A1 Quality Home Care Limited

Quality Homecare

Inspection report

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Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Good**
Is the service effective?	**Requires Improvement**
Is the service caring?	**Good**
Is the service responsive?	**Requires Improvement**
Is the service well-led?	**Requires Improvement**

Summary of findings

Overall summary

This inspection took place on 23 March 2016. To ensure we met the registered manager and staff at the service's main office, we gave short notice of our inspection.

This location is registered to provide personal care to people in their own homes.

The service provided personal care support to 500 people in the community. People who used the service were younger and older adults with either physical or mental health needs or learning disabilities and people with palliative care needs.

The service had 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.

We have not been routinely informed by the registered person of all reportable incidents which occurred at the service.

The lack of statutory notifications to inform us of incidents occurring at the service is a breach of regulation18 of the Care Quality Commission (Registration) Regulations 2009.

Staff appraisals were in place to review staff performance and development needs. Staff appraisal forms did not always contain sufficient detail for the appraisal to be utilised fully. One staff member needed to improve their timekeeping. Constructive feedback was not always recorded as to how performance could be improved, support provided and whether the issue had been resolved.

We have made a recommendation about the staff appraisal system.

Staff were observed in practice to monitor that care was provided in an appropriate way which met people's preferences and needs. Where issues with staff practice were identified it was not always clear what action the provider had taken to address the shortfall in practice. Telephone monitoring calls were made to people to monitor their satisfaction levels with the service provided. One record stated that a person had said, 'Lateness of staff if carers are off sick' The provider's response to this concern was not clear and had not been recorded.

We have made a recommendation about records management.

Some staff had completed training in the principles of the Mental Capacity Act 2005 (MCA). However some staff said they could not recall having completed this training. Staff we spoke with were able to explain how they obtained people's consent to care provided and protected people's rights to make their own decisions.

We have made a recommendation that staff attend training in MCA 2005 and DoLS.

Some people reported concerns about late calls and lack of continuity of care staff to meet their care needs. No care calls had been missed. Some people said they had experienced calls at times they had not agreed and with different staff visiting them. The lack of consistency of care in these cases caused people anxiety and frustration and did not meet their preferences. The registered manager was continuously implementing improvements to improve continuity of care staff to meet people's needs.

Staff were trained in how to protect people from abuse and harm. They knew how to recognise signs of abuse and how to raise an alert if they had any concerns.

There were sufficient staff available to meet people's needs. Staffing levels were adjusted according to people's changing needs.

There were safe recruitment procedures in place which included the checking of references. Staff recruitment was carried out on an on-going basis to meet people's needs.

Risk assessments were centred on the needs of the individual. Each risk assessment included clear control measures to reduce identified risks and protect people from harm. Risk assessments took account of people's right to make their own decisions.

Accidents and incidents were recorded and monitored to identify how the risks of reoccurrence could be reduced.

Medicines were administered and recorded safely and correctly. Staff were trained in the safe administration of medicines and kept relevant records that were accurate.

People's individual needs and personal preferences had been assessed and were continually reviewed.

Staff received on-going training and supervision to monitor their performance and professional development. Staff were supported to undertake a professional qualification in social care to develop their skills and competence.

The service supported people to have snacks and meals and supported people to make meals that met their needs and choices. Staff knew about and provided for people's dietary preferences and needs.

Staff communicated effectively with people, responded to their needs promptly, and treated them with kindness and respect. People's privacy was respected and people were assisted in a way that respected their dignity.

People were involved in their day to day care and support. People's care plans were reviewed with their participation and people's relatives and relevant others were invited to attend the reviews and contribute.

People were promptly referred to health care professionals when needed.

Personal records included people's individual plans of care, life history, likes and dislikes and preferred activities. The staff promoted people's independence and encouraged people to do as much as possible for themselves.

There was an open culture that put people at the centre of their care and support. Staff held a clear set of values based on respect for people, ensuring people had freedom of choice and support to be as independent as possible.

People's views and opinions were sought and listened to. There were systems in place to ensure quality standards were met and promote continuous service improvements.

You can see what action we told the provider to take at the back of the full version of the report.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good

The service was safe.

Staff received training in safeguarding adults. Staff understood how to identify potential abuse and understood their responsibilities to report any concerns to the registered manager or to the local authority.

Staffing levels were adequate to ensure people received appropriate support to meet their needs.

Recruitment systems were in place to ensure the staff were suitable to work with people who lived in the service.

Is the service effective?

Requires Improvement

The service was not consistently effective.

Staff performance and development was assessed. However, staff appraisal, spot check and telephone call monitoring records did not always provide sufficient information as to how shortfalls or issues had been addressed. We have made a recommendation about records management.

Staff understood the need to seek people's consent to care and treatment and protected people's rights to make their own decisions. We have made a recommendation about staff training in the Mental Capacity Act (2005).

People had access to appropriate health professionals when required.

Is the service caring?

Good

The service was caring.

Staff provided care with kindness and compassion. People could make choices about how they wanted to be supported.

People were treated with respect and dignity by care staff.

Is the service responsive?

Requires Improvement

The service was not consistently responsive.

Some people did not always have consistency of care staff and regularity of care calls to meet their preferences. Although improvement plans were in place to address this, further improvements were needed.

Care plans and risk assessments were reviewed and updated with people's involvement when their needs changed.

People knew how to make a complaint and the provider responded appropriately to complaints received.

Is the service well-led?

Requires Improvement

The service was not consistently well-led.

We had not been routinely informed of all reportable incidents as required under the Health and Social Care Act 2008. However incidents had been investigated by the provider and where necessary in conjunction with people's funding authority.

There were quality assurance systems in place to maintain essential standards of care and continuously improve the service. The registered manager promoted an open and inclusive culture that encouraged continuous feedback from people and staff.

Quality Homecare

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 checked 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.

