

National Quality Care Solutions Limited

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## Inspection report

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Date of inspection visit:  
19 May 2021  
24 May 2021

Date of publication:  
09 July 2021

## 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

National Quality Care Solutions Limited is a domiciliary care agency providing personal care to people in their own homes. At the time of inspection, the service was providing care to 31 people.

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.

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

People and their families were positive about the support provided by the service and felt engaged and involved in the care they received. A relative told us, "Staff are professional, respectful and very kind."

There were enough safely recruited staff to support people safely. We had some feedback that rotas were not always clear. The registered manager was purchasing a new electronic system which would help produce more structured rotas and improve management processes. This would support the provider to grow the service in a sustained and safe manner.

There were effective checks to monitor the quality and safety of the service. The registered manager took prompt action when concerns were raised. They promoted a reflective and learning culture when things went wrong. They were developing improved systems to measure themes and log incidents and concerns over time.

The registered manager effectively and practically minimised risk across the service. Risk assessments were personalised, and care plans provided staff with clear guidance on how to support people safely. Safeguarding practices protected people from the risk of abuse. Staff supported people to take their medicines safely, and as prescribed.

The registered manager had worked tirelessly to reduce the risk of infection from COVID-19. They had supported people and staff well throughout the pandemic. As a result, they had not been able to set up some of the management systems as planned. However, their involvement in the day-to-day running of the service meant there was minimal impact on the quality of care people received.

Staff were well supported and told us they were proud to work for the service. The registered manager was enthusiastic about promoting staff skills. Staff received detailed guidance to help them support people effectively, in line with their preferences.

People received the necessary support to eat and drink. Staff worked well with external professionals to promote people's wellbeing, referring for support when necessary.

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.

Staff supported people in a respectful manner, promoting their independence and choice. Care was personalised and adapted flexibly in response to people's changing needs. Staff communicated with people in a way they understood. The registered manager promoted dignified end of life care.

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

This service was registered with us on 08/04/2019 and this is the first inspection.

#### Why we inspected

This was a planned inspection of a newly registered service.

#### 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?

Good ●

The service was safe.

### Is the service effective?

Good ●

The service was effective.

### Is the service caring?

Good ●

The service was caring.

### Is the service responsive?

Good ●

The service was responsive.

### Is the service well-led?

Good ●

The service was well-led

# National Quality Care 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 team consisted of one inspector and one Expert by Experience who made phone calls to people and relatives. 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

This service 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 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 May 2021 and ended on 24 May 2021. We visited the office location on 19 May 2021.

#### What we did before the inspection

We reviewed information we had received about the service. 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 spoke with the registered manager, the care coordinator and four members of staff.

We reviewed a range of records relating to the management of the service, including three people's care records, three staff files, training and quality assurance records.

The expert by experience spoke with five people who use the service and six relatives to gather their feedback on the quality of care provided.

After the inspection

The provider sent us additional information, as requested. We sought feedback from the local authority and professionals who work with the service and received feedback from one professional.

# Is the service safe?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- There were systems in place to safeguard people. The registered manager had raised a safeguarding alert to the local authority for investigation when they were concerned about a person's safety.
- Staff had received safeguarding training and knew what to do if they were concerned a person was at risk of harm. They contacted senior staff when they had ongoing concerns about a person. Office and care staff communicated well and involved external professionals promptly.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- People told us they felt safe with staff. A person said, "My carers don't leave if they are worried about me, until they have been able to contact my relatives."
- Staff had practical guidance on how to keep people safe and minimise risk. Senior staff had carried out comprehensive risk assessments and developed personalised care plans which reflected individual circumstances. One person's care plan described the exact support they needed to help prevent them developing a pressure sore.
- There were safe systems to check staff were supporting people safely, such as regular unannounced spot checks and observations of staff using hoists and other equipment. Senior staff had checked equipment, for example, they recorded in risk assessments when hoists were serviced.
- Senior and care staff described a reflective culture where mistakes were analysed, and information used to improve safety. For example, staff refreshed their training or had discussions with senior staff after mistakes had happened.

Staffing and recruitment

- There were no set times for visits, and we had some feedback from families that they would prefer more formalised rotas. A family member told us, "We don't know who is coming, or for how long. There is no rota in the folder, and they don't come in at any particular time." The registered manager told us they were purchasing a new system which would help them improve their rotas.
- Despite the lack of set times for visits, staff told us rotas tended to stay the same and they had enough time to support people. A member of staff told us, "Rotas are manageable. I don't feel stressed out, work is managed and shared out well."
- People and relatives confirmed staff were not rushed during visits. A relative told us, "They have banter with [Person] and always greet them nicely. They stay the required time, and don't rush." A professional who arranged packages of care told us, "When they are offered a package if they feel there is insufficient staff they do not accept."
- There were safe recruitment systems in place. Staff confirmed they had had the necessary checks before they started supporting people.

