

Quay Care (Poole) Limited

54 Parkstone Road

## Inspection report

54 Parkstone Road  
Poole  
Dorset  
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Tel: 01202671999

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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?

Outstanding ☆

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

This inspection was announced and took place on 24 July 2017. We gave the provider two days notice to ensure people and staff we needed to speak with were available.

The service had a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

54 Parkstone Road (Quay Care) provides a personal care support service to people in their own home. At the time of this inspection the service was providing a personal care and support service to 16 people. The service supports people who fund their personal care and support themselves or through the direct payments system (This is a system the local authority gives people money directly to pay for their own care, rather than the traditional route of a local government authority providing care for them). The service does not contract directly with local authorities or local clinical commissioning groups.

People received care and support in a personalised way. There was a small team of staff that knew people very well and understood their needs. There were personalised care plans in place so that staff knew what care and support to provide people. People received the health, personal and social care support they needed and any risks were managed. People told us they felt safe with staff.

Staff were exceptionally caring, and went the extra mile to support people in their own time. Staff were very motivated and demonstrated a commitment to providing the best quality care to individuals and their families in a compassionate way. People and staff had good relationships and people told us they liked all of their staff.

People's independence in their own homes and the community was encouraged. Staff ensured people were referred to appropriate health and social care professionals in order to receive any specialist equipment they needed.

People received outstanding end of life care with the registered manager staying with and caring for people in their own time to make sure they were not alone. Staff sensitively supported people's families as well as the person.

There were systems in place to safely manage and administer medicines for people. Staff had been trained in the safe administration of medicines.

Staff had an understanding of legislation designed to protect people's rights and were clear that people had the right to make their own choices. People were involved and consulted in planning their care and support.

People and their relatives knew how to raise concerns or complaints. People were regularly consulted by the service.

Staff received an induction and core training so they had the skills and knowledge to meet people's needs. There were enough staff employed and staff were safely recruited.

The culture within the service was personalised and open. The service was small and well-led by the management team. People felt comfortable talking to the office staff and frequently phoned for advice and for a chat. There were systems in place to monitor and improve the safety and quality of the service provided.

## 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.

Risks were managed appropriately.

Staffing levels were sufficient to meet people's needs.

People's medicines were managed safely.

### Is the service effective?

Good ●

The service was effective.

Staff had an understanding of the Mental Capacity Act 2005 and sought people's consent before providing any care and support.

Staff had the right skills and knowledge, training and support to meet people's needs.

People had the food and drinks they needed when this support was provided by the service.

### Is the service caring?

Outstanding ☆

The service was exceptionally caring.

People who used the service consistently said staff supported them with care and compassion and staff got to know people exceptionally well.

Staff valued each person as an individual, people mattered and staff developed exceptionally positive, kind, and compassionate relationships with the people they supported.

### Is the service responsive?

Good ●

The service was responsive to people and their needs.

People's needs were assessed and care was planned and to meet their needs. Care workers knew people well and how to meet their needs.

People and their relatives knew how to complain or raise concerns about the service.

**Is the service well-led?**

**Good** ●

The service was well led.

People and staff spoke highly of the management team and said they were approachable and supportive.

There were systems in place to monitor and improve the quality and safety of the service provided.

# 54 Parkstone Road

## **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.

The inspection took place on 24 July 2017 including visits to four people who use the service. One family member was present during the visits. We told the service two working days before our visit that we would be coming to ensure the people we needed to talk with would be available. This inspection was conducted by two inspectors and an expert by experience who contacted two people who used the service and gained their views over the telephone. An Expert by Experience is a member of the public who themselves has had experience of receiving care or of supporting a friend or family member in similar circumstances to people supported by 54 Parkstone Road (Quay Care).

We spoke with five members of staff, including the registered manager, deputy manager, field care supervisor and senior care workers. We checked four people's care and medicine records in the office and with their permission, the records kept in their home when we visited them. We also saw records about how the service was managed. These included four staff recruitment and monitoring records, staff rotas, training records, audits and quality assurance records as well as a range of the provider's policies and procedures.

The registered manager sent us additional information in relation the staff training.

We reviewed the information we held about the service, for example, statutory notifications. A notification is information about important events which the provider is required to tell us about by law.

We did not contact commissioners because the service does not contract with any of the local authorities and people fund their own care and support packages. We received email feedback from three health and social care professionals.

