

Quality support solutions Limited

Quality Support Solutions Limited

Inspection report

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Date of inspection visit: 26 November, 1 and 2
December 2015
Date of publication: 01/02/2016

Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

This inspection took place on 26 November, 1 and 2 December 2015 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that the registered manager would be in. Quality Support Solutions Limited provides personal care to people in their own homes. At the time of our inspection there were 13 people using the service.

The inspection was undertaken by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for someone who uses this type of care service.

The service had a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like

Summary of findings

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.

Staff knew how to recognise signs of abuse and what they needed do to protect people from abuse.

Risks to individuals and the environment were identified and managed. Risk assessments were centred on the needs of the individual to enable people to live as safely and independently as possible.

Staffing arrangements ensured there were sufficient numbers of staff available to meet people's needs. The recruitment systems ensured that staff had the right mix of skills, knowledge and experience and were suitable to work with people using the service.

Staff were trained in the safe administration of medicines and where the service was responsible people were supported to take their medicines safely.

Staff received regular training which provided them with the knowledge and skills to meet people's needs. They also received regular supervision and support from their supervisors.

Staff sought people's consent before providing any care and support. They were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation.

Where the service was responsible people were supported to have a balanced diet that promoted healthy eating.

Staff met people's day to day health needs and took appropriate action in response to changing health conditions.

People were treated with kindness and compassion and their privacy was respected. The staff understood and promoted the principles of person centred care.

People's needs were assessed and their care plans had sufficient detail to reflect how they wanted to receive their care and support. People using the service and/or their relatives were involved in the care reviews.

Complaints were responded to appropriately and they were used as an opportunity for learning and improvement.

The registered manager understood their responsibilities. Their leadership style inspired the staff team to deliver a quality service. Staff at all levels understood the ethos and vision of the service.

Robust quality assurance systems were used to measure and review the delivery of care and drive continuous improvement.

Summary of findings

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

The service was safe.

Staff knew how to recognise signs of abuse and what they needed to protect people from abuse.

Risks to individuals and the environment were identified and managed.

Staffing arrangements ensured there were sufficient numbers of staff available to meet people's needs.

The recruitment systems ensured that staff had the right mix of skills, knowledge and experience and were suitable to work with people using the service.

People were supported to take their medicines safely.

Good



Is the service effective?

The service was effective.

Staff received regular training which provided them with the knowledge and skills to meet people's needs.

Staff received regular supervision and support.

Staff sought people's consent before providing any care and support.

Staff were knowledgeable about the requirements of the Mental Capacity Act (MCA) 2005 legislation.

Where the service was responsible people were supported to have a balanced diet that promoted healthy eating.

Staff took appropriate action in response to people's changing health conditions.

Good



Is the service caring?

The service was caring.

Staff treated people with kindness and compassion.

Staff ensured people's privacy was respected.

Staff understood and promoted the principles of person centred care.

Good



Is the service responsive?

The service was responsive.

People's needs were appropriately assessed.

People's care plans had sufficient detail to reflect how they wanted to receive their care and support.

People using the service and/or their relatives were involved in care reviews.

Complaints were responded to appropriately and were used as an opportunity for learning and improvement.

Good



Summary of findings

Is the service well-led?

The service was well led.

There was a registered manager in post.

Staff at all levels understood the ethos and vision of the service.

Robust quality assurance systems were used to measure and review the delivery of care and drive continuous improvement.

Good



Quality Support Solutions Limited

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 inspection took place on 26 November, 1 and 2 December and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service to people living in the community and we needed to be sure that someone would be available in the office.

The inspection was carried out by one inspector and an expert by experience. An expert by experience is a person who has personal experience of using or caring for people who use this type of care service.

Before the inspection, the provider completed 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 also reviewed information we held about the service including statutory notifications that had been submitted to the Care Quality Commission (CQC). Statutory notifications include information about important events which the provider is required to send us by law. We also received feedback from the local authority that commissioned the service.

We spoke with one person using the service and five relatives of people using the service. We spoke with the registered manager, one care supervisor and five care staff.

We reviewed the care records belonging to three people using the service. We reviewed two staff files that contained information about their recruitment, induction, training, supervision and appraisals. We also looked at other records relating to the quality monitoring the service.

Is the service safe?

Our findings

People told us they felt safe and they had no cause for concern about their safety. One relative said their relative had wandered from their home a couple of times. They said that the carers always ensured the doors were locked when leaving.

