

QCM Healthcare Limited

QCM Healthcare

Inspection report

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

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 comprehensive inspection took place on the 15 and 19 November 2018.

QCM Healthcare is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. It provides a service to older and younger people some of whom may have a physical disability. At the time of our inspection the service provided a regulated activity to 12 people.

There was a registered manager in post who was also the sole director. A registered manager is a person who has registered with the Care Quality Commission (CQC) 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 was the first inspection of this service since registration with CQC on the 6 November 2017. The provider did not have effective systems in place to ensure overall governance of the service and identify the issues we found at this inspection.

The provider did not have systems in place to ensure staff were sufficiently qualified, skilled and experienced to meet people's needs. There was a lack of planning and systems in place to provide staff with training relevant to their roles and responsibilities. Staff did not have access to regular, planned supervision to enable them opportunities to discuss their training and development needs. Robust recruitment checks had not taken place before staff started work, which put people at risk.

Risk assessments were in place to guide staff with steps they should take to reduce the risk of harm to people's welfare and safety. For example, in relation to environmental risks, pressure area care and the risk of cross contamination. Staff followed good infection control procedures.

Accidents and incidents were recorded but there was no system of analysis to look for trends and plan for improvement. In the event of emergency there were plans in place to ensure that care delivery was not impacted.

Arrangements were in place for people that required support with their medicines. However further work was needed to ensure medicines management audits were carried out to check people had received their medicines as prescribed.

There were enough staff employed to meet people's needs. People were supported by regular members of care staff, providing continuity of care to people.

People had been involved in the planning of their care and had developed good relationships with staff. People told us that they felt safe with all the staff that supported them. They said staff supported them with

maintaining their independence and upheld their rights to choose how their care was delivered. However, staff had not been provided with training to understand their roles and responsibilities and how to apply the principles of the Mental Capacity Act 2005 (MCA) in their work. Where people had fluctuating capacity no best interest assessments had been carried out.

A full assessment of people's needs took place before people started using the service. People were supported to eat and drink, if this was part of their package of care and access to support from health care professionals when needed.

People understood how to make a complaint. There was a system in place to record and respond to complaints but none had been received since registration. There was no information to refer people if not satisfied to the complaints ombudsman and no contact information for the local authority who commissioned their care. The registered manager told us they would amend the information provided to people immediately.

Staff said they felt supported and valued. However, we found they had not been supported with all training needed, relevant to their roles and opportunities to have supervision and staff meetings.

During this inspection we identified breaches of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the end of this 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?

The service was not consistently safe.

Whilst the provider was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised, staff had not been trained in steps they should take to protect people from the potential risk of harm and report abuse.

Risk assessments were in place to guide staff with steps they should take to reduce the risk of harm to people's welfare and safety.

There were enough staff to meet people's needs but safe recruitment procedures had not been carried out.

Arrangements were in place for people that required support with their medicines. However, staff were not trained or competency assessed and medicines management audits were not carried out to check people had received their medicines as prescribed.

Staff were provided with protective equipment to reduce the risk of cross infection.

Requires Improvement ●

Is the service effective?

The service was not consistently effective.

The provider did not ensure staff were sufficiently qualified, skilled and experienced to meet people's needs.

There was a strong emphasis on involving, and enabling them to make choices. However, staff had not been provided with training to understand their roles and responsibilities and how to apply the principles of the MCA in their work. Where people had fluctuating capacity no best interest assessments had been carried out.

People received the support they needed in relation to their healthcare needs and eating and drinking if this was part of their care package.

Requires Improvement ●

Is the service caring?

The service was caring.

People were treated with kindness, respect and dignity.

People had been involved in the planning of their care and staff supported them with maintaining their independence.

Good 

Is the service responsive?

The service was not consistently responsive.

A full assessment of people's needs took place before people started using the service. Care plans provided staff with guidance in meeting people's assessed needs.

There was a system in place to respond to concerns and complaints. However, there was no information to refer people if not satisfied to the complaints ombudsman and no contact information for the local authority who commissioned their care.

Requires Improvement 

Is the service well-led?

The service was not consistently well-led.

The provider did not have effective systems in place to ensure overall governance of the service and identify the issues we found.

There was a lack of effective performance management systems to check and ensure staff met people's health, welfare and safety needs.

People who used the service, their relatives and staff were positive about the provider and found them easily accessible and approachable.

Requires Improvement 

QCM Healthcare

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 is 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 comprehensive inspection was carried out on the 15 and 19 November 2018 by one Inspector.

We gave 48 hours' notice of the inspection visit because it is small and the registered manager is often out of the office supporting staff or providing care. The Inspector visited the office location on the 15 November 2018 and visited three people in their homes. On the 19 November 2018 the inspector made telephone calls to staff, other people who used the service and their relatives.