The inspection was undertaken by two inspectors. One expert-by experience completed telephone calls to 31 people and their 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. We sent surveys to 50 people who used the service and received 13 responses. We sent surveys to 105 staff and received 17 responses. We sent surveys to 50 relatives and friends of people who used the service and received 3 responses. We sent surveys to 10 community professionals with direct knowledge of the service and received 3 responses.

We checked the information we held about the service and the provider. We reviewed notifications that had been sent by the provider as required by the Care Quality Commission (CQC). Before the inspection, we asked the provider to complete a Provider Information Return (PIR). This is a form that asks the provider 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 made the judgements in this report.

During our inspection we spoke with the registered manager, the assistant manager, the training co-ordinator and two members of staff. After the inspection we spoke with three staff members by telephone. We looked at eight care plans. We looked at three staff recruitment files and records relating to the management of the service, including quality audits. After the inspection we received written feedback from three further professionals that had direct knowledge of the service.

Good

Is the service safe?

Our findings

People we spoke with said they felt safe with the staff that supported them. Nobody reported any concerns about their safety in respect of the service they received. People said, "Most of them [staff] are ok" and "They [staff] did help me with dressing when [my relative] was in hospital" and "They are very gentle and check if I am not hurting in my feet, as I have very bad arthritis" and "They don't present any threat to me, I trust them pretty much." Staff talked about how they kept someone safe, They said, "When we are out in the wheelchair with X we have to look out for the sun as slow sunlight can trigger seizures. We make sure X has sun cream and sunglasses as well. We have to stay aware of anything that X is eating in case they have a seizure and chokes." One staff member told us about equipment they used to keep someone safe. They said, "We have sliding sheets, a shower chair and a commode. It is very hands on as X declines to use equipment a lot of the time. So it takes two people to support them. We do it by saying 1, 2, 3, then doing the action. We do daily checks on the equipment and we get the Occupational Therapist (OT) if the wheelchair is faulty. We did this recently." Staff were vigilant to changes in people's health needs and reported concerns to the office as required. Before starting a service, people received a service user guide. This provided them with information about how and where to report information of concern or concerns about their safety.

Policies and procedures were in place to inform staff how to deal with any allegations of abuse. Staff were trained in recognising the signs of abuse and were able to describe these to us. Staff told us, "Everything is confidential, unless you have to contact the office about it. They told us about different signs they looked out for if they suspected someone may be subject to abuse. They said, "I look out for bruises, people not talking, flinching away, the person not feeling themselves, feeling nauseous and looking sad. If I saw any of the signs, I would contact the office and keep everything noted down. If I wasn't getting the right response I would be persistent but could also go to social services." Staff understood their duty to report concerns to the registered manager and the local authority safeguarding team. Records showed staff had completed training in safeguarding adults and that safeguarding policies were discussed in staff meetings. There was a whistleblowing policy in place which. Staff were aware of the policy and would not hesitate to report any concerns they had about potentially poor care practices.

One safeguarding investigation reported concerns about the conduct of a staff member and alleged financial abuse. The registered manager reported these concerns to the local authority and completed a full investigation. The staff member was dismissed and referred to the relevant agency to ensure they were barred from future work in the care sector. The person was reimbursed by the provider. We received written feedback from the local authority which read, 'Quality Homecare responds proactively to safeguarding and complaints concerns raised by [us]. They have clear lines of accountability' and 'I have always found the responses from [management] to be professional and timely. The quality of their reports are of a good standard and they use their disciplinary process appropriately.'

The registered manager completed staff rotas four weeks in advance to ensure that sufficient staff were available and deployed for each shift. The computer system in place flagged up in advance any calls where staff were unallocated. One care co-ordinator was employed to each of the five geographical areas where the service provided care. Relief staff were available in each area to ensure that care calls at short notice

were covered, for example when staff were absent due to sickness. The registered manager reviewed staff deployment and rota management regularly to ensure all care calls were met. They told us there was good retention of care co-ordinators who knew people and the areas the covered well.

There was an on-call system so that staff could call a duty manager to discuss any issues arising. The registered manager set up a priority system whereby people with the highest priority needs were ensured staff support in times of emergency need. The registered manager structured the staff team to ensure staff travelled to care calls for people near to where they lived. This was set up to reduce potential for late care calls, to reduce staff travel time, to improve staff rostering and improve the service that people received. Care co-ordinators based in the office supported staff rostering and matched staff with appropriate clients. Recruitment and staffing levels were reviewed regularly to ensure enough staff were deployed to meet people's needs. Where people needed two care workers this was provided. The registered manager told us they were continuously planning to ensure sufficient staff were available and this involved constant monitoring of rotas and staff availability. The registered manager talked to us about the ongoing challenge of recruiting high calibre care staff. They held recruitment events at local venues to support ongoing staff recruitment. They constantly reviewed and implemented different initiatives to support and incentivise staff to ensure a sustained workforce. This included paid travel time, use of company cars and support with child care. The registered manager had an ongoing recruitment plan to ensure adequate staffing levels at the service.

Records relating to the recruitment of new staff showed relevant checks had been completed before staff worked unsupervised at the service. These included employment references and Disclosure and Barring Service (DBS) checks to ensure staff were suitable to carry out care work.

There was a business contingency plan that addressed possible emergencies such as extreme weather, infectious diseases, damage to the premises, loss of utilities and computerised data. Procedures were in place to ensure continuity of the service in the event of adverse incidents. There was good planning and control measures in place in the event of adverse incidents which disrupted the operational running of the service. One example was a pandemic. Control measures were in place which included, notifying the local authority, informing back up staff and existing staff of an increase in working hours, the need to prioritise calls taking in to account people's level of need and people's family nearby, the need to keep people informed and adhere to NHS guidelines.

Records of accidents and incidents were kept at the service. When incidents occurred staff completed incident forms, informed the registered manager and other relevant persons. Accidents and incidents were monitored to ensure risks to people were identified and reduced. One incident was reported where someone slipped slightly out of their sling when staff supported them using a hoist. The person did not sustain any injury, however the staff completed refresher training in moving and handling as a precautionary measure. These risk management measures were taken to reduce the risk of incidents occurring and the person's care plan was updated with the changes made.