# Is the service safe?

## Our findings

People were positive about the care support provided by the service and they told us that they felt safe with the staff who supported them. One person said, "Everything has worked well; I can't fault them." Another person said, "We are absolutely delighted with the service".

People were protected against the risks of potential abuse. There were policies and procedures in place to help keep people and children who may be present during visits, safe from abuse. Staff spoke knowledgeably about the signs that may indicate a person was at risk from potential abuse. Staff had received safeguarding adult's awareness training and a summary of safeguarding children at induction. Staff knew how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. If people needed two staff to support them during their visit, two staff attended to ensure people were supported safely. The registered manager had reported any allegations of abuse to the local authority as required.

People had effective risk assessments and plans in place for; their home environment, pressure areas, nutrition, medicines and falls. The provider told us people and their relatives or representatives were involved in regularly reviewing the risk management plans in place. Staff told us people's risk assessments and management plans were easy to follow. People's moving and handling plans were supported by pictures so staff had clear directions and guidance on how to support people and use equipment. Staff referred people to professionals promptly to ensure they were provided with the correct equipment to aid people's rehabilitation.

The registered manager took action where appropriate to assist people with managing the risks in their environment. For example, one person's carpet presented a trip risk and the registered manager liaised with the person's solicitor to purchase new safe flooring.

Staff told us there were systems in place for emergencies. There was an out of hours and on call system in place for people and staff to contact in the case of emergencies. Each person had an emergency information sheet in their care records.

There were systems in place for recording when people had accidents and incidents or near misses. We reviewed the incident record for one person and this included a brief description of what had occurred, the action taken and the outcome. The registered manager had reviewed and analysed this record. The actions identified were discussed with staff at a team meeting to ensure the person received their on-going care and support in a safe way.

We looked at the medicines plans, administration and monitoring systems in place for people. People told us their medicines were administered as prescribed. One person told us, "They manage my medicines well and won't let me have anything not prescribed by my doctor." People's Medicines Administration Records (MAR) we looked at were accurately completed. People's MARs were audited each month to identify any errors or shortfalls in the administration of their medicines. Staff were trained in the administration of medicines, and they had their competency assessed to make sure they were safe to administer people's

medicines.

The registered manager told us they did not accept any packages of care and support they could not meet within the staff team. There was a small staff team of eight that provided care and support and this meant people were supported by staff they knew well. One person said, "I get the same lovely carers four times a day." Another person said, "Most of the time we see the same people." People and the registered manager told us there had never been any missed visits.

People received a weekly schedule in advance which showed the times and names of staff that would be visiting them. People said staff arrived at the time stated. One person said, "All the staff are very punctual." And another person told us, "The staff sometimes even stay over their allocated hour."

There were robust recruitment policies and procedures in place. We looked at the recruitment files for four members of staff and found that the relevant checks had been completed before staff started working at the service. These checks included up to date criminal record checks, photographic confirmation of identity, fitness to work statements, interview notes and previous employment references. This made sure that people were protected as far as possible from individuals who were known to be unsuitable to work in the care industry.



## Is the service effective?

### Our findings

Staff completed core training that included the provider's compulsory training. For example, equality and diversity, infection control, safeguarding, moving and handling, medicines management, dementia and learning disability, epilepsy, nutrition and hydration, and emergency aid. All staff completed an induction and the care certificate, which is a nationally recognised induction qualification. Staff we spoke with had a good understanding of their roles.

Staff told us they were well supported by the registered and deputy manager and they had opportunities to develop professionally. The deputy manager was also a qualified trainer and provided and trained the small staff team. Records showed the managers and field care supervisor completed observations of staff on an ongoing basis and during their induction. This included medicine competency checks, spot checks and one to one supervision sessions. Spot checks are an observation of staff performance carried out at random.

People and a relative told us they were supported by staff with the right skills and enough knowledge to meet their needs. One person commented that there were some difficulties with a specific aid they were using. This was because the aid was not always effective, this left the person with some discomfort. Staff had reported this to the deputy manager and manager during the inspection on their return to the office after their visit to the person. The deputy manager immediately followed this concern up with the district nursing team and GP.

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. We checked whether the service was working within the principles of the MCA. The registered manager had a good understanding of this and we did not find any evidence of any restrictions imposed upon people.

Staff had been trained in the Mental Capacity Act (MCA) 2005 and staff we spoke with had an understanding about this and making decisions that were in people's best interests. There were not any people being supported by the service who needed others to make any decisions that were in their best interests.

