

Q Care Limited

Q Care- Ross on Wye

Inspection report

First Floor, 10-11 Gloucester Road
Ross On Wye
Herefordshire
HR9 5BY

Tel: 08456886672
Website: www.qcare.co.uk

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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? | Requires Improvement ● |

Summary of findings

Overall summary

The inspection took place on 15 February and 3 March 2017 and was announced. Q Care - Ross on Wye is registered to provide personal care to people living in their own homes. There were 89 people using the service at the time of our inspection.

A registered manager was in post and was present during our inspection. 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. At the time of inspection the registered manager had applied to deregister as a manager with CQC. A new branch manager was in post and present during the inspection. They had applied to become a registered manager with CQC.

At the last inspection the provider had not displayed their most recent CQC rating at their registered premises, in order that this was accessible to the people who used the service. The provider was now displaying the ratings clearly.

There were quality assurance systems in place to assess, monitor and improve the quality and safety of the service provided. However the provider had not always identified issues that affected the quality of support provided.

Staff did not always feel listened to and supported with concerns that they had raised with the provider.

People felt staff provided support in a safe and caring way. Staff understood how to recognise and protect people from abuse and received regular training around how to keep people safe.

Staff were not recruited until checks had been made to make sure they were suitable to work with the people that used the service.

People were confident that staff had the knowledge, skills and experience to provide effective care and support. Staff had training relevant to their roles.

People's care records contained the right information for staff to follow to meet people's health needs and manage risks appropriately.

People's consent was always gained before any care and support was given. Staff understood that care could only be given if the person consented.

People had the support they needed to ensure that they had adequate food and drink. Staff had knowledge of people's individual needs and how to meet them.

The management team promoted an open culture within the service. Staff knew what to do if they suspected abuse and were aware of when to whistle blow.

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.

Staff had the skills, knowledge and experience to keep people safe and protect them from harm.

People were supported with their medicines safely by staff who were competent to do so.

The provider followed safe recruitment checks.

Is the service effective?

Good ●

The service was effective.

People were supported by staff who were well trained and supported.

Staff supported people to access different health professionals as needed.

People were supported to have enough to eat and drink.

Is the service caring?

Good ●

The service was caring.

People said that they liked the staff who supported them and that they were kind. Staff showed that they treated all people as individuals with dignity and respect.

People were involved in planning and reviewing their care.

Is the service responsive?

Good ●

The service was responsive.

People told us care staff responded to their needs and when people's needs changed the staff worked with other professionals to ensure that their needs continued to be met.

People were able to raise any concerns or suggestions about

their care at any time with the provider and manager.

Is the service well-led?

The service was not always well led.

Quality assurance systems were not always used to identify issues.

Staff did not always feel that concerns they had raised were being listened to and acted upon by the provider.

The provider was clearly displaying the last CQC ratings at their premises.

Requires Improvement 

Q Care- Ross on Wye

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 15 February and 3 March 2017 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 in.

The inspection team consisted of two inspectors on the first day of inspection and one inspector on the second day of inspection.

As part of our inspection, we reviewed the information we held about the service. We also contacted representatives from the local authority for their views about the service. We looked at the statutory notifications the registered manager had sent us. A statutory notification is information about important events which the provider is required to send to us by law.

During the inspection, we spoke with eight people who used the service and five relatives. As well as speaking to people by telephone we also did four home visits. This enabled us to meet with people and discuss the care they were receiving. We also spoke with five members of staff, including care staff, the branch manager, quality manager and the registered manager. We looked at the care records of four people, three staff files, the provider's policies and procedures including the medicine and staff travel policies, and records associated with the provider's quality assurance systems.

Is the service safe?

Our findings

People told us that staff helped them to feel safe. One person told us, "The girls always make sure I am settled and feel safe before they go." Relatives told us that they felt staff promoted people's safety and they felt their family members were safe.

All staff had training on how to identify signs of abuse and what actions were needed to keep people safe. Staff told us about their understanding of abuse, what to look for and how to deal with it. What staff told us demonstrated that staff knew how to keep people safe from harm. Staff told us they would report any concerns of abuse or neglect to the manager or a senior member of staff without delay, and make an appropriate record of these. We could see in people's records where staff concerns about people's welfare had resulted in safeguarding referrals to the local authority. The registered manager and branch manager both had a good understanding of their responsibilities to identify and report potential abuse under local safeguarding procedures.

Staff were able to explain about how they managed risks and were confident that if they identified that risks were changing, they would get support from the manager and any other professionals involved to update the risk assessments. For example we saw in a person's care records where a risk assessment had been updated to reflect changes to the person's health. These changes were discussed with the person and their family.