Care records contained individual risks assessments and the actions necessary to reduce the identified risks. The risk assessments took account of people's levels of independence and of their rights to make their own decisions. Care plans were developed from these assessments and where risks or issues were identified, the registered manager sought specialist advice appropriately. One person had a risk assessment in place to support them to keep safe when receiving support with moving and handling. The risk assessment recorded the person needed the support of two care staff when moving and transferring. This involved the use of an individually adapted hoist to support the person to safely transfer. One staff member told us, "There is hoist training in place". They told us how the person tried three different slings and how staff, the training

assessor and the OT worked together with the person to ensure they had the correct equipment in place. Staff were observed in practice by care co-ordinators to ensure they were aware of health and safety measures in place to keep people safe. One staff member told us that some care staff were not confident using a hoist when attending some care calls. They said they had training but as they had not used a hoist regularly they did not feel confident. The staff member said when this happened they informed the office to report their concerns. The staff member said although the training was practical in nature, it would be helpful if the training addressed different real life scenarios to support staff to develop their competence. For example how staff can best support someone who is agitated when the hoist is used.

People's home environment was assessed prior to the service starting. People's home were assessed for possible environmental hazards. Staff were made aware of the potential trip hazards. Staff regularly checked equipment in people's homes to ensure it was safe to use. There were clear guidelines in place for staff to follow to check equipment was fit for purpose. For example one person's care plan included detailed information as to how staff should check the water temperature when assisting the person with personal care to reduce the risk of burns and scalding. The person needed to be assisted to take a shower using a shower seat and two care staff to support them when walking.

People were supported to take their medicines by staff trained in medicine administration. Medicines records and staff spot checks records showed that staff had completed medicines management training and were competent to give people their medicines. All Medicine Administration Records (MAR) were accurate and had recorded that people had their medicines administered in line with their prescriptions. Where people were independent with managing their medicines, this was clearly recorded. Any allergies people had were clearly recorded in their care plan. Medicines incidents were recorded. Where serious errors occurred the staff member would be removed from duties. Any medicines errors were reported to the local authority and investigated by the registered manager to reduce the risk of reoccurrence. Staff received additional supervisions and completed competency assessments before resuming this role.

Staff were provided with personal protective equipment (PPE) such as gloves, gels and aprons, to reduce the possible risk of infection. Care plans recorded how staff should wash their hands after each task and that they must use aprons and gloves at all times. Staff were observed in practice to ensure they adhered to safe infection control practices. Team meeting recorded discussions held with staff where they were reminded to monitor out of date food. The minutes read, 'Please remember to check dates on food, the expiry dates are very small and can be hard for clients to always see. Please advise clients of out of date food and document in the daily record sheet what has been disposed of.' Staff were provided with a torch, personal alarm and mobile phone to manage their personal safety when visiting people at their homes.

Requires Improvement

Is the service effective?

Our findings

People were satisfied with the support they received from staff. One person said, "I have two care staff come in twice a day and both are very good." Another person said, "They are very gentle when washing and check with me that I am ok, they are very good" and "I was in hospital last year, when I came out I have had them ever since and they have been fantastic. They help me with what I can't do. They are very good. I can't fault them. Except when they have a new carer but then they always have [another staff member] who comes with them as they are more experienced and show them what to do." When the care plan was first done I was not well enough to know what was happening. But afterwards [people from the agency] came to see me when I was better to go over everything." People said that staff had the right skills to do the job. One person had written in a questionnaire, 'Our main carer is excellent at their job. We would not wish to change carers.' One relative told us, "I was here when they did the care plan. I usually get everything ready for [my relative] with their involvement and I lay it on the bed so that when staff have finished [providing personal care] everything is ready to put on. They [staff] never question what we choose."

Staff received formal annual appraisals of their performance and career development. Supervision records contained information about staff training, performance and development needs. Staff we spoke with said they had supervision. We looked at records where staff had attended annual appraisals to review their performance and development needs. We looked at two staff appraisal forms and found the information to be limited. There was insufficient detail given for the appraisal to be utilised fully. For example there was a comment on one staff member's appraisal form which read, "X is generally reliable and a good carer however, X needs to improve on timekeeping and logging in and out of calls." There was no recorded discussion as to the reasons behind timekeeping issues, what action would be taken to address this, how performance would be reviewed and whether this issue had been resolved. Some staff had been requested to attend annual appraisals and had not attended as required. The registered manager told us this was a work in progress to ensure that all staff attended appraisal meetings. One staff member wrote as part of a CQC survey, 'To me their services are good. They try by all means to support staff and service users. We used to have regular supervision and appraisal, but now it's a long time I had my supervision appraisal.'

We recommend the registered manager reviews the staff appraisal system to ensure it is robust and actions identified are recorded when addressed.

Staff were observed in practice to ensure they provided support in an appropriate way which met people's preferences and needs. This was confirmed in spot check records we looked at. However, we found spot check records often contained the same comments which indicated a generic assessment approach for each staff member. Where issues with staff practice were identified it was not always clear what action the provider had taken to address the shortfall in practice. For example one staff member was reported to have 'poor communication'. The provider's response to this concern was not clear and had not been recorded. Telephone monitoring calls were made to people to monitor their satisfaction levels with the service provided. One record stated that a person had said, 'Lateness of staff if carers are off sick.' The provider's response to this concern was not clear and had not been recorded.

We recommend the registered manager review records to ensure where actions are identified that outcomes are followed up and recorded when addressed.

