

Care Quest (South West) Limited

# Care Quest (South West ) Ltd

## Inspection report

5 The Palladium  
Duke Street  
Dartmouth  
Devon  
TQ6 9PY

Tel: 01803833288

Website: [www.carequestsouthwest.co.uk](http://www.carequestsouthwest.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?

Good ●

# Summary of findings

## Overall summary

Care Quest (South West) Ltd is a domiciliary care agency which provides personal care to people in their own homes. The agency provides care to people who live within eight miles of Dartmouth, South Devon.

The service has a registered manager. 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.

This announced inspection took place on 7 and 10 October 2016 and included visits to the office, staff interviews and visits to people in their own homes. At the time of this inspection 28 people were using the service, all of whom were receiving support with their personal care needs.

Although this service has been established for a number of years, this was the first inspection of the service since it registered with us at its current location.

People, their relatives and staff told us the service was managed well. One person said "It's an excellent organisation" and another said, "I must say they are brilliant." People said they felt safe with the staff when receiving care. They said they had a regular staff team whom they had come to trust and know well. Staff had received training in safeguarding adults and knew how to recognise signs of potential abuse. They understood how to report any concerns in line with the service's safeguarding policy and said any issues would be dealt with thoroughly. One member of staff said, "If I wasn't happy about anything I would talk to [name of registered manager] and she would deal with it."

Risks to people's health and safety had been assessed and were regularly reviewed. Assessments related to people's health care and mobility needs, as well as environmental considerations, such as stairs or the safety of kitchen equipment. Staff were given information about how to minimise the chance of harm occurring to people and themselves. Should an accident occur in a person's home, the circumstances of the accident were reviewed to identify any actions to reduce the likelihood of a reoccurrence. The service supported some people to take their medicines. Care plans provided information about each person's medicines and when these should be taken. People told us the staff supported them safely and they received their medicines as prescribed.

The service employed sufficient numbers of safely recruited and well trained staff to meet people's needs. Staff told us they had the training they needed to carry out their role, including moving and transferring people safely, infection control, first aid, pressure area care and caring for people living with dementia. Staff told us they enjoyed their job and felt supported and valued by the registered provider and registered manager.

People told us they had never had a missed call, and if the staff were going to be late they always received a phone call to notify them. Staff told us they had no concerns over the planning of visits and they were provided with sufficient paid travel time. They said they had enough time to ensure they delivered care safely and visits were not compromised by having to leave early to get to their next person on time.

People and their relatives were very positive about the way staff supported them. Each person we spoke with told us their care staff were kind and compassionate. One person said, "They are very helpful, caring and cooperative" and another said, "The girls are very kind." Staff performance was regularly reviewed through observation, spot checks and supervisions to ensure they were meeting people's needs respectfully and in the manner people preferred.

The service used a care assessment document to identify the care tasks people required assistance with, such as with washing and dressing, and this document was used as the person's care plan. We found some care plans provided more detail than others about what people could do for themselves and their preferences in how they wished to be cared for. For example, one person's care plan instructed staff to assist the person to wash and dress, while another gave staff step by step guidance about how to do this in the way the person preferred. The registered manager said they would review each plan to ensure they held detailed guidance and instructions for staff about people's specific care needs and preferences. Staff knew people well and were able to tell us how they supported them. The service was flexible and responsive to changes in people's needs. For example, one person told us they had earlier visits before their hospital appointments. The service was also able to respond to requests from the local authority to provide immediate and urgent care to people.

Some of the people receiving a service were living with dementia which affected their ability to make decisions about their care and support. The registered manager and the staff had a good awareness of the Mental Capacity Act 2005. Staff said they asked people every day about whether they were happy to receive care and to allow them to make what decisions they could.

People and their relatives had no concerns over the care and support they received and they felt able to make a complaint if something was not right. One person told us, "I've got no complaints at all." The service had received no complaints this year.

Staff meetings provided opportunities to review the development and continued improvement of the service. Staff told us the registered provider and the management team were very approachable, were keen to hear their views and were always available.

