

Your Quality Care Services Limited

Your Quality Care Services

Limited

Inspection report

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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 Limited is a domiciliary care agency which provides assistance with personal care to people living in their own homes. At the time of the inspection they were providing support to 16 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 said they felt safe with staff and were overwhelmingly positive about all aspects of their care. Risks to people were appropriately recorded and monitored and procedures were in place to keep people safe. People received their prescribed medicines safely and were supported by caring, competent members of staff. Staff were trained in a unique training room that was set up to present as a standard living room, which helped their understanding of their clients' needs and care. People were protected from the risks associated with the spread of infection.

Care plans and risk assessments were person centred, detailed and kept up to date with regular reviews. Information about people was written in a respectful and personalised way. People and their relatives were heavily involved in the planning and delivery of their care. Staff arrived on time and stayed for the allocated time that was agreed in the contract.

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 practise. People's health care and nutritional needs were monitored and understood by staff.

People were treated with respect and their right to privacy was understood and respected by staff.

There was a complaints procedure in place and people were confident any complaints would be addressed quickly. People's communication needs were assessed and understood by staff. People were provided information in a format which met their needs. There were systems in place to ensure people's preferences during their final days and following death were understood and respected.

People, relatives and staff were encouraged to share their feedback and the registered manager was open to suggestions and approachable. Staff spoke positively about the leadership of the service. The registered manager was keen to improve and extend the service by using new technology and promoting good practice.

The service supported people and their relatives by offering free training for family and friends who felt they were struggling with the adjustment their loved ones requiring care.

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

Rating at last inspection

The last rating for this service was Good (published 26 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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 exceptionally well-led.

Details are in our well-Led findings below.

Good 

Your Quality Care Services Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was carried out by two inspectors, this was to enable visits to service users to be conducted on the same day of the inspection.

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 the service is small and people are often out and we wanted to be sure there would be people at home to speak with us.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection-

We spoke with three people who used the service and one relative about their experience of the care provided. We spoke with five members of staff including the registered manager, assistant manager, senior care workers and the clinical and quality assurance director.

We reviewed a range of records. This included four people's care records and multiple medication records. We looked at two staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at training data and quality assurance records. We spoke with professionals who regularly work with the service. We also contacted an additional three people using the service by telephone.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe with the staff that supported them.
- Staff were aware of their responsibility to safeguard people and who to report concerns to. One staff member said, "People's safety is the most important thing. The people that we look after trust us to look after them and their families trust us to do a good job and keep their relatives safe. We have to make sure we do that."
- The provider had safeguarding and whistleblowing policies in place. These were regularly reviewed to ensure the information remained relevant.

Assessing risk, safety monitoring and management

- Risks were appropriately recorded and managed by staff. Risk assessments were personalised to each person's individual needs. An example of this was risk assessments around behaviour for a person being supported by staff and what actions were best to manage this risk.
- All care files were kept secure in the office and the care file at people's homes had any sensitive material omitted.
- People and staff had access to an out of hours telephone number if they required assistance. One person said "If I ever needed them, I know I could call the number and someone would assist me as soon as possible."

Staffing and recruitment

- The registered manager ensured there were thorough and safe recruitment processes in place. This included all staff completing to a Disclosure and Barring Service (DBS) Check to ensure any convictions or cautions were identified and the staff were suitable and safe to support vulnerable people.
- The provider ensured there were enough staff who had the right experience and skills to meet people's needs.
- People told us there were enough staff to meet their needs and staff were always on time and never left early. We saw that the registered manager had responded quickly to people's change in care needs by sending extra staff when necessary.
- The registered manager said personalised care was one of their priorities. They had placed an embargo on new referrals due to the fact they recognised that they would require more staff first. The registered manager said, "It is important that nothing affects the personalised care that we currently provide. We would prefer to pay to have too many staff before we accept more referrals."

Using medicines safely

- Medicine administration records (MAR) charts contained no gaps and included the required information required to administered medicines safely. This included information such as dosage and the time medicines should be administered.
- People said, "They [staff] are so helpful with my medicines, I would forget them all the time without their support. They are always so helpful at reminding me and help me by getting a glass of water so I can take my tablets easier."
- Staff were trained to support people to administer their medicines safely, with regular competency checks for staff in place.