Staff said, "The training is very good. The agency keeps up with it. They explain everything they are doing I training and we can get involved and do practical things. For example when we have infection control, moving and handling and medicines training." One staff member wrote as part of a survey sent by CQC, 'They are an excellent company to work for they provide you with all the help support training you need within your job role. I have learnt so much and have had so much support.' One staff member talked to us about how training they received in 'dementia awareness' helped them support someone living with dementia. They told us, "The training helped me understand the condition and the different variations of the condition and how it can affect people. It helped me understand how to communicate with people and understand how it affects them. I am patient with people and encourage them. For example, X needs to keep their legs up [for health reasons]; I encourage and prompt them to do this." One staff member had written as part of a survey sent by CQC, 'I enjoy my job very much and I feel fully supported by the office staff at Quality Homecare and my fellow care workers. I recently completed my National Vocational Qualification (NVQ) 3 in health and social care through the company. I think the training we receive is first class. I am proud to say I work for Quality Homecare.' Staff were satisfied with the training and professional development options available to them. Staff were supported to achieve further qualifications in social care.

Staff had appropriate training and experience to support people with their individual needs. There was a training plan in place to ensure staff training remained up-to-date. This system identified when staff were due for refresher courses. The training manager monitored staff training needs and scheduled training courses for staff. Staff were able to request extra training courses. Staff were offered development opportunities through training. The training manager told us that, "All staff who have requested Qualifications and Credit Framework (QCF) training level 2 or 3 have been signed up. We have had 35 carers signed up in the last 6 months. In total we have 118 staff who have either completed or are working towards their qualifications." One professional from the local authority wrote, 'Quality Homecare is supportive of staff and provides good training opportunities.'

Staff had an induction and had demonstrated their competence before they had been allowed to work on their own. The registered manager had implemented the new 'Care Certificate' training to be used with all new staff since April 2015. This is based on an identified set of standards that health and social care workers adhere to in their daily working life. It has been designed to give everyone the confidence that workers have the same introductory skills, knowledge and behaviours to provide compassionate, safe and high quality care. The Care Certificate was developed jointly by Skills for Health, Health Education England and Skills for Care. The training manager described how all staff were inducted and put on the Care Certificate. They told us, "We cover all aspects of the Care Certificate and then we bring in other training that is relevant. For example, if the staff works with people living with dementia they have dementia awareness training." Staff competence in meeting the requirements of the Care Certificate was assessed by the training manager. Staff recorded information on all aspects of their care practice to enable them and staff to discuss good practice and any areas for improvement.

People told us that staff obtained their consent before providing them with care. One person had said as part of a telephone monitoring review, 'All staff ask me what is required.' One relative said, "They always ask X what they want to do, X makes all the choices." There were consent forms in people's care files. Consent forms were signed by people where they had mental capacity to demonstrate they had agreed to the assessment of their care needs and how they should be supported. One staff member said, "I always give choices to people." Another staff member said, "I always introduce myself and look at people's care plan

with them. I ask people how they would like things done. I make sure people are happy. If people had a concern I would report it to the office." Another staff member said, "I give X choices. I know them well and understand how they communicate. They are always clear when they don't like or want something."

We discussed the requirements of the Mental Capacity Act (MCA) 2005 with the registered manager and staff. People were always asked to give their consent to their care, treatment and support. Records showed that staff had considered people's capacity to make particular decisions and knew what they needed to do if they had concerns about someone's mental capacity to make decisions. One staff member talked to us about their understanding of the MCA. They said, "It's whether clients can make decisions for themselves. For example a client had deteriorated and was refusing food. I tried to encourage them to eat and the family wanted food left out for them but they didn't want it. They would only eat when people weren't there, so I used to log the Fortisip bottles that they drank between my visits. I had been working with assessors to get social services to assess their needs and they had a mental capacity assessment before being admitted to hospital."

We looked at two new staff member's Care Certificate records to check if the MCA was covered in the training. The Care Certificate induction had covered the MCA and staff assessments had been signed off by the training manager. There were sections where staff had to explain why it is important to assume people have mental capacity. The staff member had recorded, 'All individuals have the right to make their own decisions, even what might seem like an unwise decision. Allowing someone to make their own decision helps them to feel empowered, confident and in control.' Another staff member had recorded, 'An assessment of someone's mental capacity may need to be made when a person is unable to make a particular decision at a specific time.' After the inspection the registered manager updated us that they had developed their spot check system to check and confirm staff obtained people's consent during care calls. This was in response to a recommendation we made during the inspection. Staff we spoke with were able to explain to us how they sought people's consent and that they respected people's choices and rights to decline care. However, three members of staff could not recall completing training in the MCA.

We recommend the provider ensures staff have training in the Mental Capacity Act (2005).

People were able to make choices about what they wanted to eat. One person's food preferences were clearly recorded in their care plan. They required vegetarian food and could eat fish. One person was prone to skin breakdown and required a balanced nutritious diet and fresh food to support healthy skin and physical well-being. This was recorded in their care plan. One person had diabetes and maintained a low sugar diet which staff supported them with. Staff understood people's food preferences and acted in accordance with people's consent. We asked staff how they ensured people have enough to eat and drink. One staff member said, "For example. X doesn't like to drink and doesn't like plastic beakers so I give them a glass of water when I arrive and encourage them to drink. I then put Fortisip in a cup which they have after personal care, and then another before I leave."

People were supported with eating where they had associated health needs. One person had a detailed risk assessment in place completed by a Speech and Language Therapist (SALT) as they were at risk of choking. Detailed guidelines were recorded to enable staff to support them effectively. Guidelines read, 'To reduce risk of choking, use syrup to thicken fluids, the texture should leave a thin coating on the back of the spoon. Fork mashable diet. Ensure X has 10 seconds per sip or bite, no toast, ensures X is upright and alert, X needs constant supervision. Assist X where required and encourage their independence. Discontinue intake if X shows signs of coughing, throat clearing, wet gurgling voice, increased shortness of breath, or choking occurs.' Staff were vigilant for signs such as excessive coughing, choking, wet sound vocalisations and chest infections. These measures reduced the risk of choking and promoted the person's independence when

eating meals and taking fluids. Staff understood the person's support needs. Staff told us they were actively involved with the person's nurse and talked to them when they had any concerns. This information was recorded in the person's daily records. Records of people's food and fluid intake were clearly and accurately recorded to ensure people received adequate nutrition.