Audits were carried out monthly to monitor the quality of the service provided. The service sought regular feedback from people who used the service and the results of the most recent surveys sent to people in March 2016 were very favourable. The registered manager told us they had signed up to the Social Care Commitment. This is a commitment from social care services to provide people with high quality care and support. They said they kept up to date with current issues in the care profession by accessing care related websites and attending external training events.

## 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.

People received safe care and support. There was an on call system for people and staff to ring in the event of an emergency out of office hours.

Risk management plans reduced the risk of harm by providing staff with information about how to support people safely.

Safe staff recruitment procedures were in place. This helped reduce the risk of the provider employing a person unsuitable to work with people who require care and support.

### Is the service effective?

Good ●

The service was effective.

People were supported by a regular team of staff who had the appropriate knowledge and skills to meet their needs.

Staff knew people well and were able to tell us how they supported people.

The service supported people with their health care needs and the service liaised with healthcare professionals.

### Is the service caring?

Good ●

The service was caring.

People and their relatives were positive about the way staff treated them.

Staff were respectful, kind and compassionate.

People were involved in reviewing and making decisions about their care needs.

### Is the service responsive?

Good ●

The service was responsive.

Staff provided care to people in the manner they wished. Some care plans required more detail to ensure staff were fully aware of people's abilities and preferences.

The service was flexible and responsive to changes in people's needs.

Any concerns or complaints raised with the service would be taken seriously and dealt with promptly. People felt confident they would be listened to and any concerns acted on.

**Is the service well-led?**

**Good** ●

The service was well-led.

The registered provider and the management team knew about the needs of the people who used the service.

People and staff found the management team approachable and supportive.

Staff enjoyed their work and told us the management were always available for guidance and support.

The registered provider had systems in place to assess and monitor the quality of care. The service encouraged feedback and used this to drive improvements.

# Care Quest (South West ) Ltd

## **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 was 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 7 and 10 October 2016 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure people receiving a service, staff and the registered manager would be available to speak to us. One adult social care inspector undertook the inspection.

We requested and were provided with a Provider Information Return (PIR) from the provider prior to the inspection. The PIR is a form that asks the provider to give some key information about the service, what the service does well and the improvements they plan to make. Before the inspection we reviewed the information we held about the service. This included previous contacts about the service and notifications we had received. A notification is information about important events which the service is required to send us by law. We also sent questionnaires to 18 people receiving a service and to 18 relatives to gain their views on the quality of the care and support provided by Care Quest (South West). Seven questionnaires were returned by people using the service and three were returned from relatives.

On the day of our visit, 28 people were using the service all of whom were receiving assistance with their personal care. We used a range of different methods to help us understand people's experience. We visited three people in their own homes, two of whom were accompanied by a relative. We spoke with a further two people over the telephone. We spoke with five care staff and the registered manager.

We looked at four sets of records related to people's individual care needs; three staff recruitment files; staff

training, supervision and appraisal records and those related to the management of the service, including quality audits. We looked at the way in which the service supported people with their medicines.

## Is the service safe?

### Our findings

People told us they felt safe with the staff when receiving assistance with their care needs. They said they had a regular staff team whom they had come to know and trust. All the people who returned a questionnaire to us also said they felt safe with the staff and protected from abuse and harm.

Staff had received training in safeguarding adults and knew how to recognise signs of potential abuse. The service's whistle-blowing policy was included in the Employee Handbook provided to all staff at the start of their employment. This ensured staff had the information they needed to raise concerns without fear of reprisals. Staff understood how to report any concerns and told us they felt confident the registered manager would respond and take appropriate action if they raised concerns. One member of staff said, "If I wasn't happy about anything I would talk to [name of registered manager] and she would deal with it." The service did support some people with shopping and as such had access to people's money. Staff told us they were very careful when receiving and spending money. They said they recorded how much was given to them, obtained receipts for every purchase and recorded how much was returned to people. This ensured people were protected when giving others access to their money.

Risks to people's health and safety had been assessed and were regularly reviewed. Assessments related to people's health care and mobility needs, as well as environmental considerations, such as stairs or the safety of kitchen equipment. Staff were guided with information about how to minimise the chance of harm occurring to people and themselves. For example, one person's risk assessment informed staff how to support the person's head while using the hoist as they were unable to do this themselves. It guided staff how to use the hoist and the correct attachments to use when applying the sling. This person told us they felt safe when staff used the hoist and that staff were competent in its use.