Preventing and controlling infection

- People were protected from the risks associated with the spread of infection.
- All staff were aware of their responsibility to wear PPE (Personal Protection Equipment) and this was demonstrated through witnessing staff wear their PPE and positive comments made by people using the service. Staff had sufficient access to this equipment, and staff said stock was readily available to them when they required it.
- An infection control policy was in place and all staff received regular refresher training in this.

Learning lessons when things go wrong

- Accidents and incidents were recorded, investigated and lessons learnt to prevent reoccurrence. For example an accident or incident was recorded, there would then be analysis of how it happened and identify any failings. The registered manager then would assess whether the business would benefit from a change in policy or the creation of a new policy.
- Accident and incident records were analysed for any trends or patterns so they could be addressed quickly.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

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

- Care plans were thorough and individualised to each person using the service. People were involved with choices made about their care and where necessary, their relatives were also involved.
- Pre assessments were completed before staff started to support people. This ensured that the provider was completely confident they could meet all of the person's needs.
- People's diverse needs were assessed prior to them using the service. This included religion and sexuality.

Staff support: induction, training, skills and experience

- People were supported by staff who had the skills and training to meet their needs. Records confirmed that all staff were up to date with training and received regular refresher training.
- The service's office had a training room which included equipment such as a hoist and a specialist bed. The training room was set out as you would find a client's home, this aided training for moving and handling to be more in depth and more effective.
- There was a thorough induction process which included the new member of staff shadowing an experienced member of staff.
- Staff were enabled to complete additional training in areas they felt passionate about. An example of this was one staff member was undergoing the certificate to become an on site trainer.
- One person said, "All the staff are well trained, they always know what they're doing and I have never had any concerns about them not being qualified. They always tell me about their training days as well, and they seem to have them frequently."
- The provider designed their own training courses that met all legislative and regulatory requirements, this also incorporated all of the company's policies and procedures, ethos and requirements for quality of service. In order to maintain effective services the registered manager provided annual face to face training.

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

- Where people required support to eat and drink, information about their needs and preferences were recorded in detail in their care plans.
- The day of our inspection was particularly hot. We visited one person the service supports that was living with dementia. We observed staff remind the person to drink fluids as well as consume ice cream to keep them cool and hydrated.
- The registered manager and staff had worked with the Speech and Language Therapy (SALT) team to ensure that they were preparing food in a safe way for the people who needed a softened diet. Care plans included guidance around this.

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

- Staff worked alongside other agencies to ensure people's needs were fully met. For example, staff worked closely with district nurses to ensure health concerns were being resolved or managed.
- Care plans contained details of other health and social care professionals involved in people's support. Staff supported people in line with professionals' advice and recommendations.

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

- At the time of our inspection no body lacked the capacity to consent to their care and treatment. Care plans had been signed by people confirming their consent to the care they received.
- Staff obtained consent for people's care and support. People were supported and encouraged wherever possible to make their own decisions.
- Staff had received training on MCA and understood the importance of ensuring people's rights were protected. Staff were also aware of what to do if they had concerns about people's capacity to make decisions.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People felt staff were kind and compassionate. One person said, "They just care so much, it's like a family member coming to look after me." Another person told us, "I can't think of any way I would prefer them to work, they do everything I need, and they make sure I'm comfortable. They try hard to keep my regular staff, and they are like getting visits from friends, rather than carers." A further person said, "I can tell they really care about me. They always show empathy if I'm having bad days and that means the world to me."
- All staff had been trained in equality and diversity and showed good knowledge when spoken to about this. Staff said "It is so important to understand that everyone is equal, and they deserve to be treated as an equal. It's important to treat people how I would want to be treated."
- People's relatives were also made to feel supported. The registered manager had recently invited relatives in to the office to use their training room and receive free training to ensure they felt supported and understood the care their loved ones were receiving. The registered manager said, "Some families have no experience of care providers and they are thrown in to a situation where they need support. They have strangers coming in to their home and the whole situation is alien to them. We hope that offering them training will enable them to understand their relatives' needs in more detail and understand the care staff's role."