All the staff we spoke with confirmed they had received training on safeguarding people from abuse and the safeguarding reporting procedures. One member of staff said, "It's so important that people feel safe, I have very good relationships with the people I visit, I'm sure they feel safe when I am providing their care". The staff training records confirmed that safeguarding training was included in staff induction training.

The provider said that all staff were issued with comprehensive handbooks that included a safeguarding flowchart and the social care code of conduct as part of their contract. We saw the provider's safeguarding policy gave the details for alerting the local authority safeguarding team and the Care Quality Commission (CQC) in response to any concerns of abuse. Systems were in place for staff to report accidents and incidents, and the manager was aware of their responsibility to notify the Care Quality Commission (CQC) of incidents constituting abuse or serious injury.

Risk assessments were carried out on the home environment and any specific risks posed to staff and the person. We found they outlined key areas of risk, such as falls, medication and manual handling. They included information on what action staff should take to promote people's safety and independence; and to minimise any potential risk of harm. We saw the assessments were reviewed regularly and updated as and when people's needs changed. The provider said that people's care records contained a list of emergency contact numbers and relatives' details as well the person's GP contact details for staff to access in an emergency.

Relatives said the staff used hoist equipment to move their family member they said they had confidence that the staff knew how to use the equipment. One relative described

how the staff always walked beside their relative when using their walking frame. Another relative said their family member used bedrails, they said, "They always make sure [name] is safe in bed at night".

There were sufficient numbers of staff to meet people's needs. People said that they usually had the same team of staff attend to their care. One relative said, "We normally have the same girl".

People said that staff usually arrived on time and spent the full length of time with them. One person said, "If the carers are running late it's always for a good reason". A relative said, "The carers always contacted me if they were going to be a little late". All relatives said the carers stayed later when needed to ensure full support was provided. One relative said, "They always make sure [name] is fit and well".

Staff confirmed that the provider carried out appropriate checks on their eligibility and suitability to work at the service. We saw that the recruitment process ensured that applicants were suitable to be employed at the service. Written references were obtained from previous employers and proof of identity was obtained to demonstrate the applicant's eligibility to work in the United Kingdom. We saw that enhanced checks were carried out through the government body Disclosure and Barring Service (DBS). This ensured that people who are a known risk to work with vulnerable groups, adults and children were prevented from working with them.

People using the service and relatives confirmed they received their medicines on time and that they had no concerns about how they were being supported by staff to take their medicines. We saw that assessments of people's ability to manage their medicines had been carried out to establish the level of support required to take their medicines. The staff told us they had completed medicine training that included medicines administration and competency assessments being carried out to ensure they safely administered medicines to people. The provider told us that staff were observed on at least three occasions administering medicines using a competency checklist. We looked at the medicines administration records (MAR) and saw they were completed appropriately by staff.

Is the service effective?

Our findings

The staff had the necessary knowledge, skills and experience to provide people with the right care and support. People said they felt that staff knew about their relatives specific care needs. One relative said, “The girl that comes in to care for [name] is very on the ball, she knows exactly what [name] needs”.

We saw that a programme of staff supervision and annual appraisal meetings was in place. The staff said they met regularly for one to one supervision meetings with the senior support workers. They also said they attended meetings with their peers. Records of the meetings also demonstrated these were carried out on a regular basis.

Staff told us when they first started working at the service they were provided with induction training, they also said that they had worked alongside an experienced member of staff before working alone. The provider said they only allowed staff to work alone once they were assured that the staff were competent. They said all staff were introduced to people prior to them providing their care and support.

One member of staff said, “I really enjoy training, I opt for any training that is going, I’m doing my NVQ (level 3) as a winter project”. Another member of staff said, “We have log in permission to go onto the local authority, (Central Beds) website, I have completed lots of modules on there, for example, end of life care, recognition and treatment of heart attacks and pressure area care”. The provider told us that staff had also started working on e-learning modules to achieve the Care Certificate accreditation. They said the staff training was regularly reviewed and updates were provided for all staff on mandatory areas, such as, safeguarding people from abuse, fire safety, moving and handling (theory and practical), basic life support, food hygiene, medicines administration and awareness.

People told us that the senior support workers and the registered manager carried out spot checks to observe care practice with people using the service. The spot checks were also used as an opportunity to meet face to face with people to seek feedback on the care they received to identify areas of good practice as well as areas for improvement.