### Using medicines safely

- Staff supported people to take their medicines safely and as prescribed. People confirmed they had support to take their medicines and a family member told us, "The carers prompt [Person] to take their medication. It is locked away, and the carers log what and when they give medicines."
- The registered manager supported people to seek assistance to review their prescribed medicines. For example, they supported a person who was at risk of choking when taking tablets, to contact their GP for a review to ensure medicines were in liquid form.
- Staff had the skills to support people with their medicines. They received regular training and competency assessments. The registered manager had sent staff an informative and practical memo to remind them about best practice in medicine support. The registered manager was improving written guidance around the support needed for medicines which were taken as required.
- There were effective checks to monitor whether people took their medicines safely. Medicine errors were addressed promptly, though largely errors involved lack of recording which had had little impact of people's safety.

### Preventing and controlling infection

- The provider had practical and effective systems to manage risks from COVID-19.
- Staff had access to the necessary equipment, such as masks and gloves, to enable them to support people safely. They had received training and updates about how best to minimise the risk of spreading infection.
- The registered manager had kept up to date with ongoing changes throughout the pandemic and reviewed their procedures regularly in response to changing guidance.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- Senior staff had completed detailed assessments of people's needs. They consulted with the person and their representatives as required.
- People's care plans were informative and personalised. They provided the necessary information to ensure staff met people's needs, in line with current guidance and standards. This included highlighting the different roles staff and family members had in caring for a person.
- Office and senior staff completed ongoing records for each person, summarising key issues. This helped ensure care was consistent and actions were picked up. It demonstrated a commitment to provide holistic, good quality care. For example, tracking actions taken after an incident, such as ensuring staff knew when people's needs changed.

Staff support: induction, training, skills and experience

- The registered manager was passionate about training and staff development. Staff received good quality training and guidance to ensure they had the skills and knowledge to provide personalised care.
- A member of staff told us, "Training is exceptional." They described how the registered manager had arranged for them to receive training from a district nurse when they started working with a person who had a Percutaneous Endoscopic Gastrostomy (PEG) feeding tube.
- New staff received an induction when they started working at the service and shadowed more experienced staff to develop their skills. The Care Certificate had been completed by staff without prior care experience or qualification. The Care Certificate is a set of standards that social care and health workers should adhere to in their daily working life.
- Staff were well supported. They had regular supervision meetings with senior staff and were encouraged to reflect on their practice and given opportunities to continually develop their skills and knowledge.

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

- People and their relatives told us staff provided the necessary support to ensure people ate and drank in line with their preferences. One relative told us, "They always offer [Person] a choice, and ask what they would like to eat. [Person] doesn't like to eat on their own so the carers sit with them while they eat and watch the bird feeder."
- Staff completed food diaries which assisted in monitoring people's diet. People were supported to access specialist agencies such as dietitians when necessary.
- Staff described how they had supported a person who was at risk of choking. Senior staff had communicated well with external professionals to find out how to prepare food and support the person safely. They shared this information with care staff.

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

- Staff worked well with other professionals to support people's health and wellbeing. They referred promptly to other professionals, such as contacting district nurses as soon as they had concerns a person was at risk of pressure ulcers.
- Senior staff were effective advocates for people, helping with referrals and accessing services. We saw examples where the registered manager had searched extensively for the right equipment for people, and supported people to get support from other agencies in a timely manner.
- Staff had practical information to support people with their health care needs.

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.

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.

- Staff had received MCA training and understood about people's rights to make decisions about their care. They sought consent when providing care. Observations of staff competence checked staff asked for consent. This help promoted people's rights to make their own decisions about the care they received.
- Most of the people at the service had capacity to make decisions. Where they lacked capacity, the registered manager had done a mental capacity assessment regarding specific decisions, such as taking medicines.

# 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

This is the first inspection for this newly registered service. This key question has been rated 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;

- Feedback about staff attitude was very positive. Many people and families described the close relationships between people and the staff who supported them. They told us, "They treat you as a friend, chat and make you feel at ease" and "I can't sing their praises enough, they brighten my relative's day, and he smiles – that is priceless." A professional confirmed our findings, stating, "I have spoken with service users who have been happy with the support provided."
- We were given examples where staff went out of their way to promote people's wellbeing, often providing support outside arranged visits. People told us, "The carers got me fish and chips the other day, just because I said that I missed them," and "Even if they have finished work they will drop off milk if needed."
- Care plans were written in a respectful manner, acknowledging people's diverse needs. There was a section called "All about me" where staff were given detailed information about people's past lives and interests. This enabled them to have meaningful conversations and adapt care in line with people's individual circumstances.
- Staff spoke passionately about their role and the people they supported. People told us staff treated them with respect. A person told us, "They don't treat me as if I'm stupid but treat me as a person."
- The registered manager promoted a caring culture across the service, leading by example. They knew people well and had taken a bunch of flowers as a gift when they visited a person to discuss a concern. Staff described how the registered managers warmth and caring nature was a key part of the service.