We spoke with five people and two relatives.

We spoke with three care staff and the registered manager who was also the sole director and who was responsible for the day to day management of the service. We also spoke with the local authority contracts team.

We reviewed the care records of three people in people's homes to check they were receiving their care as planned.

We looked at records relating to the overall quality and safety management of the service, staff recruitment, surveys, medicines management, meeting minutes and staff training.

Is the service safe?

Our findings

There was a risk to people as the registered manager had not ensured that all new staff were thoroughly checked to make sure they were suitable to work in accordance with the provider's own recruitment policy. The provider's recruitment policy stated that at least two references were required from the most recent employers alongside a follow up phone call. For two staff recently employed only character references had been obtained after staff had started working for the agency. No requests for references had been made to the most recent employers. Gaps in staff employment history had not been explored as required.

This is a breach of Regulation 19 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Other steps had been taken such as checks with the Disclosure and Barring Service (DBS.) The DBS checks people's criminal history and their suitability to work with vulnerable people. Proof of identity had been checked.

Whilst the provider was aware of their responsibility to liaise with the local authority if safeguarding concerns were raised, staff had not been trained in steps they should take to protect people from the potential risk of harm and report abuse. Staff told us and the provider confirmed that staff had not been provided with training in recognising and responding to safeguarding concerns, if they witnessed or had an allegation of abuse reported to them. Staff had not been provided with any handbook, which would enable them easy access to policies and procedures and refer to whistleblowing and safeguarding procedures. Staff were unable to tell us other than speak to their manager what they would do if they had concerns. They were not aware of any safeguarding protocols including contact details for the local safeguarding authority.

Risks to people's health, welfare and safety had been managed effectively. For example, environmental risk assessments had been carried out when they started to receive care from the agency.

Risks to people were assessed and measures to enable people to live safely in their homes had been recorded. Risk assessments included the risks associated with working in people's homes, infection control, catheter care, moving and handling, falls and skin integrity. For example, the care plan for one person with an in-dwelling catheter in place, guided staff in how to reduce the risk of infection with clear instructions as to leg bag changes. There was no one currently using the service who required staff support to use lifting hoists for mobilising.

The provider had systems in place to respond to and record accidents and incidents. Incidents and accidents were recorded and action taken to reduce the risks of incidents reoccurring. For example, in response to missed calls and medicines errors. However, there was no formal system of analysis to look for trends and action plans for improvement.

People told us there were sufficient staff to meet people's needs. One person said, "They [staff] come four times a day and they mostly come at the right time. I have the same carer but when it is their day off I have

others who come. They are all very nice and polite." Another told us, "I have said I would like to know who is coming. No, I don't receive any timetable or information to tell me who will be coming each week. I insist on the same carer to shower me as I don't want different people seeing me at my most vulnerable and they accommodate this." One relative told us, "They [staff] come every day. They are all wonderful, friendly and caring. If they are running late they let you know and there is always a very good reason. They sometimes have to stay with someone else longer if they need more help and other days the traffic around here is not very good but we have no concerns. They have never missed a call."

People and their relatives told us staff provided timely support with administration of their medicines. One person said, "They give me my medicines when I need them, never miss giving them and I am quite happy with the arrangement." Staff had not received training in medicines management before they were responsible for administering people's medicines. There were no practical competency checks carried out to ensure staff remained competent to manage people's medicines safely.

Where people were prescribed topical medicines such as creams and lotions there was no body map in place and no support plan instructing staff as to where to apply the prescribed medicine. The registered manager told us there was no formal system to ensure regular audits of medicines to check people had received their medicines as prescribed.

Immediately following our inspection visit the registered manager informed us they had put in place training for staff in medicines management to commence week beginning 19 November 2018.

Staff had access to personal protective equipment to safeguard themselves and people from the risks of infection. Staff understood what they needed to do to reduce the risks of spreading infection. Staff told us they had access to protective equipment such as hand gels, gloves and aprons when they needed them. One member of staff said, "We use aprons and gloves. They [provider] always make sure I have plenty of stock of gloves. There is no shortage of supplies when we need them." One relative told us, "They always wear their gloves and have aprons on when doing showering, washing and dressing."

Is the service effective?

Our findings

The provider did not have systems in place to ensure staff were sufficiently qualified, skilled and experienced to meet people's needs.

Staff did not always receive appropriate support that promoted their professional development and assessed their competencies. One member of staff said, "I like working for this agency but they could improve by providing us with some training and meetings with other staff as we work alone all the time and it would be good to meet the other staff and have a chance to talk and share ideas." Another said, "I have attended lots of training but this was provided by the care home I also work at."