People using the service and relatives told us that staff always sought their consent and permission before they carried out any task or personal care. One member of staff said, “I always explain what I am doing and I respect the clients’ decisions”. Relatives said, they observed that staff always explained what they needed to do and asked people for their permission before carrying out any care tasks.

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.

Staff told us they had received training on the MCA 2005 and there was evidence of this within the staff training records seen. People’s care records contained assessments of their capacity to make informed decisions and where they lacked capacity to make decisions ‘best interest’ decisions were made on their behalf following the MCA 2005 legislation. For example, best interests’ decisions had been made for people who lacked the capacity to safely manage their medicines.

People said that the care workers prepared and cooked meals for them. One relative said, “The staff always ask [name] what they want for tea”. Another relative said, “The staff warm [name] meals and put it in front of him, he doesn’t need help to eat it, but they keep a watchful eye on him”. We saw that people’s care records had information about their dietary needs and preferences and the level of support needed to eat and drink. The staff told us when they visited people’s homes they checked that people were comfortable and had full access to food and drink.

People were supported to access health services in the community. If people were unwell, carers contacted relatives and health care professionals including their GP and the district nurse. One relative said, “The care workers let me know straight away if [name] is unwell”. Another relative said, “If there are any problems the staff will always contact us”. The registered manager told us they had good support from the occupational therapists and that moving and handling equipment was provided as required.

Is the service caring?

Our findings

People told us that the staff were kind and they felt they were treated with dignity and their privacy was respected. Comments received from people using the service included the following; “The carers are like friends”. “They are very kind,” and “We get on really well”. One relative said, “Sometimes, when [name] is not feeling well, the staff will stay later, they go beyond what is expected of them”.

People said that some carers spend time with them to provide companionship. One relative said that carers were going to cook Christmas lunch for their family member. The registered manager confirmed that arrangements had been made for a carer to prepare a person’s Christmas lunch as their family were not going to be around.

One relative said they had needed to stay in a residential home for a short period, and they felt reassured that the staff had ensured their family member had regular access to the community. They said, “The carers took [name] out for a pint”. Another relative said, “When the carers have finished supporting [name] with their personal care, they always make time to stay for a little chat”.

People said they had been asked whether they had a preference as to the gender of their carer. One service user said, “I believe I said I would like a female carer”. A relative said, “They asked me and I said [name] would prefer a female carer”. We found that where a preference for the gender of carer had been stated it had been met and maintained.

People said they felt their views were listened to and that they and their family members were involved in making

decisions and planning their care as much as they were able. One relative said, “When we first started using the service, we had quite a discussion about what we required”.

The staff were very positive about the relationships they had developed with people. One member of staff said, “I absolutely love my job, I have built up good relationships with the people I visit”. The manager told us they aimed to ensure when allocating staff that people saw the same members of staff to allow them to build relationships. They were also mindful that all staff needed to know the needs of all people using the service, in the event they needed to attend to their care.

People said the staff always ensured their dignity was preserved. One person said, “The staff close the door and draw the curtains when providing my personal care and they always cover me by putting a towel around me”. Another person said, “The staff put me at ease by quietly chatting to me when providing my personal care”. The staff understood the importance of preserving people’s dignity, one member of staff said, “I always try to relax people before providing their personal care”.

The staff knew the people they provided care for very well. They were aware of people’s preferences, likes and dislikes and mindful of preserving confidentiality.

People using the service and their relatives said the staff supported them to remain as independent as they were able. One relative said, “The carers ask [name] to do things for herself they ask her to brush her teeth and put her cream on her face. They also help her to choose the clothes she wants to wear”.

Is the service responsive?

Our findings

People using the service and their relatives said they and their family members were involved in making decisions and planning their care as much as they were able. One relative said, “[name] care plan is reviewed on a yearly basis and when his situation has changed”. Another relative said, “My husband is always present. It’s mainly me and the lady that runs the company that review the care plan but he is always involved”.

People received personalised care that was specific to their needs and they were involved in the planning of their care. Relatives told us that the staff visited their family members at home before a care package was offered. They said that staff listened to what they had to say and took into account their preferences, likes, dislikes and wishes. They also told us that office staff came to their homes to discuss and update their care plans to ensure they reflected their current needs and wishes.

We saw that care plans were regularly reviewed and updated as and when people’s needs changed. This ensured that people received care which was safe and appropriate to their identified needs.