People had health care plans which detailed information about their general health. People were supported to attend health appointments where needed. Staff were vigilant to changes in people's health needs and made referrals to relevant health professionals when needed. People's health plans were agreed in consultation with the person, staff, their relatives and relevant health professionals in their best interest. People's care plans contained clear guidance for care staff to follow on how to support people with their individual health needs.

Good

Is the service caring?

Our findings

We asked people whether care staff were caring. One person said, "Oh yes, they are excellent and help very much indeed. I live on my own. The carer's conversation, whilst they continue to do all the housework, is very stimulating and helpful to me. It is something I look forward to every week is the carer coming to clean." Another person said, "When they are washing me they are very respectful. I have a lot of creams to put on and they do that very respectfully." Another person told us, "Most of the carers are pretty good at listening to what I want" and "The [staff] we have to care for us, we have a good laugh with them. It is just like family life." One person said "I would rather have them, than my own family!" Another person said, "I don't know where I would be without them, they are very understanding, friendly and caring." One relative said, "Yes they seem very nice when they come" and "We have a couple of really caring ladies that come to us." One person had written a card which read, "Thank you so much for cleaning my kitchen. You did it so beautifully and it was the kindest and most thoughtful thing that you could have done for me. Thank you for all your care and cleaning."

Staff understood people had different communication needs and took time to understand each person's individual needs. Information on people's communication needs was recorded in detail in their care plans. One person's care plan had recorded for example, that they had a learning disability and used non-verbal communication. They used their own form of Makaton to communicate with staff and maintain their independence. Makaton is a method of communication using signs and symbols. The person was supported to do a range of activities to include walking, cycling, dancing and swimming. The person sometimes had behaviours which may challenge. Staff followed consistent guidelines to calm and reassure the person when they became upset. Guidelines included, 'Calm, reassure and prompt X. Redirect X and use verbal prompts to move away from upsetting issues.' One member of staff told us, "I know X well. I have worked with them for a long time. I understand how they communicate their needs." They told us that the person used some Makaton signing and use key words to communicate their needs and wishes. For example they would 'pat their tummy' if they were ill or wanted to go to the toilet. Staff understood their communication needs. They were able to say if they liked or disliked things such as food and activities they wanted to take part in. They said they provided the person with lots of support and reassurance to reduce the risk of them becoming upset. They said this happened rarely and that they had a core team of staff to provide the person with continuity of care.

People told us their choices were respected. One person requested male carers only to support them and their preference was met. One person needed support to protect their skin from deteriorating. Staff worked closely with the person and health professionals to encourage the person to support their health. The person needed to keep their legs up as much as possible to support good circulation and protect their skin. Staff encouraged and prompted them to do this. The person wanted to sleep in their lounge and staff arranged for their bed to be transferred to the lounge, so that they could sleep in their preferred room. They had a special bed to reduce pressure on their skin to help keep their skin healthy. Staff were aware of people's history, preferences and individual needs and this information was recorded in their care plans. People's care plans reminded staff that the person's choices were important and staff were aware of people's preferences. People were involved in their day to day care. People spoke regularly with staff about

their care and support needs. Risk assessments were reviewed regularly to ensure they remained appropriate to people's needs and requirements. Everybody we spoke with said they had a care plan that was up-to-date and covered all of their support needs.

Staff treated people with respect and upheld their dignity. People said, "Yes we are quite satisfied. We haven't had any problems. They are very good at respecting our dignity and privacy." Staff said, "X is very sensitive about personal care. It is only in the last year they have allowed us to support them with this. We keep a towel around them at all times and keep the door shut." Another staff member said, "I listen to what people say and ensure what they tell me is confidential." Information recorded at a recent review for someone read that 'Staff respected the person and promoted their dignity needs.' People's care plans gave guidance on how people should be treated to ensure their dignity was upheld. Respectful language was used throughout care plan records. We completed a tour of the provider's office where staff completed training course. There were posters in the training room which reminded staff of the need to promote people's dignity and respect at all times. Staff were observed in practice to ensure they promoted peoples' dignity and respect in practice. One staff member spot check record stated, 'X has very good communications with the client, ensuring dignity and respect through call. Care and kindness shown.' Results from a recent provider survey recorded some really positive feedback from people that care staff were 'caring and respectful.' We found the Care Certificate had covered promoting people's dignity and respect. Staff assessments had been signed off by the training manager. There were sections where staff had to explain the importance of this. One staff member had written, "Dignity means to focus on the value of every individual. I promote dignity by promoting personalised care, privacy and offering choice.'

Advocacy services were available to people at the service. Advocacy services help people to access information and services; be involved in decisions about their lives; explore choices and options; defend and promote their rights and responsibilities and speak out about issues that matter to them. Staff ensured people were informed of their rights and supported people to access this service to make independent decisions about their care and support needs.

Staff we spoke with said they had attended training in end of life care. They said that it would be helpful if training contained guidelines on signposting families to other support services in the event their loved one passed away. They said on several occasions they had arrived at people's home and the person had passed away and they had not been informed. They said communications could be improved. The registered manager told us about how they supported people with end of life care needs. People's needs were assessed before they received a service. People personal information and life history was recorded to enable staff to support people in a person-centred way. People's families were present where possible to support people and to ensure staff had as much information to inform care planning for people. One relative wrote, 'Just a short note to say thank you to [staff] that helped X and me in the last days of their life. I really did appreciate what you did, so once again thank you.' Another relative wrote about the palliative care staff provided to their loved one. They wrote, 'The angels did turn up, disguised as A1 care staff. The palliative care you provide is perfect. It is amazing what a difference it makes to you when [care staff] ask are you ok? Even when we said there wasn't much to and they could go, they never left early. They stayed with us and chatted with us and it brought a bit of normality to our very strange bubble we were in. So once again a massive thank you from all of us.'