The registered manager did not ensure staff were supported with an induction programme that prepared them for the role they were employed to perform. Staff had not received any formal training since commencement of their employment. There was no training provided in safe moving and handling, health and safety and safe food handling as required. Care and support was provided to a number of people who had a diagnosis of complex conditions such as those living with mental health needs, including dementia. Discussions with staff and a review of staff files showed us that all the training staff had attended was training provided to them prior to their employment with QCM. The registered manager could not confirm that training provided in previous employment skilled staff sufficiently to meet people's needs. This meant people could not be assured that new staff who cared for them had been sufficiently trained, skilled and were knowledgeable to carry out their roles safely and efficiently.

The provider had a supervision policy which stated staff would receive regular meetings with their line manager at least six times per year. This they told us would include spot checks on staff performance. However, there was no system in place to ensure these were planned and carried out on a regular basis. One member of staff who had been working for the provider since June 2018 told us, "I have never had a spot check since I started working for the agency." This meant that the provider was not carrying out checks to assure them that staff were providing safe and effective care as required. Staff also told us were not provided with group meetings to share learning and air their views.

This is a breach of Regulation 18 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People can only be deprived of their liberty so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA.

People told us there was a strong emphasis on involving, and enabling them to make choices wherever possible. However, people could not be assured that the registered manager provided care and support in

line with the MCA. There was a policy and procedure in place which stated staff must be trained and advised on any action they needed to take regarding assessment of a person's capacity to make decisions as to their care and treatment. Staff had not been provided with training to understand their roles and responsibilities and how to apply the principles of the MCA in their work. They told us they did not have direct access to the policy and lacked knowledge of their regulatory roles and responsibilities in relation to the MCA and associated Deprivation of Liberty Safeguards (DoLS). This meant the registered manager had not ensured that staff were familiar with the principles and codes of conduct associated with the MCA and confirmed they were able to apply those when appropriate for the people they cared for.

Where the registered manager said people had fluctuating capacity they had not carried out any best interest assessments in relation to staff support in relation to personal care, administration of medicines and in meeting communication needs.

The Court of Protection advocates on behalf of people who are deemed to lack mental capacity and makes decisions on their behalf. There were no records in Care files to inform staff and evidence who had the legal right to make decisions on their behalf, such as copies of a Lasting Power of Attorney (LPA). A LPA is a legal document that allows a person to appoint someone to help them make decisions or to make decisions on their behalf. It gives the person more control over what happens to them if they have an accident or an illness and can't make their own decisions.

This demonstrated a breach of Regulation 11 of the Health and Social Care Act (Regulated Activities) Regulations 2014.

The registered manager told us they provided care only to people referred by the local authority. Prior to using the service, assessments were received from the allocating authority. Once a referral had been received the registered manager carried out a further assessment of the person and on the home environment.

People were supported and encouraged by staff to ensure that they ate and drank sufficient amounts. They told us staff ensured they had access to a drink and provided them with choice as to what they wished to eat and drink.

Staff were available to support people to attend healthcare appointments if this was part of the agreed package of care. Information about people's healthcare needs was documented in their care plans for staff to refer to. Staff had access to important information such as the person's date of birth, GP and next of kin contact details.

Is the service caring?

Our findings

Everyone and their relatives we spoke with were complimentary about the caring nature of the staff who supported them. Comments from people included, "They are all very good, kind and cheerful", "They are all very polite and they never rush me, they know I get out of breath and need time to walk." And, "I like some more than others but they are all kind and pleasant."

Relatives told us, "They are really brilliant, They, [care staff] have made such a difference to [person's relative]. They are always pleasant, caring and cheerful." Another said, "I cannot fault any of them. They treat [person's relative] with such kindness and treat them with dignity."

People and their relatives valued their relationships with the staff team. One relative said, "They [care staff] have taken time to get to know me as well as [person in receipt of care]. They even give me a hug when I need it. They understand the needs of the relative who is also doing the caring."

Staff knew people really well and clearly had a good relationship with them. People told us staff shared conversation, jokes and laughs. One person said, "They [care staff] are a real tonic, I am always happy to see them, they brighten up my day."

People told us staff treated them with dignity and respect. Comments included, "They always ask you if you are happy, explain what they are doing and when they help you wash and dress make you feel less embarrassed." Another said, "They always treat me with dignity and I feel comfortable with all of them."

People told us that they had been involved in the planning of their care and that staff supported them with their independence. One said, "They know what I can do and I know I am fiercely independent and I don't want them to do everything for me." A relative said, "It's very important to me that my [relative] is treated with dignity. They are all very good and include both of us in conversations and in the planning of things that suit us both. They accommodate as best they can any changes we need to make this all work well."

Is the service responsive?

Our findings

Staff told us the registered manager gave them sufficient information about people before they began providing care and they had opportunities to read care plans.