Should an accident occur in a person's home, staff were instructed to stay with the person until they were safe, to call for medical advice or the emergency services, and to inform the office as soon as possible. The office staff would then call the person's relatives to inform them. A report providing details about the accident was recorded onto the service's electronic care system. These reports were reviewed at the time of the incident by one of the management team, as well as monthly by the registered manager. These reviews identified how the accident had come about, whether any action was necessary to reduce the risk of a repeat and to assess for signs that people's needs may be changing.

People's risk assessments identified if there were any infection control risks while undertaking people's care, such as handling continence aids. Staff were guided about how to do this to reduce the risk of cross infection. They were provided with gloves and aprons which were freely available from the office. Records showed staff were provided with infection control training and spot checks of staff's care practices were used to ensure they followed good infection control principles.

The service supported some people with their medicines. Care plans provided information about each person's medicines and when they should be administered. People told us the staff supported them safely and medication administration records (MAR) were completed when staff had given them their medicines.



The MAR sheets were fully completed and this showed people had received their medicines as prescribed to promote good health. The registered manager told us staff collected medicines from the pharmacy for people who were unable to do this for themselves and we saw a senior member of staff doing this at the time of our inspection. Where people wished to remain in control of their medicines the service undertook an assessment to ensure they were safe to do so and to identify any additional support they may need.

Staff recruitment practices were safe and relevant checks had been completed. Many of the staff had worked at the service for several years. We looked at the recruitment files for three staff, including the most recently recruited staff member. All three files included the necessary pre-employment checks including proof of identify, previous employment references and a disclosure and barring service (police) check. This helped reduce the risk of the provider employing a person who may be unsuitable to work with people requiring care and support.

The service employed enough staff to carry out people's visits and meet their needs safely. People told us they had a regular staff team and they always knew who was coming to them. They said the service sent them a copy of the rota every week. People said their visits were never cut short by staff leaving early to attend to other people. However, some people told us they didn't mind if staff left a few minutes early if they had completed everything they needed to. People said they had never had a missed visit. However, on occasion, a visit was late, but they said they had always received a phone call to notify them of this. One person who returned a survey to us said, 'Our roads are narrow and hilly, [there's] snow and ice, and they still get here.' One person told us that sometimes the carers came early and they had not been notified of the change to the visit time. We discussed this with the registered manager who said they would ensure people were notified if changes were necessary.

Staff told us they had no concerns over the planning of visits and they were provided with sufficient paid travel time. They said they had enough time to ensure they delivered care safely and visits were not compromised by having to leave early to get to their next person on time. The registered manager told us the service's computer system automatically incorporated travel time in to the rota planning.

Staff were provided with mobile phones linked to the service's computer system. This provided staff with up to date information about their visits and also alerted the office staff should a member of staff not arrive for a visit as expected. The office would then be able to contact them to check on their welfare. The registered manager said that as the staff worked in rural locations with little street lighting, they were provided with high visibility arm bands to wear should their car breakdown. They were also given a first aid kit, torches and a personal panic alarm. There was an on call system for staff and people to ring in the event of an emergency outside of office hours. Staff told us this system worked well and there was always someone to seek advice from. The service had a contingency plan for times of unforeseen emergencies, such as adverse weather conditions. They had identified people whose family had agreed to provide support to allow the service to concentrate on meeting the needs of people who lived alone and whose care visits were critical.

## Is the service effective?

### Our findings

People told us the staff knew them well and they were happy with the care and support they received. Everyone we spoke with, and those people who returned a questionnaire to us, said the staff had the appropriate knowledge and skills to meet their needs. One person said, "It is a good service. The staff in general are exceptionally good."

Staff were provided with the training they required to carry out their role. Training records indicated staff received training in topics as such as moving and transferring people safely, infection control, first aid, pressure area care and caring for people living with dementia. We saw certificates for this training in staffs' files. A training matrix identified when training updates were due to ensure staff remained up to date with their practice. Staff told us they had access to lots of training, one said, "We have training for everything" and another said, "We're not lacking in training." The registered manager was a trainer for moving and transferring people using equipment. They were able to provide this training as and when needed, such as when a new member of staff was employed, or when a person's needs changed. They confirmed they had their own training updated annually by an external training provider.