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

- People confirmed they received regular visits from the management team to complete reviews of their care plans. One person said, "They're so thorough with our reviews, and make sure they take on board everything. It doesn't matter if they are large or small changes to our plan, they are changed straight away."
- One person said, "We are completely involved. There would never be a case of us not having a say in how they deliver our care. It is completely on our terms and I really appreciate that. It makes me feel in control, which is how it should be."
- Regular reviews were thorough and the management team ensured regular visits to people's homes to ensure that the people were happy with the care and treatment they were receiving.
- The registered manager confirmed, "We often speak to people on a weekly basis to confirm the rota and the staff members that will be supporting them. If there are any problems with changing staff due to holiday or sickness the person is always told and asked if they are happy with the change. It is important that they are comfortable."

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful towards people's preferences around privacy. One family member said, "I always like

to be here and like to know what is happening, the staff respect that and always involve me, explaining the care as they provide it. That means a lot and is important to both of us. Although they keep me involved with every step they respect [person's] privacy when [person] is receiving personal care."

- Staff encouraged people to be independent where possible. When we visited a person the service supported at their home, the staff member respected that the person wanted to answer their own door, but was nearby to assist if needed.

- One staff member said, "These people have lived a life of experiences, most of them have helped people their whole lives, whether that is their kids or their previous professions. They deserve to be treated with dignity and respect in this chapter of their lives. It is so important to respect that you are in their home, their private space, and treat them how you would want to be treated if you were in their situation."

- We saw cards and letters from people and their relatives thanking staff for their support. One person said "Nothing was too much trouble for the carers and when [person] came incapable of moving or helping the carers they treated him with great care and nothing was too much trouble. The carers were also very supportive towards me and often suggested ways to help. I know [person] would have liked to thank you all as he really appreciated the carers visits."

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; 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

- Care plans were person-centred and detailed. People's preferences were recorded such as their preferences when receiving personal care. They also contained detailed information about their health needs and the care required to manage people's health conditions.
- People were cared for by staff who knew them well and took time to meet their individual needs.
- The management team and staff knew relatives well and had a good relationship with them. The staff stated that it was important to ensure that relatives felt involved so they could encourage a relationship between the family and the people using the service. The provider also offered emotional support to the families if it was required.
- Staff knew people's hobbies and interests and encouraged these. One person enjoyed singing, music and art. This was encouraged through visits to art exhibitions and playing music of their choice. This information was included in their care plan.
- Where possible, people were supported by the same staff. This was to ensure that a good relationship was established where the person could feel comfortable and trust the staff member. If people were not compatible with staff members, management discussions took place with the people and relatives to reach resolutions

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.

- Care plans included information on people's communication needs.
- We observed staff using various communication techniques. One staff said, "It is all about ensuring that people completely understand what we will be supporting them with. Some people forget so it is important to continue to remind them and make sure that they are comfortable to receive the care."
- Staff were seen to repeat questions and assurances whilst providing support to people. One person had hearing issues so staff spoke in a clear voice, and repeated themselves until they were sure the person had understood them.

Improving care quality in response to complaints or concerns

- Concerns and complaints were dealt with in line with the provider's policy. Complaints were recorded and

addressed immediately, and improvements were made where necessary to prevent them from reoccurring.

- There was a 24-hour on call phone for people to call at any time if they had any concerns or issues. This would connect people straight through to the management team that would aim to resolve the issue as quickly as possible. One person said, "I know they would strive to sort any problems out as quickly as possible, I've phoned the 24 hour number and got straight through to the manager and my problem was resolved so quickly, they're great."

End of life care and support

- At the time of our inspection no one was receiving end of life care. However, care plans contained a detailed end of life plan in preparation of this care needing to be provided.
- Staff had received a card from a relative saying, "For providing [person] with excellent care at the end of his life. Was very appreciated and you gave me peace of mind."