Requires Improvement

Is the service responsive?

Our findings

Some people we spoke with were satisfied that the service was responsive to their needs. One person told us, "I want to be as independent as possible. I don't know where I would be without them [staff]. They take me shopping and they hoover the house." Another person said, "We received a survey from them a little while ago. We are very satisfied." Another person said, "The medication is the most important to me. They are marvellous." One relative said, "We are very happy with the service." Another relative told us, "They have done a really good job in matching the personality of [my relative] with their complex needs to the personalities of the two carers who look after them" and "They [staff] always listen to X. When we have, say a dentist appointment, they come with us as X needs two people to help at all times. Also X goes to college and the carers always go with them." One relative told us, "If there is any problem with a carer coming they always call us before they are due to explain what is happening." Written feedback from the Local Authority read, The service which is provided by A1 Quality Homecare for our clients is always very professional. They are always approachable and are happy to have feedback from the clients to identify other areas in which they can improve.'

However, some people were not always satisfied that the care met their preferences. They did not always have continuity of care staff or consistency of care visit times. One person wrote, 'The call times vary when they [staff] come, which sometimes I find difficult' and 'I have different care workers. They get their own shopping when they are with me. I have three hours a week and wasted half that time waiting for them. I didn't get half what I wanted.' One person said, "I need help with my meals, and they do and they don't. The carers don't know how to do a basic meal, even Fish Fingers!" One person told us, "You never know who is coming and when they will arrive. It is very stressful not knowing" and "Once a 'higher-up' person came to see me last year. I mentioned about the lack of same consecutive carers and they noted this and said they would get back to me. They never did." One person said, "It is very difficult to get through [to the office] on the phone. They say to leave a message, but rarely do I get a call back." One person wrote, 'The service and company do not respond. They are always short of staff, time keeping [is a problem] for staff. They keep on calling staff when they do jobs.' and, "The care staff complain to us they don't have enough time to get to the clients, particularly when they are called in last minute to cover for someone."

We asked staff whether they had enough time to support people and gave continuity of care. Staff gave a mixed response to this question. One staff member told us, "I usually have enough time between calls. Things have much improved in that area. Occasionally there is an issue" and "I get a rota in advance of care calls and I usually support the same people. Occasionally I may work with new people, usually if another carer is absent." One staff member said, "If a call overruns as something happens then I call the other clients and let them know I'm late. I let the office know." One staff member told us, "I tend to get moved around a lot, I have 20 or 30 different clients a week, but I'm starting to get regular clients." Staff told us they could be on shift from early morning with their last call after 21.00pm with sometimes periods of four hours in between with no retainer payment for cancelled calls. One staff member said they did not always have sufficient breaks between shifts.

Some staff had concerns about insufficient travel time between calls. Another staff member said,"Rotas

management is not improving. Rotas are changed too frequently and they do not always think about where they are sending care staff [with regard to] geography and continuity of care staff for people." Another staff member said people do not always get their preferences for particular care staff met. One staff member commented that access to car transport could be improved and suggested that motorbikes could be considered as another transport option. One professional wrote as part of the CQC survey, 'I feel that most of the carers have a commitment to provide the care and a quality service. But feel that due to the demands that are placed upon them in terms of number of calls, travel times etc. this can often be a very difficult and unrealistic task. I feel that in terms of my interactions with managers and staff members they do all attempt to provide a service for clients and carers.'

There were no reports that people had experienced missed calls and records confirmed this. The registered manager told us about improvements they had made to reduce the risk of missed or late calls. They told us that people requested rotas and they were provided in response to people's wishes. They said people could have their rota in the format of their choice. People had their rotas emailed, posted or communicated via a telephone call. The registered manager acknowledged that staff sickness absence was an issue. They were following their legal procedures to ensure they dealt with this matter appropriately. The registered manager explained that the provider had invested in a staff mobile phone logging in system which was used to track all care calls. All staff logged each care call when they were at people's homes. Staff in the office were able to manage late calls more effectively by contacting people if staff were likely to be late. The registered manager told us they had a staff plan in place to cover staff absence at short notice. They explained they had floating staff across the five geographical areas where they provided care. These staff were not on the rota and were therefore available to complete care visits at short notice. These staff had guaranteed hours to ensure their availability. They told us they paid staff travel time to support good retention of staff and continuity of support for people. They provided staff with cars to support them to get to care calls in a timely way. The registered manager said that in some rural areas mobile phone reception could prove challenging. They told us they were exploring different options to resolve this issue. Team meeting records completed in November 2015 confirmed that staff were reminded about logging in at the correct time for all care calls. They were reminded to report to the office if their mobile phones were not working properly to address this without delay. The registered manager acknowledged that this was an on-going area for improvement.

The provider sent surveys each month to people which informed and encouraged people to give feedback to inform the development of the service. People told us, "Every couple of months I get a questionnaire. I always say they are excellent. I write that I have no complaints and no worries. My husband feels the same way." We found that survey results had been analysed and results had been evaluated. However in the few cases where people gave negative feedback, it was not clearly recorded how the provider would address those shortfalls and what measures they had implemented to make improvements in those areas. Results from a provider survey in November 2015 recorded some really positive feedback from people. Where staff members were specifically mentioned for good practice they were sent an acknowledgement letter from the registered manager. Records stated, 'Please remember to either ring the clients off your work phone if you are going to be late or ring the office for them to inform the client' and 'Some clients have asked for change of calls but have not put their name on the form. If a client mentions this to you please advise your care co-ordinator. Overall clients are very happy with staff.' One professional from the local authority wrote, 'Quality Homecare has recently received eight survey responses from people who receive support. Six people responded that they were overall satisfied, Two people were overall dissatisfied and indicated they had referred concerns to the provider and had not been satisfied with the response.'

