

Quality Care (Staffordshire) Ltd

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Inspection report

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Quality Care (Staffordshire) Limited is a domiciliary care service. It was providing personal care to 48 older people and younger adults at the time of the inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

People's experience of using this service and what we found

People were protected from the risk of potential abuse as staff were able to recognise this and knew how to safeguard them. Identified risks to people were assessed and measures were put in place to mitigate them. Sufficient numbers of staff were provided to meet people's assessed needs. People were supported by skilled staff to take their prescribed medicines. Staff had access to personal protective equipment to promote good hygiene standards. When things went wrong the provider had taken action to avoid a reoccurrence.

The assessment of people's care and support needs ensured they received a service specific to their needs. People were supported by staff who were skilled and who received one to one supervision sessions. The provider worked with other organisations to ensure people received a seamless service. When required people were supported to access healthcare services to promote their physical and mental health.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

People were treated with kindness and compassion and staff demonstrated a good understanding of people's needs. People's involvement in planning their care and support ensured they received a service the way they liked. People's right to privacy and dignity was respected by staff.

Equality, diversity and human rights were promoted to ensure both people who use the service and the staff team were treated fairly. People were supported by staff to access their local community when needed. Complaints were listened to and acted on. At the time of our inspection no one was receiving end of life care.

There was a clear management structure in place. The provider's governance was effective in assessing and monitoring the quality of service provided to people. Systems were in place to enable people and staff to have a say in how the service was run.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

The last rating for this service was Good (published 3 January 2017).

Why we inspected

This was a planned inspection based on the previous rating.

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.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-Led findings below.

Quality Care (Staffordshire) 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. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

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 someone who uses this type of care service.

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 48 hours' notice of the inspection. This was because it is domiciliary care service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. 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 all this information to plan our inspection.

During the inspection

We carried out telephone interviews with five people who used the service, four relatives and four care staff. During our visit to the office we spoke with the operations manager and registered manager.

We reviewed a range of records. These included three people's care records and risk assessments. We looked at three staff files to review the provider's recruitment process. We looked at staff training records and records relating to quality checks.

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 Good. At this inspection this key question has remained the same.

Good: This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe using the service. One person told us, "I am disabled and feel very safe indeed when the staff come to support me."
- Staff demonstrated a good understanding about how to protect people from the risk of potential abuse.
- Staff were aware of external agencies they could share information of abuse with to safeguard people from the risk of further harm.
- The registered manager demonstrated a good understanding about when to share information of potential abuse with the local authority, so action could be taken to safeguard the person from the risk of further harm.
- People told us that staff always wore their uniform and carried their identification badge to reduce the risk of unauthorised persons accessing their home.

Assessing risk, safety monitoring and management

- The potential risk to people was assessed and a risk assessment was in place to mitigate the risk.
- People told us they were involved in developing their risk assessment. One person told us, "I have poor balance and staff ensure that the floor is clear from hazards."
- Staff told us that risk assessments supported their understanding about how to care for people safely.

Staffing and recruitment

- Staff were recruited safely, and people told us there were always enough staff provided to meet their needs. One person told us, "I don't always get a rota but the staff from the office always tells me who will be visiting."
- Another person told us, "Staff always stay they allocated time and I have never had any miss calls."
- Where people required two staff members to support them they told us that this level of staffing was always provided.

Using medicines safely

- People were supported by skilled staff to take their prescribed medicines.
- Most of the people we spoke with told us they were able to manage their medicines. However, staff prompted and encouraged them when necessary to take their medicines.
- One person told us, "Staff ensure I get my medicines, that comes first without fail when they (staff) come."
- The registered manager told us that competency assessments were carried out to ensure staff had the up-to-date skills to support people with their prescribed medicines safely. The staff we spoke with confirmed

this.

Preventing and controlling infection

- People told us that staff always wore disposable gloves and aprons when they assisted them with their personal care.
- Staff told us they always had access to personal protective equipment (PPE). The appropriate use of PPE helps to reduce the risk of cross infection.
- Staff told us they had received infection, prevention and control training and the training records we looked at confirmed this.

