

Your Quality Care Services Limited

Your Quality Care Services Limited (East Grinstead)

Inspection report

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West Sussex
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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

About the service

Your Quality Care Services (East Grinstead) is a domiciliary care agency that provides support to people living in their own homes. 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. There were seven people receiving the regulated activity of personal care at the time of our inspection.

People's experience of using this service and what we found

The service is a new agency which at the time of this inspection was providing personal support to people living within a retirement village. Feedback was consistently positive about the service people received. People felt valued and told us the support they received enabled them to continue to lead their lives as they wished.

There were good systems in place to keep people safe. Risks had been appropriately assessed and action taken to safeguard people from the risk of abuse or avoidable harm.

Enough staff were employed to meet the needs of the people who received personal support. People were supported by a regular and reliable team of staff who knew them well. Staff were kind and compassionate in their approach and had developed a good rapport with both people and their families. Staff promoted people's privacy and dignity and encouraged people to retain their independence.

Appropriate steps were taken to ensure staff were suitably vetted prior to appointment. Training was ongoing to ensure staff had the skills and experience to support people effectively.

Each person was assessed prior to the commencement of care, from which a personalised plan of care was devised. Support was provided flexibly and regularly reviewed to ensure it remained responsive to people's changing needs.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

There were systems in place to keep people healthy, hydrated and ensure medicines were administered as prescribed.

The registered manager was committed to delivering high quality support and had a clear strategy for expanding the business, without compromising on quality. Quality assurance systems ensured ongoing monitoring and improvement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection

This service was registered with us on 15/02/2019 and this is the first inspection.

Why we inspected

This was a planned inspection as part of our routine schedule of inspections.

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 safe.

Details are in our safe findings below.

Good ●

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 well-led.

Details are in our well-Led findings below.

Good ●

Your Quality Care Services Limited (East Grinstead)

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 two inspectors.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own homes.

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 a short period notice of the inspection because the service was small, and the registered manager works across two locations. We needed the registered manager to be available to meet with us and arrange for us to visit people and speak with staff.

Inspection activity started on 29 January 2020 and ended on 5 February 2020. We visited the office location on 4 February 2020.

What we did before the inspection

We reviewed the information we held about the service. This included information gathered when the service was registered.

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.

We used all of this information to plan our inspection.

During the inspection

We visited three people who used the service and spoke with three relatives about their experience of the care provided. We spoke with four members of staff including the registered manager, the clinical director for the provider and two care staff.

We reviewed a range of records. This included three people's care records and two staff files in relation to recruitment, training and supervision. We also looked at a variety of records relating to the management of the service, including the way the provider monitors the running of the service.

After the inspection

We spoke with another relative of a person using the service on the telephone.

Is the service safe?

Our findings

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

At this inspection this key question was rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe with the staff who supported them and confident that their homes and belongings were respected and secure. One person confirmed, "Oh yes, I feel very safe in the company of staff. They are definitely honest people." Similarly, a relative said, "I have no worries about them at all."
- Staff understood their roles and responsibilities in protecting people from harm and were committed to keeping them safe. Staff told us they had completed training in safeguarding and were able to talk about different types of abuse and what they would do if they ever had concerns. One staff member said, "I would feel very confident to report any concerns that I had."
- The registered manager knew the procedures she would need to follow if any safeguarding concerns were raised to her, yet this had not been necessary to date.

Assessing risk, safety monitoring and management

- People told us that staff provided them with support that enabled them to lead their lives safely and, in accordance with their wishes. One person informed us, "Everything in my flat is where I need it, so I can safely move myself around. They [staff] understand and respect that."
- Risks to people were appropriately assessed and managed in a way that balanced their safety and right to freedom. Each person's care plan was linked to a set of risk assessments that outlined how identified risks could be mitigated. For example, where people at risk of falls there was detailed guidelines for staff about maintaining a safe environment.
- The provider had appropriate contingency plans in place to ensure people's care would continue in the event of an emergency.

Staffing and recruitment

- People spoke highly of the staff who supported them and told us they had never experienced a missed call or received care at the wrong time. One person confirmed, "The communication is very good, and they have never missed a call or been very late."
- People told us that they were supported by the same small number of staff and that they appreciated having consistent care that was flexible to their needs. One relative informed us, "They have been so very flexible at getting the hours to work for us."
- As a new agency, the registered manager had demonstrated a commitment to only accepting new care packages for people when they had the staff in place in support them. The registered manager told us, "I have turned down referrals for packages of support that we do not have the capacity to fulfil. We are looking to expand the business, but our commitment is to grow slowly so quality is not compromised."
- Staff were recruited subject to appropriate checks to help ensure staff were safe to work with people who

used care and support services. Recruitment information included obtaining three written references, a full employment history and the completion of a Disclosure and Barring Service (DBS) check. DBS checks help employers make safer recruitment decisions and include a criminal record check.