Peoples' care plans included a section about their personal history, choices and described how they wanted support to be provided. One person had a detailed communication plan in place to enable staff to support them to communicate with them responsively. The person's communication needs and unique phrases had

been recorded and their care plan provided guidelines to staff on how to respond, for example using mirroring techniques. There was detailed information explaining how non-verbal communication with objects of reference helped the person to communicate their wishes. Their personal history was recorded and their complex health needs were explained. There was clear information about how staff should respond to different medical situations in order to keep the person safe and well. There was detailed personalised information recorded as to how the person took their drinks and their specialist dietary requirements were discussed, There was a charter in place for the person which set out what they expected from the staff team and it showed that the person's cultural needs had been recorded and were being met. Records read, 'Acknowledge and respect my cultural lifestyle. I am part of a family that is non-smoking, vegetarian and atheist.' The file contained information on how the person communicated when they became upset or frustrated. There was a detailed seizure plan and staff must be trained in all types of seizure management and trained to give PRN medication. We checked staff records and found that staff had been trained in epilepsy and were competent to give PRN medication.

Staff promoted people's independence and encouraged them to do as much as possible for themselves. Staff adapted to people's different independence levels and ensured support was catered to people's individual needs. One person had sustained an injury due to a fall. They were referred to the service for a 'reablement' support package. Reablement means the active process of regaining skills, confidence and independence after a traumatic injury. Their goal was to regain the independence they had prior to their fall. Staff assessed their needs and supported the person to regain their mobility. Staff agreed on a set of manageable goals each week with the person to gradually build their independence, to include exercises and daily living tasks. Daily records recorded that the person had made progress, 'X's right side has strengthened over the last few months.' Support plans clearly recorded people's individual strengths and independence levels. Information such as 'Can wash parts of their body unassisted, X can complete food preparation, client is happy with progress in this area, unassisted shave. Client has got back to previous independence levels prior to the fall.'

People were supported to pursue interests and maintain links with the community. People set goals and outcomes they wanted to achieve. One person's goals were to maintain their independent lifestyle, go to college, socialise, walk safely and get out in the community. This information was recorded in their care plan. We talked with one member of staff about how they supported them to achieve their goals. They said, "There are goals that X wants, like to stay at college and do art but recently their motivation has gone. We chat and I try to motivate them. It works sometimes when we can get a taxi to college and we are upbeat and we go for a milkshake or hot chocolate and cookie. I take X to the room for art and help them to get involved." Staff were flexible in supporting the person to attend college on days which met their preferences. One staff member told us how they worked flexibly to meet people's needs. They said, "There's one young person I work with mainly. If they don't want to get up or to speak then I encourage them. If they have got the energy then we help them to get up and go out. At the moment their needs have deteriorated and we find the balance between what they need and want. We persevere with them. If they have had a lot of seizures we [provide them with care] on the bed".

Staff were flexibly deployed to meet people's needs. One person's health needs deteriorated and they had palliative care needs. They needed additional funded hours to enable staff to give them the full support they needed. The registered manager referred the person to their funding authority for a review of their needs. The person wanted to remain in their home and receive care from a live-in carer 24 hours daily. To enable the person to stay at home, the registered manager worked closely with the person, their family, health professionals and Funding Authority. The registered manager was able to provide a live in care service to meet the person's preferences and ensure continuity of care provision. One professional wrote as part of a CQC survey, 'I have confidence in Quality Homecare as an 'Approved Provider'. They are very knowledgeable

and responsive to urgent requests for services. Staff are able to identify issues and concerns at key points of crisis, which can prevent hospital admission. The management team will go out of their way to offer advice and support to their clients and work flexibly within the agreed parameters of the contract to benefit the clients directly.'

Staff were responsive to people's changing health needs. Staff supported people living with dementia. Staff observed one person's mental health appeared to be deteriorating. The person had regular carers in place to ensure continuity of care and staff were vigilant to any changes in their needs. Staff acted promptly and referred the person to health professionals for a review of their needs. The person was also referred for a mental capacity assessment to enable staff to better understand whether they had capacity to make decisions. Records informed that staff had contacted the person's G.P and their Social Worker to keep them informed about changes in their health needs. The person spent a period of time in respite and staff stayed in contact with the respite provider to ensure the person's needs were reviewed before they returned home with appropriate care in place. A special 'profiling bed' was put in place to support the person to raise their legs and keep comfortable and they were provided with appropriate walking aids. The staff member told us they liaised with the District Nurse to support X with their skin care. They helped the person keep their skin free from infection and encouraged them not to scratch their skin and apply cream to heal their skin. The person was referred to healthcare professionals in a timely and responsive way. Staff ensured they received continuity of care from staff and health care professionals to respond to changes in their health needs.

We asked people what they would do if they had any concerns about the service. People told us, "When we were not happy with a certain carer. They met with us and were very obliging and they sent out a different carer. I am very happy and I certainly wouldn't be shy in making a complaint if that was ever needed' and "Once or twice we had carers we didn't like and the agency stopped sending them, they are a very good the agency." One relative told us, "Occasionally I get a call and every two months I get a questionnaire to complete as to how things are going and operating" and "The Manager regularly comes out to see us." One person positively commented on the knowledge of office staff. They said, "Care coordinators in the office know which care staff work with which clients." The complaint policy was available in a service user guide which people received before starting a service with the provider. We looked at the complaints from the last twelve months. The provider responded promptly and appropriately to complaints. The provider demonstrated that they had learned from complaints raised fed back this learning to improve systems. One complaint was made about how a person was being hoisted by staff when moving and transferring. The registered manager made contact with the person and their family and arranged a further Occupational Therapy assessment to check that staff managed this process safely. A new hoist was ordered for the person and staff attended refresher moving and handling training. Records showed that the registered stayed in contact with the person's family and relevant professionals to ensure a satisfactory response to this complaint.