Learning lessons when things go wrong

- The registered manager told us about an incident where a staff member sustained an injury whilst working in a person's home. The registered manager had taken action to reduce the risk of a reoccurrence.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- The registered manager told us that an assessment of people's needs was carried out before a service was offered to them and the care records we looked at confirmed this.
- People told us they were involved in their care assessment and discussed the level of support they required and when, to enable them to remain in their home.
- We asked the registered manager how they promoted equality, diversity and human rights. The registered manager said although they did not have anyone using the service who had any specific needs in relation to their sexuality, culture or protected characteristics this was explored during the assessment prior to people using the service.
- The people and the staff we spoke with told us they were treated fairly and had not experienced any discrimination.

Staff support: induction, training, skills and experience

- New staff were provided with an induction when they started to work for the agency. One staff member said, "My induction entailed training and reading policies and procedures. It was very useful because I had never done this kind of work before."
- Staff told us they had access to regular training that was appropriate to their role and responsibilities.
- Staff told us that when the registered manager carried out spot checks, they reviewed whether skills learned were put into practice to ensure people received a safe and effective service.
- One person who used the service told us, "I need hoisting and the staff perform this safely and well and display the correct skills."
- Another person told us, "All the staff are well trained and have a good knowledge."
- Staff told us they had access to one to one supervision sessions. A staff member said, "Supervision enables me to talk about work issues and to resolve areas of concern."

Supporting people to eat and drink enough to maintain a balanced diet

- Staff were aware of people who required support to eat and drink sufficient amounts.
- A relative told us, "(Person's name) doesn't eat a lot. The staff are so good at coaxing them to eat and drink enough."
- The registered manager told us one person required assistance to eat and drink. The person's care plan was detailed to tell staff how to assist them. A chart was put in place to monitor how much they ate and drank.

Staff working with other agencies to provide consistent, effective, timely care

- The registered manager told us they worked with other agencies to ensure people received a seamless service. These included the local authority, social workers and district nurses.

Supporting people to live healthier lives, access healthcare services and support

- The majority of people we spoke with told us their families assisted them to access healthcare services when needed.
- The registered manager told us that a chaperone service was provided to assist people to their medical appointments if and when required and this was confirmed by a relative we spoke with.

Ensuring consent to care and treatment in line with law and guidance

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 to receive care and treatment when this is in their best interests and legally authorised under the MCA.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

- The registered manager told us that some people in their care had a power of attorney (POA). A power of attorney or letter of attorney is a written authorisation to represent or act on another's behalf in private affairs, business, or some other legal matters.
- The registered manager had copies of POAs to demonstrate who had legal powers to represent the person.
- People told us they were able to make their own decisions. One person told us, "I am still quite able to make decisions for myself thankfully. I decide if I want to get up and tell staff what I would like to eat and drink."
- Another person told us, "I am able to make decisions about my care and when I want my visits to take place."

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People told us they received the required care and support to meet their assessed needs.
- One person told us, "The staff are all good, very nice, caring and kind."
- Another person said, "All the staff are kind and considerate toward me and I do not have a bad word to say about them."
- We looked at two care records which did not identify how equality and diversity were promoted. However, people who used the service told us they were treated fairly.
- Staff had good knowledge of people's history. One staff member said, "This gives me the opportunity to talk with people about their past career and their family."

Supporting people to express their views and be involved in making decisions about their care

- The registered manager told us that people were involved in making decisions about the care and support they needed and the people we spoke with confirmed this.
- One person told us, "I can speak to staff about my care."
- Another person said, "I get involved in my care planning and tell staff what I need to have done."
- A staff member told us, "I always listen to people and respect their decision."
- Staff told us that care plans were accessible in people's homes and provided detailed information about their care and support needs and how to meet them.