Using medicines safely

- There were systems in place to support people safely with their medicines and ensure they received their medicines as prescribed. For example, staff understood the importance of some medicines being given at set times and explained how they ensured this happened.
- Staff received training in the safe administration of medicines and the management team completed three-monthly competency checks to ensure staff practices remained safe.
- Staff completed Medication Administration Records (MAR charts) following the administration of medicines which were regularly audited by the management team and any gaps followed up.

Preventing and controlling infection

- People told us that staff maintained a good level of hygiene. One person informed us, "I watch them when they are preparing my food and their standard of hygiene is very good."
- There were appropriate systems in place to manage infection control and staff confirmed that they had completed relevant training.
- Staff had access to appropriate Personal Protective Equipment (PPE) and people confirmed that staff used gloves and aprons when supporting them. One member of staff confirmed, "PPE is available in each person's flat, but I also keep a spare supply of gloves in my car or we can come into the office to get them."

Learning lessons when things go wrong

- The management team had developed a culture of reflective practice across the service. The registered manager confirmed that despite being a new agency, she had shared learning from feedback and incidents at the other branch she managed. For example, following an inspection at their sister service last year, revised care planning and auditing systems had been introduced at both locations.
- Accidents and incidents were routinely reviewed to establish learning which was shared with staff. Staff confirmed that where improvements were identified from audits or reviews, these were shared with them. One staff member told us, "If issues are identified then these are shared for learning and not blame."

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 this inspection this key question was rated as 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

- People's needs were assessed by either the registered manager or clinical director prior to support being delivered. One person told us, "The [registered manager] came and met with me before the care started and we discussed the care I needed."
- Each care plan was linked to the needs identified in the person's assessment. The information recorded was personalised and clearly reflected the needs, wishes and expectations that people had expressed during the assessment process.
- People's support needs were kept under ongoing assessment. For example, one person's assessed needs had recently changed and as such their support package was reviewed and amended accordingly.

Staff support: induction, training, skills and experience

- People praised the standard of support they received from staff. One person told us, "Staff seem very confident with what they are doing, and new staff shadow the experienced ones first." Similarly, a relative commented, "Staff are very competent."
- Staff had the skills and experience to meet people's needs effectively and received ongoing training and support. One staff member told us, "I did a week of training when I started, it covered all the mandatory areas and was delivered face to face which was good." Similarly, another staff member confirmed, "I feel confident with the training and support that I get here."
- New staff completed an induction programme in line with the Care Certificate. The Care Certificate is a nationally recognised set of standards which health and social care workers are expected to demonstrate in their daily working lives. New staff also shadowed more experienced staff until they felt confident working alone.
- The management team informed us that they were in the process of developing additional bespoke training in areas such as dementia and Parkinson's in response to getting referrals for people with more specialist needs.

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

- Where staff supported people with their meals, care plans included information about people's dietary needs and nutritional risks. This information was used alongside knowledge about people's preferences about the food they enjoyed and timings of meals to create personalised support plans which people confirmed staff followed.
- Staff recognised the signs of dehydration and fluid charts were in place to monitor the fluid intake of people with hydration risks or a catheter in situ.

Staff working with other agencies to provide consistent, effective, timely care

- People told us that they were supported by the same staff which enabled consistent support.
- Information about each care visit was recorded which ensured that everyone involved in supporting people had access to current and accurate information.

Supporting people to live healthier lives, access healthcare services and support

- People's packages of support enabled them to maintain their own physical and mental well-being.
- People made their own healthcare appointments but told us that staff provided support flexibly to enable them to access these. For example, one person said, "When I need to go to a hospital appointment, I let the staff know and they arrange for my support to be provided earlier that day."
- Where appropriate people were supported to maintain good oral hygiene. One staff member confirmed, "For some people, it's important that we prompt them with their oral care."

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

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.

Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty. No one was being deprived of their liberty at the time of our inspection.

- People were fully involved in all decisions about their care and staff understood the importance of gaining people's consent prior to delivering support.
- Staff had a good understanding of people's legal rights and how this affected the way they provided support to people. One staff member told us, "If someone refused support, then we would encourage them, but never force them." They added, "If they wanted to get up later, then I would try and move things round so that I could come back and help them a bit later."
- The registered manager knew what action to take to ensure a decision was made in the person's best interests if they identified a person lacked capacity. Where people had appointed others to act on their behalf, the registered manager had obtained evidence of this authority.

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 this inspection this key question was rated as good. 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 were supported by a team of staff who were committed to delivering support in a caring and thoughtful way. One person told us, "Staff are very kind and respectful towards me and my home."
- Relatives echoed their praise for staff. One family member told us, "They are so personable and respectful and that means so much to us."
- Staff demonstrated an excellent knowledge of people's needs and what was important to them. One staff member told us, "One lady likes to wear make-up each day; so, we support her with that and follow her skin care routine at the end of the day."