People told us that they did not always have consistency with staff, as at times of staff sickness or staff leave, staff whom they had never met would arrive. People said they would prefer to know when this happens. We discussed this with the branch manager on the first day of our inspection and they told us that they would look at the system for informing people of changes. On the second day of our inspection the branch manager had made the necessary changes to ensure that people would be informed sooner of any changes.

Staff told us that before they worked for the service they had to complete an application form together with obtaining references and also checks with the Disclosure and Barring Service (DBS). The DBS is a national agency that keeps records of criminal convictions. What we saw in staff files confirmed this. The manager told us the importance of checking the suitability of potential new staff before they commenced delivering care and support.

Some people we spoke with told us they needed support from care staff when taking their medicines. One person told us, "They remind me to take my medicines". We discussed with staff about the support they gave around people's medicines. What they told us matched what was in the care plans. We saw that there were clear procedures for supporting people with their medicines and all staff had medicine training. When people have been supported with their medicines was clearly recorded in their care records.

Is the service effective?

Our findings

People told us that they had confidence that most of the time staff had the skills and knowledge to meet their needs. One person told us, "They [staff] know me and what I need really well." Relatives also told us that they felt staff knew how to meet the needs of their family members. However when there were changes to the staff supporting them, people did not always feel that important information about their health needs were always known by the staff. One example was a person who had a low immunity to infection. They told us that key important information about measures that staff needed to take before entering their home was not always known by staff that had visited them. They felt that at times this risked their health. We discussed this with the branch manager on the first day of our inspection. When we returned for the second day a summary of the most important information for staff to know had been completed for every person that received a service from Q Care. The branch manager showed us how this information would be used and shared with a member of staff before they commenced a visit to a person they didn't know. Staff we spoke with told us they were aware of how to access this information and it was now being done for each new call they were making.

Staff told us that they received sufficient training to enable them to effectively meet people's needs. Staff said that training had been improved and they felt they had good quality training that was relevant to their roles. We could see that staff attended a variety of training. For example all staff did medicines training, safeguarding training and other training appropriate to their roles. New staff had a period of induction which included working alongside more experienced staff as well as completing training before fully commencing their roles. New staff had a probationary period after which they were assessed by a quality assurance group in Q Care as being competent to work alone. The branch manager said the assurance group consisted of other managers so that an objective view of a new staff member's performance could be gained. They told us this had been developed to ensure a consistent benchmark of skills for new staff. A new member of staff told us they found the process thorough but felt supported throughout.

The Mental Capacity Act 2005 (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 principles of the MCA.

People told us that staff respected people's wishes. We also discussed with staff what needed to happen if a person did not have the capacity to make choices. Staff were able to explain about best interest meetings and the principles of the Mental Capacity Act 2005 (MCA). We were told by staff about a person who made choices about whether they wanted certain aspects of care on each visit.

People said that they were happy with the support they received around their mealtimes. One person said, "They often get me some food shopping on their way to see me. It really helps." Another person told us how the staff always made sure they had their meal prepared before they left. Staff told us about the importance of making sure that people had access to food and drinks when they left.

People told us that they were supported to keep well, and when needed the staff would support them with health appointments. Staff told us they worked with doctors and other health professionals when needed. However one person told us that at times Q Care had been unable to offer the flexibility they needed to accommodate their regular hospital appointments. They said, "[Branch manager] is always clear if they can't provide the change to the time, but this may mean I need to look for a service that can give me the flexibility I need." We spoke with the branch manager about this and they explained that they do accommodate most requests for changes, but until they have fully recruited there will be times that requests for changes cannot be met. They explained that they were actively interviewing and recruiting new staff.

Is the service caring?

Our findings

All of the people who used the service that we spoke with told us that they had good relationships with the staff. They all said about how caring the staff were. One person said, "The girls are lovely." Another person told us, "You can't fault the staff. They are kind and considerate. Great really." All of the staff we spoke with were positive about the people they supported and spoke fondly about them.

People we spoke with told us that they were always treated with dignity and respect by staff. Staff explained to us the importance of treating people with dignity and respect. The branch manager told us how they reinforced the importance of dignity and respect through people's individual supervisions as well as staff meetings.

Through our discussions with staff it was clear that they respected what people liked and disliked. One staff member said, "People are all different. We get to know everybody individually, their quirks and personalities." People we spoke with knew about their care records. They told us that staff took time to explain what they were going to do when they visited. They all felt that staff communicated well and that they were able to be actively involved in their care. We saw in people's care records that they were signed by people they belonged to where possible, and that their views had been recorded in care reviews. The care records that we looked at included information directly from the person receiving the care including their likes and dislikes. Staff told us that in all the assessments and care plans the person is at the centre of it.

People told us that they were supported to be as independent as they could be whilst living in their own homes. One person said, "I get to help to do things with the staff rather than just having everything done for me." Staff said it was important to them to enable people to participate in the care and support they received.