Respecting and promoting people's privacy, dignity and independence

- All the staff we spoke with demonstrated a good understanding about the importance of respecting people's right to privacy and dignity.
- One person told us, "When the staff wash me, they close the curtains and also keep me covered with a towel so I'm never left without anything on."
- Another person said, "When the staff shower me they always have a towel to hand and look away and close the blinds."
- A staff member told us they encouraged people to be as independent as possible. They said, "I always encourage people to do as much as they can and provide support where needed."

Is the service responsive?

Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

Good: This meant people's needs were met through good organisation and delivery.

Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The registered manager and the staff we spoke with were unaware of the AIS. However, the registered manager told us in the past they had used various formats to assist people to communicate. Such as communication cards where people were unable to express their needs verbally.
- The registered manager told us they had recently carried out a care assessment and explored how best to provide information to the person due to their visual impairment.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- The registered manager told us that people were actively involved in their care assessment and where necessary, support and guidance was obtained from relevant healthcare professionals to ensure people received an effective service.
- One person told us they and their relative were involved in their assessment which had recently been reviewed to reflect their changing needs.
- Another person said, "I do have input with my care plan. It is up to date and I have a copy."

Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received support to pursue their social activities and to access local leisure services.
- One relative told us, "They take (Person's name) out daily for a few hours, for lunch and wherever they want to go. This means a lot to them and gives us (family) a respite break as well."
- One person who used the service was supported by staff to do their shopping and to attend their chosen place of worship each week.
- The registered manager told us that during the assessment of people's needs their social and cultural needs were explored. During the recruitment of staff their faith and cultural needs were also explored, and staff were not asked to do anything that would compromise their faith.

Improving care quality in response to complaints or concerns

- Two people told us they had raised concerns about the service their relative had received. The registered manager maintained a record of concerns they had received. They were able to demonstrate what action had been taken to resolve these concerns.
- All the other people we spoke with told us they did not have any concerns about the service provided but if they did they would feel confident to speak with the care staff or the registered manager.

End of life care and support

- At the time of our inspection visit no one was receiving end of life care.
- Staff demonstrated a good understanding of what action they would take in the event of a sudden death.

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 Good. At this inspection this key question has remained the same.

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

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

- People told us they were happy with the service they had received.
- Staff told us if their loved ones required care and support they would be happy for them to use the agency.
- The registered manager was very passionate about the service provided to people and demonstrated a good understanding of people's care and support needs.
- The registered manager had a positive attitude to continuously improve the service.

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

- The registered manager understood the duty of candour and was active in reviewing the service provided to people to mitigate any potential risks to them and the staff.

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

- People and staff were aware of who was running the agency.
- One person who used the service told us, "The registered manager is very nice to speak to and very helpful."
- Another person said, "The registered manager is very nice, and they also come and do my care if they are short staffed, so they are 'hands on' as well."
- A staff member told us, "The management team are alright, they listen and support you."
- A different staff member said, "The management are excellent. The registered manager is very supportive and approachable."
- The provider had systems in place to assess, monitor and improve the service.
- The registered manager told us that spot checks were carried out and we saw evidence of these checks. These checks reviewed staff's time and attendance at visits, recording and medicines practices. People were also asked about their experiences of using the service.
- Systems were in place to ensure calls were not missed and the people we spoke with said they had never had a miss call.
- Medicines competency assessments were routinely carried out to ensure practices were safe and effective.
- Quality assurance questionnaires were given to people to obtain their views about the quality of the service they received.

- One person told us, "I am very happy with the service and would definitely recommend it."

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

- People told us that the registered manager routinely contacted them to find out if they were happy with the service.
- People's views about the service was also obtained during their care review and assessment.
- The registered manager told us that staff visited the office every Tuesday and Friday and during this period they had the opportunity to discuss any concerns they may have.

Continuous learning and improving care

- The registered manager had aspirations to continue to obtain people's and staff's views to improve the quality of the service provided.

Working in partnership with others

- The provider worked in partnership with the local authority, healthcare professionals and social workers to ensure people receive a service specific to their needs.