they worked alongside other staff shadowing them to get to know people and become familiar with their care and support needs before they started working alone. One member of staff told us, "The training was supportive, very good. I have been supported very well. There is always someone to talk to if you are not sure of anything."

Discussions with staff and training records showed us that staff had received training in a variety of subjects relevant to the roles that they performed. Staff had also received training in understanding their roles and responsibilities with regards to the Mental Capacity Act 2005 (MCA) and related Deprivation of Liberty Safeguards. This meant that staff had the required knowledge to identify when a person without capacity needed specialist support to ensure that their best interests were protected and their human rights upheld.

We observed and people told us they were asked their consent before they received care. Care staff demonstrated how they asked permission before doing anything for or with a person when they provided care. Staff told us how they supported people to make decisions. For example, people were offered a choice of clothes to wear.

People were provided with a choice of what they ate and some chose to receive support from care staff with the heating up of pre-packed meals. We observed staff offering people a choice of food and they checked to ensure people had access to drinks. People told us they were satisfied with the support they received from staff and were provided with enough to eat and drink.

Some people were able to manage their healthcare independently or with support from their relatives. Staff recorded the support that they provided at each visit and other relevant observations about the person's health and wellbeing. People's records showed us that when necessary staff had taken action to ensure that people had access to appropriate health care support for example, GP's, community nurses and occupational therapists.

Is the service effective?

Is the service caring?

Our findings

Everyone we spoke with told us staff were kind, caring and polite. Feedback was consistently positive about the standard of care they received. One person told us, "They are all very kind." Another said, "They care for me like family."

Staff were knowledgeable about the people they cared for and spoke with empathy and were respectful when referring to people. People told us staff were kind and caring in their approach and that as they received consistent care from regular carers this enabled them to develop good relationships with them.

Staff respected people's wishes and provided care and support in line with their wishes. People told us staff always checked to see if they needed any further support before they left. People told us that staff respected their dignity when providing them with their personal care support needs. One person told us, "Having to have people in my home to wash me was not what I thought would happen to me but they have made this easy for me. They always treat me with dignity and always respectful of my need for privacy." Another said, "They reassure you and chat to you."

People told us they had been fully involved in making decisions in the planning of their care. They said they had been given information on a weekly basis which recorded the scheduled times for their visits with details of the member of staff allocated to them.

People told us that they were informed when staff would be running late. One person told us, "They do their best to get here on time. If they are running late they call you." Another said, "I have a copy of my care plan. The staff write in the folder and you can see what it written, none of it disrespectful."

We spent time visiting people in their homes alongside staff. We saw that staff approached people in sensitive, respectful manner, requested consent prior to support being provided and interacted positively with people.

Care plans we reviewed were oriented towards recognising people's choices and supporting their independence. For example, one care plan we reviewed described for staff how best to support the person with complex health care needs, describing in great detail their wishes and choices with regards to support with their personal care. Staff were provided with guidance in how to support people in a kind and sensitive manner. For example, in respecting how people liked to be addressed, how to support people with dignity when providing personal care and when responding to people who presented as anxious. We were therefore assured that staff had been trained appropriately and had received the guidance they needed to support people in a caring and dignified manner.

Staff and the manager were aware of their responsibilities to protect people's confidentiality. They understood they were bound by a legal duty of confidence to protect people's personal information. People's records located in the location office were maintained securely.

Is the service responsive?

Our findings

People told us that the care they received was personalised and responsive to their needs. We asked people if the support they received met their needs and whether any changes to their care arrangements were required. People told us they had been involved in the planning of their care. They gave us examples of when staff had responded to their changing needs. For example, in response to an emergency or when adjustments had been made to the timing of their support visits due to their need to attend health care appointments. This meant that where possible care was provided in a flexible way in response to people's needs.

There was a variation in the amount of information provided and the quality of care planning, including risk assessments and guidance for staff to protect people from the risk of harm. Some care plans were very detailed whilst others were brief in the amount of information provided. The manager was in the process of improving systems to ensure information was consistent and care plans regularly reviewed and updated to reflect people's changing needs. However, all care plans we reviewed were written in a manner which oriented towards recognising people's choices and supporting their independence. Some detailed how people chose to be addressed and how they chose to live their daily lives.

Staff recorded in a daily log the care and support they provided which was kept in the person's home. Staff described how the person was feeling, the food prepared and any contact with others such as healthcare professionals included any pharmacy support in the management of people's medicines.

Everyone we spoke with was satisfied with the way care was provided. Staff were knowledgeable of people's needs. They described how they worked to ensure that people remained in control as far as possible and described how they supported people to express their choice and maintain their independence by encouraging them to do as much as they could for themselves with staff support. This demonstrated that people were receiving care and support when they needed it whilst maintaining their autonomy and encouraging their independence.

People received their support from regular care workers. They told us that when new staff had been employed to work in the service they had been introduced to them and shown what was needed to support people to have their care and support needs met.

People told us they had confidence in the management to deal with any concerns they might have. One person said, "We can always talk to one of the staff if we have a problem or any worries about anything." There was a formal system in place for responding to complaints. Information which guided people as to this process was provided to people on admission to the service. The provider had a clear complaints policy. The complaints procedure guided people in how to raise any concerns or complaints they might have with timescales for a response. We saw that one complaint had been received within the last year. There was a clear audit trail which described the investigation and the response to the complainant.

Is the service well-led?

Our findings

The culture of the service was open, transparent and focused on the needs of people who used the service. People and staff told us the manager regularly worked hands on to cover for any staff shortages, was approachable and available when needed. They were confident that they would respond to any questions or concerns they might have. Staff spoke highly of the service and described the service as a, "Good place to work", "The manager is available when you needed them for support." However, staff also told us, "We don't meetings and supervision as regularly as we used to. Communication could improve if we had more staff meetings where we have the opportunity to share ideas, discuss the care we provide and how we could work better to benefit people."

The service had a manager who had been employed within the last six months and was in the process of registering with the Care Quality Commission (CQC). The service had seen three different manager's come and go within the last two years. This had impacted on the morale of staff, access for staff to regular supervision support and the regularity of quality and safety monitoring of the service.

Staff were positive about the new manager and were confident that things were settling down. The manager regularly worked alongside staff to cover care visits to people. This they told us left them with limited capacity to fulfil the full range of their management duties. For example, providing regular staff supervisions including staff performance checks, reviews of care and updating care plans and risk assessments to reflect people's current needs. They told us that they were in the process of developing a senior staff team to address this shortfall. Senior staff would support the manager in providing hands on care as well as the supervision of staff, quality monitoring visits and care plan reviews.

We asked the manager and provider if they had systems in place to ensure regular quality and safety monitoring of the service. They told us that although the provider visited the service regularly, there were currently no formal provider and manager audits carried out and no recorded quality and safety monitoring reports produced. The views of people who used the service had been assessed in 2015 through posting satisfaction surveys to people. We noted from a review of surveys received in response that the majority of the views expressed were positive. Feedback from these surveys had not been analysed with no system in place to evidence how feedback was used to plan improvement of the service. The manager and provider told us they had recognised that further work was needed to establish and embed effective quality and safety monitoring of the service to mitigate potential risks to people and evidence planning for continuous improvement. In planning for this they told us they were in the process of developing a senior team to support the manager which would enable them to delegate and share responsibility for management monitoring of the service.