Staff told us what they understood by confidentiality. One staff member said, "It is really important that we treat people's personal information with the utmost care." We saw information was securely stored and only accessed by people entitled to do so.

Is the service responsive?

Our findings

People told us that they had been involved in identifying the care and support they needed. They told us that they were involved in any assessments or reviews of their care and felt listened to and involved. People told us that they had met with a member of the senior staff team prior to the start of their service. Relatives also told us that where needed they were involved in the assessments of their family member's needs. The branch manager told us that care plans were developed from their own initial assessments together with information and assessments provided by other professionals. Staff told us that care plans were helpful to refer to as well as speaking directly with the person being supported.

People were encouraged to give their opinions about the care they received and to raise any concerns or complaints. There had been some complaints made by people that used the service. Some of these complaints were about aspects of their care such as a missed call and where there had been a lack of flexibility to provide care at the times that people specifically wanted. However we could see that people's complaints had been responded to quickly. The registered manager and the branch manager had investigated the concerns and action had been taken to address what people had said.

People were aware of the complaints procedure and how to raise a complaint. People had information on who to contact including the details of the registered manager and other agencies such as the local authority and CQC. All the people we spoke with knew who the provider and the registered manager were and also that the branch manager was registering to become the registered manager. One person told us about what happened after we had visited them and shared their comments on their care with the branch manager. They said the branch manager had come out and carried out care and support for the morning with them, so they could discuss their care directly with them. They told us this made them feel valued and listened to. They also said that this was a big improvement to their previous experiences of raising concerns.

While most people that we spoke with told us that the care was centred on their individual needs, one person said that they had requested for staff to administer some moisturising cream to their back as they could not do this themselves. They told us that they felt frustrated as they had been told this was not possible due to the policies of not administering unprescribed creams. They said they felt uncomfortable asking the doctor to prescribe and that no further action had been taken to explore how they could get the help they needed to put the cream on. We discussed this with the branch manager and the option of getting written agreement from the person was being explored. We discussed a softer approach from Q Care that thought creatively about people's care requests, rather than straight away saying that something wasn't possible due to the policy constraints. The branch manager agreed and said that in future they would aim for more flexibility and creativity in how people's individual needs would be met. When we visited on the second day work had already started to discuss the person's requests directly with them.

The provider and branch manager were keen to gather people's feedback. On a regular basis people that used the service were telephoned and asked about their care. Their responses were written down and compiled in to regular satisfaction reports that were shared with managers and staff. The branch manager told us that they often went out on calls so that they could meet with people and have face to face

conversations with them about their care and support

Is the service well-led?

Our findings

At the last inspection in August 2016 we found that the provider had not displayed the CQC rating of their most recent inspection at their registered premises, although this rating was displayed on their website. Providers are required to display Information about their performance in a place that is accessible to the people who use the service. This was a breach of Regulation 20a of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. At this inspection we found that improvements had been made and now the rating was clearly displayed. This meant they were no longer in breach of regulations.

At the last inspection in August 2016 we found that we were not always notified of incidents or allegations of abuse when we should have been. At this inspection we found improvements had been made. The provider had when appropriate submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale. This means that we are able to monitor any trends or concerns.

Although the provider had implemented a number of quality assurance systems and checks to assess, monitor and improve the quality and safety of the service they provided, these systems had not identified that people were regularly having late calls. Staff had told us that this was due to unrealistic travel times between calls.

People also told us that staff had made them aware of the pressure they felt at the small amount of time they were afforded between calls. Staff told us that this had been raised as an issue to managers and the provider numerous times. When we discussed this with the registered manager they told us they were aware that staff had concerns. They said, "The computer system calculates the time and distance, so I do not know why staff are saying they can't get to calls on time." However when we looked at the system which recorded when staff arrived and left calls we saw that there were regular late calls. For example we looked at the week of inspection and there were 13 calls that were recorded as being over twenty minutes late, with three calls being over thirty minutes late. The registered manager said that people would not always be called if a call was late. Even though the system was able to provide this detailed information which highlighted that at peak times calls were late, the provider and registered manager had not identified this as a problem. The branch manager told us that they would look at the information the system provided more closely in future and would review travel times with staff as a matter of urgency.

People and relatives told us that they found the registered manager and branch manager approachable and open. They said they could talk with staff about any comments or concerns and felt that they would listen and forward any concerns or comments to the provider if needed. However staff told us that although they felt the branch manager listened, the provider did not always demonstrate an approach of listening and taking on board concerns that staff were raising. The main point that staff told us they had been raising was the concerns about travel times which is detailed above. The branch manager assured us that more work was being done to ensure that staff felt valued and listened to.