Requires Improvement

Is the service well-led?

Our findings

Staff we spoke with were satisfied with the support they received from management. One staff member told us, "I am happy. They [management] help me out and deal with any issues I report." Another staff member said, "When I need support they are there. I help out doing extra shifts when needed." One staff member wrote as part of a survey sent by CQC, 'I feel Quality Homecare gives a happy, friendly, reliable service helping clients stay independent. I feel supported and well informed by the company.' One professional with direct knowledge of the service wrote, 'We are very happy with the team at Quality Homecare. We hope to continue our working relationship with them allowing us to make a difference to even more local children.'

As part of our inspection we found some areas which required improvement. The registered manager had not fully understood their legal obligations and the conditions of their registration. They had not notified us of any significant incidents and proactively shared identified risks and risk management plans to support people. The registered manager had not demonstrated they understood when we should be made aware of events and the responsibilities of being a registered manager. However where incidents occurred the registered manager had investigated them thoroughly and appropriately. They told us they had not been aware of their responsibility to notify us.

The lack of statutory notifications to inform us of incidents occurring at the service is a breach of regulation18 of the Care Quality Commission (Registration) Regulations 2009.

Staff said there was an open culture and they could talk to the management about any issues arising. Staff said, "If I need anything I call and someone is on the end of the phone to sort the matter out. If I go to a client and I'm worried about medication I call the office and they speak to the family and the care plan is updated." Staff said, "All the other carers are amazing and we support each other. At the beginning I found it difficult travelling around and finding new places and all the other carers put me at ease and helped me. If I ring up the office about a client not being well they always tell me what to do and help me" and "I find the manager very accessible. If I need anything I can call or if they're busy I text and they get straight back to me."

The registered manager had measures in place to promote and improve staff morale. The management took the time to thank staff for their contributions and made staff feel appreciated. For example they held an annual summer party and also put in place a carer's award to reward good staff practices. Team meeting records confirmed that staff discussed which ideas would work best as part of a rewards system, to recognise and acknowledge staff who demonstrated a high standard of care to people. Staff were encouraged to nominate other staff members who had demonstrated best practice in care delivery. This supported staff to feel valued, increased their morale, promoted best practice and ensured that staff had a stake in the company and how it was run.

Staff attended regular team meetings to discuss people's support needs, policy and training issues. The registered manager told us that they were continually making improvements to continuity of care staff for people. Staff were encouraged to make suggestions to improve the service. One staff member said, "I've

suggested another way of working with slings. One person was getting a very sore back. I suggested we roll the person on their bed to get the sling off and on and they preferred this. I talked to all the other carers who [support the person] and logged it with the office. The training assessor reviewed [this practice]. Their next of kin was made aware and so was the G.P. There was a moving and handling assessment and a risk assessment put in place and amended." Staff were informed of any changes occurring at the service and policy changes. All the policies that we saw were appropriate for the type of service, reviewed annually, up-to-date with legislation and fully accessible to staff.

There were quality assurance systems in place to monitor and drive service quality improvements. Regular audit reviews were completed. Shortfalls identified were recorded in an action plan for the registered manager to address within a given timeframe. For example, one action recorded was to 'Ensure that medication information is consistent in people's care plans.' Records confirmed care plans were reviewed and medication information was checked and found to be consistent. Although shortfalls were recorded as completed in the action plan, actions were not consistently dated recorded to demonstrate they were completed in a timely manner.

The registered manager completed monthly care plan audits to ensure that they were up-to-date and that actions had been addressed. Records and care plans we looked at were up-to-date and detailed people's current care and support needs. One staff member told us, "I always record what care the person's had as per the care plan plus any additional comments. The assessors update them unless we come across something. I had a client recently whose blood sugars were high. I called the G.P. and they asked me to increase the insulin and I called the office. They asked me to update the care plan and sign it, which I did, and texted the next carer to update them." Systems were in place to ensure people's care plans were up-to-date and reflect their most current needs.

A monthly medicines audit was completed. No medicines errors had been identified as part of a recent audit. This system helped ensure that people received their medicines safely and this was accurately recorded.

Telephone monitoring calls were regularly conducted to assess whether people were satisfied with the care service they received. One record stated, 'Care good, staff polite, wonderful.' Care co-ordinators completed staff observations by means of spot checks in people's homes. Staff were observed by care co-ordinators whilst supporting people in their homes to ensure they met essential standards of care. They completed spot checks every three months to monitor staff practice and record staff's timeliness and performance. The registered manager audited spot checks to identify any need for additional staff training. All staff training was monitored to check staff attended scheduled training and refresher courses.

Environmental health and safety assessments were completed before people received a service. This included an assessment of access to people's property, safe installation of gas and electricity, fire and plumbing safety precautions in place.

Staff recorded incidents and accidents when they occurred. The registered manager regularly analysed records of incidents which took place to review any patterns of incidents. This meant that effective control measures were in place to reduce risks to people and the likelihood of incidents reoccurring.

Each staff member had an audit record in place called a 'Quality Assurance Schedule.' This recorded all relevant information about the staff member to include, recruitment checks, training attended, any work absences and spot checks completed. This gave the registered manager an overview of each staff member's performance and development needs, ensured that staff recruited were subject to robust checks to ensure

they were fit, trained and competent to carry out their role.

The registered manager attended forums at the Local Authority to inform them about care sector practices and initiatives. They also attended safeguarding forums to inform them about safeguarding processes, changes in legislation and best practice on how to safeguard people from abuse. Feedback from a professional from the local authority read, 'Quality Homecare' works in partnership with us and engages with provider forums, safeguarding and complaints processes and audit visits.'

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We did not take formal enforcement action at this stage. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 18 Registration Regulations 2009 Notifications of other incidents 1. The registered person had not notified the Commission without delay of incidents which occurred whilst services are being provided in the carrying on of a regulated activity, or as a consequence of the carrying on of a regulated activity.