A full assessment of people's needs took place before people started using the service. Care plans provided staff with guidance in meeting people's assessed needs.

People received personalised care and support specific to their needs and preferences. Each person was seen as an individual, with their own social and cultural diversity, values and beliefs. Care plans reflected people's health and social care needs and demonstrated that other health and social care professionals were involved. One person told us, "They are flexible and try to work around your routine even though I know they have to meet other people's needs and requests as well, but they listen to you and do their best to accommodate us."

Whilst some people's care plans were brief, others were more detailed and contained clear information about people's specific needs, their personal preferences, routines and how staff should best support them. Further work was needed to ensure a system to carry out regular care plan reviews. This would ensure each person's plan was regularly reviewed and updated to reflect their changing needs. We discussed this with the registered manager who told us they were in the process of recruiting a care coordinator to take on this responsibility.

People told us they were not always informed if there was to be a change in carer. The registered manager told us only people who had access to the internet received a weekly plan of visits which included the name of the care staff who would support them on each visit. This meant there was a lack of equal access to this information for everyone who used the service. Following our feedback, the registered manager told us they would also send out weekly visit plans by post in addition to emailing them.

People understood how to make a complaint. There was a system in place to record complaints but none had been received since registration. We noted the information provided to people at the start of their service was not clear as to steps they could take if they were not satisfied with the service or the provider's response to their complaints. For example, there was no information to guide people as to the timescales they would expect for a response. There was also no information to refer their complaint if not satisfied to the complaints ombudsman and no contact information for the local authority who commissioned their care. The registered manager told us they would amend the information provided to people immediately.

There was no one receiving end of life care at the time of our inspection. However, the registered manager had a policy in place and was able to tell us how they would prepare for this by working with other professionals such as the community nurses.

Is the service well-led?

Our findings

The provider did not have effective systems in place to ensure overall governance of the service and identify the issues we found.

There was a lack of systems in place to ensure effective overall governance of the service. Audits and checks on the service were not completed. There were no action plans to address any issues that may have been identified which posed a potential risk to people's health, welfare and safety. There was no system in place to audit the quality and safety of the service. The shortfalls we identified at this inspection had not been addressed. For example, staff recruitment, care plan reviews and audits of medicines management. There was also no system in place to assess, train and develop staff skills. Staff did not receive opportunities for training and development, planned supervision, staff meetings and annual appraisal. There was also a lack of effective performance management systems to check and ensure staff met people's assessed needs and kept them safe.

This demonstrated a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

The registered manager was also the sole director of the service and took responsibility for day to day management. They told us that since their registration with CQC in November 2017 they had only started providing care to people in the community since June 2018. They said they were slowly building up the business but were also personally involved in providing hands on care to people.

We asked the registered manager what was good about their service and any improvements they intended to make. They told us they knew everyone who received care well and provided a personalised service. They acknowledged the areas of improvement needed and demonstrated throughout the inspection an openness and eagerness to learn and improve. They said they were planning to recruit a care coordinator which would enable them to have more capacity to implement systems to improve the overall governance of the service.

Everyone we spoke with was positive about the approach of the registered manager and found them easily accessible and approachable. Care staff also told us that other than a lack of training and formal supervision opportunities available to them to discuss their training and development needs, they were well supported. One care staff member told us, "They [the registered manager] are always available when you need them whatever time of day you can reach them on the phone."

People and their relatives told us the provider was available when needed and for some carried out their care calls in person. They confirmed there were effective arrangements in place for out of hours contact. One relative told us, "[The registered manager] impressed me with the way she relates to my [relative] and is receptive to our ideas and we feel fully involved in planning [relative's] care. Such as, they have improved the staff rota to meet our needs."

People were invited to feedback through surveys their views about the quality of the care they received. We saw that feedback received was positive overall.

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 will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 11 HSCA RA Regulations 2014 Need for consent</p> <p>The registered provider did not ensure staff were familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005, and were unable to demonstrate how to apply these when appropriate for the people they cared for.</p>
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered provider had failed to operate effective systems and processes to assess, monitor and improve the quality of the service.</p>
Personal care	<p>Regulation 19 HSCA RA Regulations 2014 Fit and proper persons employed</p> <p>The registered provider did not ensure that every reasonable effort was made to gather information to ensure staff were of good character. Recruitment processes were not robust enough to ensure staff working with vulnerable people were properly checked and vetted in line with their own procedural guidance and best practice.</p>
Regulated activity	Regulation

The registered provider did not ensure that new staff were provided with a comprehensive induction programme to prepare staff for the role.

Staff training was not provided in topics relevant to the needs of people they cared for.

All staff were not appropriately supervised and supported in their role through regular competency checks, formal supervision sessions and staff meetings.