Staff we spoke with told us they had taken time to familiarise themselves with people’s care plans. This meant that staff had an understanding of people’s needs and wishes, but also of their strengths and abilities. A staff member said, “We work well together the communication between the team is very good”.

We saw records that demonstrated the provider carried out telephone and face to face interviews with people using the service and relatives to seek feedback on the service they received. Comments included, “The staff are punctual”, “I would like to be kept informed of any changes”, and “I am happy with the staff rota being sent out weekly”. One

person said that staff had not always worn their uniform; we saw the provider addressed this through raising it at the next staff meeting and also individually during one to one staff supervision meetings.

People were encouraged to raise any concerns or complaints they might have about the service. They were confident that any concerns would be dealt with appropriately and in a timely manner. One relative said, “I spoke with the manager once about a member of staff that refused to make my mother a ham sandwich, I think it was a cultural thing, they addressed it straight away and it was all sorted very quickly”. Another relative said, “The communication is very good, everything gets sorted straight away so we don’t need to ‘formally’ complain”. The provider told us that any complaints or concerns were acted upon and the outcomes of any investigations were shared with staff to learn from events to continually improve the service.

We saw that the service’s complaints process was included in the information given to people when they started receiving care. People said they were aware of who to contact if they were unhappy with the service they received. One person said, “I would speak to the manager or the team leader”. Another person said, “If there was a problem I could phone the office and speak to the organiser, anything that we have complained about, the organiser has always sorted it out”.

Most people said they had not had cause to make a complaint. They said that where issues had arisen, they were minor and sorted quickly. One relative said that the issues they had raised were comments rather than complaints.

We also saw there were suitable systems in place to record and investigate complaints. The registered manager discussed complaints with the staff team and they were used as an opportunity to learn from and drive improvements.

Is the service well-led?

Our findings

The service had a registered manager in post. The people using the service and the relatives we spoke with praised the caring and professional attitude of the manager and staff. They all expressed satisfaction with the quality of the service provided.

People said they felt their views were valued and respected. People said they knew who the registered manager was and that she had carried out initial visits to them at home. One person said, “She initially was the lead carer for [name], she comes out regularly and reviews his medication”.

People were very positive about the quality of care they received from the service. One person said, “I think all the care is pretty good”. All the relatives spoken with said they were pleased with the support and care their relatives received. General comments included; “They look after [name] really well”, “The communication is excellent”, “They do a little bit of shopping for my mum and dad, that really helps” and “I couldn’t recommend them highly enough”. One relative said, “I would like to say there is one carer who is an absolute gem. She goes the extra mile all the time”.

People were actively involved in developing the service. People said they had received questionnaires from the service. One relative said, “I have received questionnaires in the past and I had one sent about two or three weeks ago”. Another relative told us how their comments had helped improved practice they said, “I asked staff to give me a little bit more notice of [name] medication running out, I also asked for the outside lights not to be left on. Both requests had been met”. People said the communication between the staff and the service was good. One person said, “I am very pleased with the service, I can’t see how it could be made any better”.

The staff were all very positive about the management of the service; they said they received good support from the registered manager and the senior support workers. One member of staff said, “We are a small service and work well as a team, we help each other out, we share information and communicate very well. If a client is ill we will always phone the team leader to let them know”. Another member of staff said, “I absolutely love my job, because it is a small company we can really give clients the time and support they need, it’s so rewarding”.

Staff told us that they had good training opportunities and received regular support and supervision. They all commented on how approachable the registered manager was and how they could speak to her for advice and support whenever they needed to. One member of staff said, “The registered manager is extremely supportive, you can go to her with anything, she will always take time to listen and help in any way that she can”. The registered manager told us they regularly worked alongside staff, which enabled them to lead by example, and discreetly observe and monitor care practice.

The staff told us they were aware of the safeguarding and whistleblowing procedures. Whistleblowing is when staff can raise safeguarding concerns directly with the local safeguarding authority and /or the Care Quality Commission, if they believe the provider is not fully protecting people from abuse. All of the staff we spoke with confirmed that they fully understood their responsibility to raise any concerns about the care people received to the local safeguarding authority, if they believed the manager or provider did not protect people from abuse.

Established monitoring systems were in place to carry out to continually assess the quality of the service people received. We saw that regular audits were carried out on people’s care plans, risk assessments, staff records and other records in relation to the management of the service.