Respecting and promoting people's privacy, dignity and independence; Supporting people to express their views and be involved in making decisions about their care

- Person-centred care plans included people's views and preferences about how they wanted their care provided. People described how they were involved in developing their care plans.
- Staff involved people in decisions about their care. Daily notes showed how they were led by people's choice and views, such as what meals to prepare.
- Care staff were sensitive to people's need for privacy. Care plans gave guidance to support staff to provide dignified care. A person told us how they felt embarrassed to be supported with the personal care but were made to feel at ease with staff.
- Staff promoted people's independence, as outlined in care plans. A person told us, "When I shower, I do what I can, and the carers do my back and legs."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated 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

- Care was not standardised and recognised people's individual needs. One person chose not to have their care recorded electronically when new systems were introduced. Another person with dementia received consistent support from a small core of staff, rather than being supported by a variety of staff. This reflected a commitment to ensuring care was personalised and led by people's needs.
- Senior and care staff were responsive to people's changing needs, adjusting care flexibly. Staff described how they had changed the way they supported a person when their mobility deteriorated, and we observed care being changed to accommodate a health appointment.

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.

- The registered manager avoided jargon when communicating and encouraged staff to provide information to people in a manner they understood. Care plans were written in practical, plain English.
- Documents which had been sent to people were attractive and supported people with different communication needs. For example, the survey asking people for their views on the care they received used pictures.

Improving care quality in response to complaints or concerns

- People and their relatives told us they felt able to complain or raise concerns. One relative described an issue that had taken place the previous day. They felt confident it would be dealt with well, and told us, "I will be contacting the office. There is always someone I can talk to if I ring."
- There was a complaint process in place, though the registered manager was still setting up a complaints log, to capture any themes from complaints. There had only been one formal complaint which the registered manager had acted on promptly. Senior staff had worked together with the complainant to resolve their concerns and minimise anxiety.
- Informal complaints were also dealt with well. The registered manager told us they had few formal complaints because they continued to provide some direct care and resolved concerns informally and promptly. They said, "We still go out and do care work to keep our hand in it. yesterday I went to do tea round. Service users can talk to us and we are not just stuck in the office."

End of life care and support

- Staff worked well with families, hospice staff and other professionals to ensure people received consistent care when receiving end of life care.
- End of life care plans had been developed in consultation with people and their families. Staff had information about the signs to look for that a person's needs were changing and who to contact to ensure people received dignified and responsive care.
- Staff had received training on end of life care. The registered manager ensured staff not only had the necessary skills for to provide palliative but also supported them emotionally with the challenges of this role.

# 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

This is the first inspection for this newly registered service. This key question has been rated 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

- The registered manager had high standards and promoted a shared culture of high-quality care which supported people to achieve good outcomes. Every month the registered manager shared practical information with staff through the 'memo of the month,' which outlined the standards expected of staff.
- The staff we spoke to were positive about what they achieved with people and proud to work for the service. A member of staff told us, "I have been in care for many years and this is the best company I've worked for. Any problems are dealt with straight away."

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

- Since their arrival, the registered manager had focused on keeping people and staff safe from COVID-19. They understood what good quality care looked like and were now focusing on the management structures within the organisation. In particular, they were improving the electronic monitoring system and other formal processes, such as a log of complaints.
- The registered manager was positive about learning and continually improving the service. They told us, "I am really looking forward to having time now to reflect and improve." They belonged to a number of local and national networks, where they could find out about best practice and share learning.
- There were effective checks on the quality of care. A member of staff described spot checks carried out by senior staff, "You are in a call and they might suddenly just pop in. Afterwards they complete a form about the check."
- Quality checks and information from networks was used to improve the service and quality of care. The registered manager had improved a form used to gather feedback from people after hearing of a better version on one of the forums they belonged to. They were focusing on how best to capture trends and themes as the service grew.
- The registered manager described a positive relationship with the owner and provider. There were clearly defined roles and they communicated well, ensuring the service developed in a safe and sustainable way.

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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others;

- There was good engagement with staff, people and their families. A relative told us, "We love them, even the girls in the office. If they think [Person] is under the weather, they will call me. They are stars."

- The registered manager was credited with creating an open culture. People knew how to get in touch with them and a relative said, "The manager has maintained good communication regarding any issues or requirements and is certainly on the ball about who should be contacted when and what for."
- The service worked well with other organisations. A professional told us, "I have found the service to be very well run. The registered manager and their team at NQCS are very prompt and reliable and contact me on a regular basis to discuss any issues as they arise."