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture. At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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; 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

- The registered manager and the staff were committed to supporting a person-centred approach to care for the people using the service. The provider promoted an ethos of openness and transparency which had been adopted by the management and staffing team.
- An example of good outcomes was a new referral that had come to them. The person had resorted to spending a lot of time in their bedroom and events had led to low moods and weight loss. After accepting the referral the provider had encouraged positive relationships with the new care staff supporting the person and encouraging activities. Very quickly this person had begun to enjoy walks again, visiting Church, socialising with staff members during support and had returned to a healthy weight.
- Another example of good outcomes was when the provider had taken a new person who was reluctant to accept support. Through the patience of the same regular carers they now assisted and supported the person with all personal care and meal preparation as well as having built up a good rapport with this person whilst supporting them. Family members praised the provider and staff, acknowledging that their family member's quality of life had drastically improved.
- The provider valued and responded to people's views. For example, staffing was changed when a person did not think the staff member was compatible with supporting them. One person said, "There was no awkwardness, the manager dealt with it really well and now we have staff that are more compatible with us. It is so nice to know that you can just raise a concern and the management team will deal with it as quickly as possible, it makes you feel safe and I've noticed a positive change to [person's] attitude and behaviour."
- Staff spoke positively about the leadership of the service and felt it was an excellent company to work for. They said they felt valued and were offered emotional support when they needed it. One staff said "The management team are so supportive and easy to speak to if you have any problems, whether it is at work or a personal problem. It just makes it such a nice place to work where we want to pop in the office and say 'Hi' and have a chat throughout our day."
- The provider understood their regulatory responsibilities. Services that provide health and social care are required to inform the Care Quality Commission (CQC) of important events that happen, the provider had complied with this.

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

- The management sent relevant notifications promptly to stakeholders and partners. This included

notifications to CQC so we were aware of any changes or relevant incidents or accidents.

- The registered manager had recently recruited a clinical and quality assurance director. This member of staff explained that they would look at all trends, patterns, resolutions and prevention methods, this was then discussed with the management team of how to resolve each concern and put an action plan in place to ensure the chance of it happening again was minimised.
- The service's clinical and quality assurance manager spent a minimum of one day a week at the service to complete quality audits on areas such as medicines. This ensured that standards were kept to a high standard and any issues or trends found were resolved quickly. The clinical and quality assurance director who had been recruited was also a qualified general and mental health nurse who managed complex care packages as part of her role. The complexity to this role showed the registered manager's commitment to developing the service to be safe and fully meet the needs of the people using the service.

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

- As well as regular reviews the registered manager and assistant manager often called the people who used the service to ensure they were happy with the care they were receiving. The registered manager said, "We try to speak to all the people using our service as frequently as possible."
- Staff felt supported. One staff said, "You know that the management will always listen to you if you have a problem or want to undertake new training. They are so encouraging and that makes you want to achieve more."
- The relatives were offered in house training using the training room in the office, this encouraged engagement with staff and the provider. The manager stated that this was an important new initiative to ensure the family's understanding of the care the staff were providing and offering comfort in a time of uncertainty for the family and the person receiving the care.
- People and relatives were regularly contacted to confirm everything remained a high standard of care. This was through regular phone calls, amongst other forms of contact. All people and relatives spoken with were familiar with the whole management team. One person said, "We know all of the managers and the office staff, this is very important to us, they are always checking we are ok and always make sure that they help us with everything, and nothing is too small a job for them to help us with."
- Staff were encouraged to share their views at regular staff meetings. One staff member said, "Whenever we raise an idea we know the management listen and try to implement it if possible."
- Actions were seen from staff meetings that had been acknowledged and changes made to improve care. It was evident that the registered manager respected the ideas and suggestions made by staff.

Continuous learning and improving care; Working in partnership with others

- The registered manager explained that she was the manager for two sites. In total there are five sites within the company. They looked at how they could learn from the mistakes made and collectively improve this part of the business.
- Staff actively engaged with and listened to the people, relatives and external professionals to establish what worked well, and what could be done better.
- Partnership working ensured good outcomes were achieved for people. Staff had liaised with various charities and health professionals to gain the best outcomes for people using the service.