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

- People were actively involved in making decisions about their care. One person told us, "I'm very pleased with the care I receive. I'm the one in control of what happens to me."
- Staff understood the importance of respecting people's choices and supporting them to live their lives as they wished.
- Care records reflected people's choices about how their support should be delivered. For example, it was important for one person to receive their support in a very particular way. The registered manager had therefore laminated a copy of the person's routine so that staff could follow it exactly until they knew it by heart. The person was so appreciative of the care that had been taken to get their support just right.

Respecting and promoting people's privacy, dignity and independence

- Care was provided in a way which respected people's privacy and dignity. One relative told us, "They are very good about preserving [person's name] dignity. They recognise that [person] is very private and they respect that."
- Staff were clear about the steps they took to protect people's privacy. One staff member said, "When I support someone with a shower, I always make sure there is a towel over half of their body." Likewise, another staff member told us, "If a person is supported by two carers, then I always make sure they are happy for us both to be in the room during personal care."
- People's right to independence was promoted. One person confirmed, "They do things with me, rather than for me."
- Staff recognised the importance of encouraging people to be as independent as possible. One staff member told us, "I always prompt people to do as much as they can for themselves. For example, [person's name] I encourage him to wash himself in the shower, rather than just doing it for him. It's important that he feels in control of the situation."

Is the service responsive?

Our findings

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

At this inspection this key question was rated as 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

- People told us that they received support that was personalised to their individual needs and choices. One person said, "I'm very pleased – I get exactly the care that I ask for."
- People were involved in planning their own care that was regularly reviewed with them. One person said, "The plan is reviewed annually or more often if I need or want things to change."
- Support was responsive to people's needs. One family member told us, "In terms of being responsive, they have been incredible – often making changes for us at very short notice."

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.

- Staff had the necessary skills to communicate effectively with people. Staff had a good understanding about people's communication. One staff member told us, "Some people respond better to visual rather than verbal choices, so we adapt the way we communicate to reflect their needs."
- Written information was presented in ways that were meaningful to people. For example, one person was living with a visual impairment and staff ensured important information was written in a large font for them.

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 This KLOE is applicable where the service provides or supports activities, hobbies, community contact, employment and education support. Also enables or supports contact with families, friends and others in the community as well as personal care.

- Staff supported people to maintain social contact and lead meaningful lives.
- Staff were given the time to support people in the way they wanted and understood the importance of respecting their relationships with family and friends.

Improving care quality in response to complaints or concerns

- People told us that they knew how to raise concerns and would feel confident to do so. One person said, "I have no grumbles at all, but I would feel confident to raise something if I needed to." Similarly, another person told us, "I am very happy with things. If I wasn't then I would change the company."
- The provider actively sought feedback as part of their ongoing commitment to develop the service. Where issues had been raised, these had been recorded and appropriately resolved.

End of life care and support

- The agency was not providing end of life support at the time of our inspection. The provider had a clear plan as to how end of life care could be provided if needed.

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 this inspection this key question was rated as good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- People repeatedly told us they received support from a well-managed agency. One person said, "It's very well organised and I would certainly recommend it to other people." Similarly, a family member commented, "We used another agency before this one and there is absolutely no contest. The manager and her team have been absolutely superb in getting us the right support."
- The provider promoted a commitment to high-quality care and had a clear direction for continuing to develop the services provided with people at the heart of what they do.
- Staff were proud to work for the agency and shared the provider's values. One staff member told us, "I really enjoy my job ... there's a really nice atmosphere and you are able to develop a bond with the people you support."

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; Continuous learning and improving care

- Feedback was actively sought, and concerns were acted upon with honesty and integrity.
- As the service was still small, the office team, including the registered manager were hands on in the delivery of care. Systems however had been put in place to monitor and audit the service which included regular spot checks on staff and external monitoring on behalf of the provider.

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

- The registered manager was aware of her legal responsibilities and understood when CQC and other external agencies were required to be notified of significant events.
- The registered manager kept herself up to date with best practice and continuous auditing ensured regulatory requirements were understood and met.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People were encouraged to be partners in their own care. People told us they were regularly consulted about their levels of satisfaction and that any ideas for improvement were always listened to and implemented.
- The service had been operating for almost a year and as such, the registered manager confirmed that the first round of annual surveys were about to be distributed to people and their families to collate formal feedback about the quality of the service.

Working in partnership with others

- As a new agency, the registered manager was in the process of establishing relationships with partner agencies to continue to develop the service and links within the local community.
- The provider ensured that the registered managers from each of their locations had regular opportunities to meet and share best practice with each other.