

Quality Care Services (Derbyshire) Limited

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Inspection report

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18 February 2021

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Quality Care Services (Derbyshire) Limited is a domiciliary care agency. It provides care for people living in their own houses and flats. People are supported in their own homes so that they can live as independently as possible. CQC regulates the personal care and support. There were 176 people using this service at the time of our visit.

People's experience of using this service:

People told us they had a good relationship with staff and management. They felt they were well cared for and the carers knew their needs. People said they preferred to have the same staff and didn't like different one's at each call.

At our last inspection medicines management was not effective. At this inspection we found improvements had been made and the registered manager had identified a new electronic system to make further improvements.

Quality assurance processes were in place, however the provider was in the process of transferring information onto an electronic system to give the management more oversight of the service and staff.

Staff training was up to date and staff received supervision of their practice, training was carried out by eLearning and staff received practical training on moving and handling on induction. People had access to health professionals when they needed specialist assistance, or their health needs changed.

Since our last inspection we found there had been improvements in management oversight. The process had started, and improvements were being implemented.

People's care records contained guidance for staff on how to support them. The care records had been reviewed regularly and had relevant risk assessments in place. Complaints were responded to in line with the provider's complaints policy a copy of which was given to people with other information on the service.

Rating at last inspection and update: The last rating for this service was requires improvement (published 18 December 2020). At this inspection the service had improved to good.

Why we inspected

The inspection was prompted in part due to concerns received about pressure area care. A decision was made for us to inspect and examine those risks.

We found no evidence during this inspection that people were at risk of harm from this concern. Please see the safe sections of this full report.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was Safe.

Further information is in our detailed findings below.

Is the service well-led?

Good ●

The service was Well-Led.

Further information is in our detailed findings below.

Quality Care Services (Derbyshire) Limited

Detailed findings

Background to this inspection

The inspection:

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

Inspection team:

The inspection was carried out by one inspector and an assistant inspector who made telephone calls to staff and those using the service and their relatives.

Service and service type:

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection:

We gave the service 24 hours' notice of the inspection. The visit took place on 18 February 2021 at the office location site visit to see the manager and office staff; and to review care records and policies and procedures.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. This included checking incidents the provider must notify us about, such as serious injuries and abuse. We sought feedback from the local authority and Healthwatch. Healthwatch is an independent consumer champion that gathers and

represents the views of the public about health and social care services in England. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used this information to plan our inspection.

During the inspection

We spoke with the provider and reviewed a range of records. This included all or parts of records relating to the care of nine people as well a range of staff files. We also viewed training records and records relating to the safety and management of the service.

After the inspection

We asked the registered person to provide us with a variety of additional information. All information was sent within the required timeframe. We used all this information to help form our judgements detailed within this report. We spoke with seven people and three relatives and asked them about the quality of the care provided to them or their family members. We spoke with eight care staff.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people were safe and protected from avoidable harm.

Using medicines safely

- At the last inspection we found concerns with medicines management. At this inspection whilst we found there had been minor errors in recording when people had received their medicines, there had been significant improvements. The provider had introduced a new system to help mitigate any further errors.
- Staff were trained to give medicine and had all had their competencies checked to ensure they were carrying out medicines' management effectively.

Preventing and controlling infection

- Staff were trained in infection prevention and control. We saw there was sufficient personal protective equipment (PPE) and staff signed for additional stock as it was required.
- Staff had been trained in tissue viability and knew to check people's skin and report through any concerns. If there were any issues, they were reported through to the district nurses and the care plan was reviewed.
- The provider emphasised the importance of wearing PPE through supervision with staff and in staff meetings. One person told us "The staff always come in kitted up."

Assessing risk, safety monitoring and management

- Risk assessments were in people's care planning and we saw improvements had been made and the documents were being reviewed regularly.
- We saw people's homes were checked regularly to ensure that any risk was reported through and steps had been taken to mitigate them.

Staffing and recruitment

- Staff were recruited safely and checks had taken place regarding criminal records and references had been taken prior to people commencing employment.
- Staff told us they felt that there were enough carers to meet people's needs and that they worked together as a team.
- Staff training was up to date and people told us that they thought the staff were well trained.

Systems and processes to safeguard people from the risk of abuse

- Staff were aware of the signs of abuse and could explain how they would report any concerns they had and felt these concerns would be acted on by management.
- The provider took safeguarding very seriously and acted promptly to investigate and pass information to the local authority safeguarding team.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Requires Improvement. At this inspection this key question has now improved to Good.

The service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Since our last inspection the provider had developed a clear strategy for the service going forwards and had taken on board what improvements were required and created an action plan.
- The provider had made improvements with statutory notifications and were regularly notifying us of events within the service which they are required to by law.
- The provider told us that they had sourced a suitable electronic system that they were introducing which would record medication in real time and prompt staff when medicines were due. This would mitigate the risk of any errors and alert them when medicine had not been given on time.

Continuous learning and improving care

- Accidents and incidents were recorded and investigated. The provider told us that they were working on improvements and the new care planning would help them to pick up on themes and trends so that referrals could be made to healthcare professionals where necessary.
- People told us that they could give feedback to the provider if there was something which they felt needed to be changed and it would be acted upon.
- Staff told us they had a good relationship with management and felt well supported. One staff member said "They are a brilliant company to work for, it's like a family."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The provider had taken on board the feedback from the last inspection and had improved care planning to make them more person centred. They encouraged feedback from people and communicated well to those using the service and the staff to improve outcomes for those using the service.
- People told us the service was good and staff and management were really helpful. One person told us "Nothing is too much trouble, they just say 'tell me what you want' and they sort it."
- One person told us "I have never had any concerns; I can't praise them enough." Another said, "they don't ask me about care planning, they just do what I want them to, they know what I like." The provider told us they were developing ways that people and their relatives could be more involved in care planning.

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open

and honest with people when something goes wrong

- We saw that the duty of candour was being adhered to and when things went wrong a full investigation took place and people were involved and advised of the outcome. The duty of candour is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment.
- People told us that they knew how to complain, and they felt that any concerns or complaints were acted upon.

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

- Since the last inspection, feedback forms had been revised and were available in an accessible formats for those who were unable to read the text. The provider had also developed the forms in pictorial format so that it was easy for people to complete.
- People using the service told us that they had a good relationship with the provider and the registered manager and had regular contact with them.

Working in partnership with others

- Staff worked in partnership with other professionals and knew who to refer on to. This including district nurses, speech and language therapists, doctors and continence nurse practitioners.