New staff completed essential health and safety training and worked alongside experienced staff before going out to visit people by themselves. The registered manager said they introduced new staff to as many of the people they supported as possible to ensure they had a good understanding of people's care needs. Staff new to care were also enrolled to undertake the Care Certificate. This certificate is an identified set of standards that care workers use in their daily work to enable them to provide compassionate, safe and high quality care and support. We saw records of this training in the newly recruited staff member's file.

Staff told us they felt well supported by the senior care staff, the registered manager and the registered provider. They told us they met with them every week when they came into the office to collect their rota. In addition, staff received regular supervisions where they were able to discuss people's care needs, identify any concerns and plan their training and development support. The registered manager and a senior member of staff carried out observations of care staff in people's homes. These observations included how the staff member engaged with people, whether people's care needs were being met in the manner they preferred and whether there were any safety issues to be addressed. People and staff confirmed these checks took place regularly. Records of these spot checks were maintained and used to support staff supervision and to identify training and development needs.

Some of the people receiving a service were living with dementia which affected their ability to make decisions about their care and support. The registered manager and the staff had a good awareness of the Mental Capacity Act 2005 (MCA). This legislation provides the legal framework to assess people's capacity to make certain decisions, at a certain time. When people are assessed as not having the capacity to make a decision, a best interest decision is made involving people who know the person well and other professionals, where relevant. The registered manager explained that if a person's ability to make decisions about their care changed, they would discuss these changes with the person, their family and any relevant healthcare professionals, to support a mental capacity assessment to be carried out. Staff said they asked

people everyday about whether they were happy to receive care and to allow them to make what decisions they could.

Staff supported some people to choose and prepare their meals. Staff knew people's food preferences and how to support people to make healthy meal choices. Staff told us they recorded what people had to eat, not only to monitor their intake, but to let other staff know to prevent the same meal being repeatedly offered, and to promote a varied diet. The registered manager told us the service had close links with the community nursing teams and would notify them, and the person's GP, if they had concerns over people's health or if someone was not eating and drinking enough.

## Is the service caring?

### Our findings

People and their relatives told us the staff were very kind and caring. Their comments included, "They are very helpful, caring and cooperative" and "The girls are very kind."

People told us the staff were respectful and polite. People told us they were able to express their preferences with regard to the gender of staff and also to which staff members delivered their care, and they said the service respected this. They said staff respected their dignity and attended to them kindly and discreetly. The service's statement of purpose identified one of its objectives as, 'to value dignity and fair treatment for all while committing ourselves to uphold equality and diversity of people.' Staff completed training to help ensure they understood how to respect people's privacy, dignity and rights. A senior member of staff and the registered manager observed staff practice in people's homes to make sure they used these values within their work.

Staff spoke about people with affection. One staff member told us, "I really miss people if I don't see them for a little while." Another said how they liked to provide little treats for one person who lived alone and who only saw care staff. They told us they were going to buy a cake for them that afternoon. They said, "I know she will like that."

Staff encouraged people to be as independent as possible and supported people to complete care tasks themselves. One member of staff told us, "We do things with people rather than for them." This was reflected in the comments we received from people prior to and during the inspection. All those people who returned a questionnaire to us told us the staff supported them with their independence.

People's care plans identified what care tasks each person could do for themselves and when staff should provide support. People were regularly asked about their care needs and whether they were happy about the way in which staff supported them. They said they were able to make decisions about their care and discuss any changes with the staff or the registered manager.

The registered manager said the service cared for and supported people to remain at home through illness and at the end of their lives. Staff received end of life care training from the local hospice. The service had received a number of letters of thanks from families whose loved ones had been cared for at the end of their lives. Their comments included, 'With our heartfelt gratitude for all the love and care you showed... We can never thank you enough' and 'Mum was so grateful for the wonderful service she received from Care Quest.'

## Is the service responsive?

### Our findings

In the Provider Information Return the registered provider said the service had a person-centred culture where people's preferences, choices, religion and social activities were respected. The service's aim and objectives were described in the service's statement of purpose as providing 'a high quality service to clients...to promote independence, encourage social functioning while respecting people's rights and choices.' People and their relatives told us the service did this very well. One person told us, "They are very good, and yes, they care for me in the way I prefer."