People and a relative told us staff sought their consent before undertaking any support or personal care tasks. Records showed people's consent to their care had been sought by staff and people had signed their care plans.

People's health and personal care needs were met because staff knew people's needs and staff were able to describe how to meet them effectively. Information about people's health needs was included within their care files and care plans included information as to what support people may need in relation to these. Staff were aware of the action they should take if a person was unwell.

The registered manager told us they had good working relationships with district nurses and other health and social care professionals involved with people. This was supported by feedback from people. For example, the service had worked with district nurses and physiotherapists and one person was now able to mobilise around their flat on their own. This included the staff having specialist training from the person's bed manufacturer and the hospital occupational therapist to use a new piece of equipment to aid the person's mobility. The person said, "They've been wonderful; can't do enough. Everyone, from family, district nurse, physios and Quay Care all worked together to get me on my feet again."

Health and social care professionals told us the service contacted them and made appropriate referrals. One professional fed back the staff were quick to report any changes in people's conditions and to identify when the person needed professional occupational therapy input.

People who had food prepared as part of their care package told us staff would always ask them what they wanted. One person said about the staff, "Jolly good; one of my carers is an excellent porridge maker. They always leave the kitchen nice and clean."

The registered manager arranged for one person who was nutritionally at risk to have prescribed fortified drinks and puddings. In addition, they brought the person their favourite meal to encourage their appetite.

## Is the service caring?

### Our findings

People valued their relationships with the staff team and felt that they often went 'the extra mile' for them, when providing care and support. People were supported by compassionate and caring staff. For example, staff supported one person to go a social event at the beach to meet with their friends.

People and a relative told us staff were kind, caring and treated them with respect. One person said, "They are all kind and respectful and can't do enough for you." Another person told us, "The girls are very friendly." People said they were able to develop relationships with staff because it was a small team so they got to know them all very well. The registered manager cooked a Christmas dinner and visited those people who were alone over the Christmas period.

Staff identified and fed back to the office when they were concerned about a person and/ or their relatives needed any additional support or advice. For example, when a person's relative was struggling with caring for one person, the registered manager arranged a meeting with the professional's involved and additional support was provided.

Health and social professionals fed back to us people had told them and they observed themselves that the staff were very caring. One professional told us the registered manager in particular would 'go over and above to assist the people' they supported. Another professional told us they had consistently good feedback about the service from people and their families.

The service provided compassionate end of life care. For example, the registered manager told us how they supported one person at the end of their life who did not have any immediate family who could stay with them. They said that there was not any sitting service available from the local palliative care team. The registered manager knew the person well and knew they loved poetry. They stayed with the person in their own time, held their hand and read them stories and their favourite poetry until the end of their life. A professional also fed back to us the staff had supported two people's wishes to remain in their homes at the end of their lives. They told us the staff were professional, sensitive, caring and went 'the extra mile' to make sure the person and their family were supported.

People's choice in relation to gender and age of staff for personal and intimate care was respected. This was recorded in their assessments and care plans.

People and a relative confirmed that they were involved in making decisions about their care. They told us they had been involved in developing their care plans and consulted throughout the assessments. The registered manager told us relatives were encouraged to be involved where they wanted to be. The registered manager told us they aimed to support the whole family not just the person they were providing care and support to.

People told us care workers always treated them with respect and dignity. People told us staff were always polite and respectful. People said care workers always maintained their dignity when providing personal

care.

People's independence was maintained, encouraged and promoted by staff. For example, staff arranged for a ramp to be fitted to one person's house so they were able to sit on their patio and leave their home with their family members. People told us staff had helped them stay in their own home and for one person their condition and mobility had improved following the support provided by staff. One person said, "Helped me keep independent, which has been a great relief to my niece."

Staff knew about the requirements to keep people's personal information confidential. All records relating to people were kept secure within the agency office. Records kept on computer systems were also secure with passwords to restrict access.

## Is the service responsive?

### Our findings

During our visits to people's homes, people and relatives told us the service was responsive to their needs. Some people told us that the service had been able to provide visits at short notice when their circumstances changed. One person said, "They have been reliable and flexible with their visits when we have had to make changes." Another person said about staff, "Do anything for me that I ask for."

People told us and records showed that people's needs were assessed and that care was planned to meet their needs. Staff knew the people they were caring for, what care and support they needed and this reflected what we saw in people's care plans. This was supported by the feedback from professionals who confirmed staff knew people well. We looked at four people's assessments and care plans and saw that they had been reviewed on a regular basis or as their needs changed. The care plans were personalised and focused on meeting the individual's needs and their abilities.

People's care plans also included important information about their life history and personal preferences so staff could meet their social, cultural and religious needs. For example, one person was living with dementia and would become upset when being provided with personal care. The staff used their knowledge of the person and played their favourite music to them whilst they were supporting them with personal care. The person would hum along to the music and accept the personal care support being provided.

People, or their relatives, were involved in developing their care and support plans. People confirmed that staff updated their care records when their care needs changed. The field care supervisor visited each person every week to review and assess whether the care and support provided was meeting their needs. Care plans were clearly written and explained how people would like their care and support to be given. Care plans detailed daily routines specific to each person. People's needs were reviewed regularly as required. Where necessary, health and social care professionals were involved.

The registered manager told us they tried to meet people's preferences about times of visits and this was supported by what people and a relative told us. The registered manager said they clarified with people before they started receiving a service what times they could provide. This was because there was only a small team of staff supporting people. The registered manager, deputy manager and field care supervisor were all able to respond and provide care and support to people at short notice if there was unexpected staff sickness.

Staff told us the time allowed for each visit meant they were able to complete all of the care and support required by the person's care plan. They said there was enough travel time allocated between visits. People and relatives told us staff stayed for the full time allocated for the visit and would often stay longer if this was needed.

The service had acknowledged that the people they supported were at times socially isolated. They supported people to attend social events and activities. For example, staff were supporting one person to attend a charity beach party on the day of the inspection.

People told us they were actively encouraged to give their views and raise verbal concerns or complaints. People told us they did not have any concerns and had not needed to make any complaints. People had written information about how to make a complaint with contact telephone numbers. There had been no complaints received since the service was registered a year ago.

## Is the service well-led?

### Our findings

Feedback from people, a relative and staff showed us the service had a positive and open culture. They all said they could approach the registered manager and they were listened to by the staff, deputy and registered manager. One person said about the service, "Very small friendly agency," and another person said, "Staff in the office are lovely; I am very lucky."

Health and social care professionals fed back the service was well-led and there was good communication between themselves and the registered manager. One social care professional told us the service was responsive and accommodating. For example, when they needed to quickly arrange care packages for people who were ready to be discharged from hospital or if a person in the community needed emergency care.

Feedback had been sought from people about their experiences of the care through reviews, telephone contact and weekly visits by the field care supervisor. We reviewed a sample of people's reviews and peoples' experiences were all positive and there were no areas for improvement noted. People phoned the office for a chat and the registered manager was available to people and staff both during and out of office hours.

The service had received 19 compliments about the quality of the service since September 2016. The registered manager and staff told us compliments were shared with individual staff, included in the staff meeting minutes and displayed on the notice board in the office.

Staff described an open, transparent culture and told us they felt part of a team. Staff we spoke with were positive about the communication systems at the service. These included a system of group texts, emails, telephone calls and meetings. All the staff were enthusiastic about working with the people they supported and the service. They told us there was good teamwork between the small staff team. They said there was a friendly, family feel to the service. There were systems for recording all telephone calls about people on their individual computerised records. There were robust systems to ensure that anything recorded was followed up and acted upon by the registered and deputy manager and field care supervisor.

There were staff and board meetings with the provider. We reviewed the minutes of these meetings and saw that staff were given clear guidance on the expected standards of work and support to be provided to people. Where there were any examples of the standard of work falling below the high standards expected this was followed up with staff.

There was system of audits to monitor and assess the quality of the service provided. These included medicines, record of care sheets, care plans, incidents and accidents and staff records. Records showed these identified issues and actions which had been completed.

People benefited from staff that understood and were confident about using the whistleblowing procedure. Whistleblowing is where a member of staff can report concerns to a senior manager in the organisation, or

directly to external organisations.

The registered manager told us there were policies and training in place in relation to meeting people's equality and diversity needs. They gave examples how they supported people and staff's individual needs.

The registered manager had joined the local provider forum so they could continue with their own personal development.

The registered manager told us they were very proud of the staff team and that they were passionate about providing personalised care and support to the small number of people supported by the service. They said the directors were committed to keeping the service small and to continue to provide a good, well respected service to people.