The service used a care assessment document to identify the care tasks people required assistance with, such as with washing and dressing and this document was used as the person's care plan. These plans were developed with each person, and their relatives if appropriate, following an initial assessment. People told us they had received a copy of the plan and they had been able to read these and agree their content before they were provided to staff. However, we found some care plans provided more detail than others about what people could do for themselves and their preferences in how they wished to be cared for. For example, one person's care plan instructed staff to assist the person to wash and dress, while another gave staff step by step guidance about how to do this in the way the person preferred. The registered manager said they would review each plan to ensure they held detailed guidance and instructions for staff about people's specific care needs and preferences.

Records showed the care plans had been reviewed as people's needs changed. Staff knew people well and were able to tell us how they supported people. Staff recorded the care they provided at each visit. People told us a senior member of staff or the registered manager visited regularly to review and discuss their care needs.

The service employed sufficient staff to be flexible and responsive to changes in people's needs. The service was able to respond to requests from people to change or increase the number of visits. For example, one person told us they had earlier visits before their hospital appointments. The service was also able to respond to requests from the local authority to provide immediate and urgent care to people. At the time of the inspection, a senior member of care staff had visited a person to undertake an urgent assessment to enable a service to commence the following morning.

People and their relatives had no concerns over the care and support they received and they felt able to make a complaint if something was not right. One person told us, "I've got no complaints at all." People had a copy of the service's complaints procedure and they were confident their concerns would be taken seriously. The service had not received any complaints this year. People were provided with the contact details for the Care Quality Commission and the local authority should they wish to raise concerns outside of the service.

## Is the service well-led?

### Our findings

People, their relatives and staff told us the service was well-led. One person said "It's an excellent organisation" and another said, "I must say they are brilliant." As the office was situated centrally in the town, people and their relatives told us they were able to visit the office to discuss any care issues or to pass on information.

The management team consisted of the registered provider and the registered manager who worked daily in the office. In addition a senior member of care staff supported them with administrative tasks such as rota planning, care plan reviews and quality monitoring. The registered manager said this system worked well as the senior member of staff knew all the people receiving care as they continued to undertake care visits and work alongside staff.

People said the registered manager was very approachable and always willing to talk to them about their care needs. They said they were always asked for their feedback about the quality of the service, either during spot check visits, care plan reviews or with surveys. The registered manager said the service would not expand too much more than it was now so that they remained in a position to provide a personalised service.

Several of the staff had worked for the service for many years and they told us they enjoyed their job. One member of staff said, "This is a good company. I love my job. All the people I work with and all of the people I look after are lovely."

Meetings provided staff with the opportunity to meet as a group and to share information and identify any training needs. Staff told us the registered manager was keen to listen to their views and to improve the service. For example, staff had suggested using a different method for recording any bruising noted when caring for people and this had been implemented by the registered manager. One member of staff told us, "[name of registered manager] has a real insight into caring for people. She can relate to people's care needs." Staff benefitted from having additional support through an employee assistance service. This allowed staff to obtain support independent of the service to discuss professional and personal issues. Staff told us they valued the support offered to them by the management team.

Each year people and staff were asked to complete a survey which asked for their views about the quality of the service. The results of those completed in March 2016 showed a very high level of satisfaction from both people and staff: 100% stated they were "happy" or "very happy" with the service and the support provided.

Audits were also carried out to monitor the quality of the service. Visit records and medicine administration records were checked to ensure they were completed correctly. Unannounced checks to observe staffs' competency and interaction with people were also carried out. Staff confirmed these checks happened regularly. One member of staff said, "I had a spot check last week, and last month."

The registered manager told us the service had signed up to the Social Care Commitment. This is a

commitment from social care services to provide people with high quality care and support. They said they kept up to date with current issues in the care profession by accessing care related websites and attending external training events. They were aware of their responsibilities under the duty of candour, that is, their duty to be honest and open about any accident or incident that had caused, or placed a person at risk of, harm. Systems were in place for the reporting of notifications to Care Quality Commission and incidents that involved people had been reported to us as required.