

Quality Assured Care Services Ltd

Quality Assured Care Services

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

Quality Assured Care Services is a domiciliary care agency which provides personal care support to people in their own homes. At the time of our visit the agency supported nine people with personal care and employed four care workers.

We visited the offices of Quality Assured Care Services on 6 January 2016. We told the provider before the visit we were coming so they could arrange for staff to be available to talk with us about the service.

The service has 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.

People felt safe using the service and care workers understood how to protect people from abuse and keep people safe. There were procedures to manage identified risks with people's care and for managing people's medicines safely. Care workers were properly checked during recruitment to make sure they were suitable to work with people who used the service.

The provider and registered manager understood the principles of the Mental Capacity Act (MCA), and care workers respected people's decisions and gained people's consent before they provided personal care.

There were enough care workers to deliver the care and support people required. People had consistent care workers who stayed long enough to complete the care people required. People told us care workers were friendly and caring and had the right skills to provide the care and support they required. Care workers received an induction when they started working for the service and completed training to support them in meeting people's needs effectively.

Care plans contained relevant information for staff to help them provide the personalised care people required. People knew how to complain and information about making a complaint was available for people. Care workers said they could raise any concerns or issues with the managers, knowing they would be listened to and acted on.

There were processes to monitor the quality of the service provided and understand the experiences of people who used the service. This was through regular communication with people and staff, returned surveys, spot checks on care workers and a programme of other checks and audits.

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.

There were procedures to protect people from risk of harm. Care workers understood their responsibility to keep people safe and to report any suspected abuse. There were enough care workers to provide the support people required. There was a safe procedure for managing medicines and a thorough staff recruitment process.

Is the service effective?

Good ●

The service was effective.

Care workers completed training to ensure they had the knowledge and skills to deliver safe and effective care to people. The managers understood the principles of the Mental Capacity Act 2005 and care workers respected decisions people made about their care.

Is the service caring?

Good ●

The service was caring.

People were supported by care workers who they considered kind and caring. Care workers ensured they respected people's privacy and dignity, and promoted their independence. People received care and support from consistent care workers that understood their individual needs.

Is the service responsive?

Good ●

The service was responsive.

People's care needs were assessed and people received a service that was based on their personal preferences. Care workers understood people's individual needs and were kept up to date about changes in people's care. People knew how to make a complaint.

Is the service well-led?

Good ●

The service was well-led.

People were very satisfied with the service they received. Care workers received the support and supervision required to carry out their work safely and effectively. The managers provided good leadership and reviewed the quality of service provided.

Quality Assured Care Services

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.

We reviewed information received about the service, for example the statutory notifications the service had sent us. A statutory notification is information about important events which the provider is required to send to us by law. 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 found the PIR reflected the service provided.

The office visit took place on 6 January 2016 and was announced. We told the provider we would be coming so they could ensure they would be available to speak with us and arrange for us to speak with care workers. The inspection was conducted by one inspector.

Before the office visit we spoke with six people by telephone, (one person who used the service and five relatives).

During our visit we spoke with two care workers, the registered manager and the provider. We refer to the provider and registered manager as 'the managers' in the report. We reviewed two people's care plans to see how their care and support was planned and delivered. We checked whether staff had been recruited safely and were trained to deliver the care and support people required. We looked at other records related to people's care and how the service operated including the service's quality assurance audits.

Is the service safe?

Our findings

People we spoke with said they felt safe with their care workers. Relatives told us "I am sure he feels safe and secure with them," and, "She feels very safe with them. I met them all before they provided care and I feel very comfortable with all of them too." Another said, "They have a very good relationship and she definitely feels safe with them." Everyone we spoke with said they would contact the office if they didn't feel safe.

The managers and care workers understood their responsibilities to keep people safe and protect them from harm. Care workers completed training in safeguarding adults and had a good understanding of what constituted abusive behaviour and their responsibilities to report this to the managers. One care worker told us, "It is our responsibility to protect people from any harm, abuse, discrimination or neglect. If I had a concern I would record it and report it to the office. They would check it out and refer it to social services if needed."

There was a procedure to identify and manage risks associated with people's care, such as risks in the home or risks to the person. Staff knew about the risks associated with people's care and how these were to be managed. Staff had completed training in moving and handling people so they could safely assist people to move around. There was no one using the service at the time of our inspection that required equipment to help them move.

People told us their care workers arrived around the time expected and stayed long enough to do everything that was required before they left. Comments included, "They always arrive on time and stay the full time. They will phone if running a bit late so we don't worry," and, "They arrive when expected and stay the full time, it wouldn't matter if they are a bit late as timing isn't critical but they are usually on time."

The managers confirmed there were enough care workers to allocate all the calls people required.

The provider had an out of hour's on-call system when the office was closed. One care worker told us, "I can phone if I need help or advice. If they can't answer the phone straight away they always get back to you." Care workers told us this reassured them that a manager was always available if they needed advice or support.

Recruitment procedures made sure, as far as possible, care workers were safe to work with people who used the service. Care workers had a Disclosure and Barring Service (DBS) and reference checks before they started working with people. The DBS assists employers by checking people's backgrounds to prevent unsuitable people from working with people who use services. Care workers said they could not work in people's homes until their disclosure and barring certificates had been returned. Records confirmed staff had DBS and reference checks completed before they started work.

We looked at how medicines were managed by the service. People we spoke with administered their own medicines or their relatives helped them with this. One relative told us, "The care workers will remind him to take his medication. He does have an electronic reminder on his medication but he doesn't always hear it

ring. The care workers always check that he has had them and will remind him, if they are there, when he needs to take them." The managers told us, where people required support most only needed reminding to take their medicines and only one person needed assistance to take their medicines. Information about how care workers supported people with their medicines was clearly recorded in their care plan.

Care workers told us, and records confirmed they had received training to administer medicines safely. We noted that care workers had not been assessed as competent before they administered medicines to people. The managers confirmed that a medication competency process would be implemented.

Care workers recorded in people's records that medicines had been given and signed a medicine administration record (MAR) sheet to confirm this. MARs were checked by care workers during visits and by managers during spot checks for any missing signatures or errors. Completed MARs were returned to the office every month for auditing. These procedures made sure people were given their medicines safely and as prescribed.

Is the service effective?

Our findings

We asked people and their relatives if they thought care workers had received the training needed to meet their needs. People said care workers were well trained and knew how to provide the care and support they needed. People told us, "Care workers seem well trained and know about dementia and Alzheimer's," and "X has Parkinson's and dementia. Care workers seem very well trained and know what they are doing."

Care workers told us they felt confident to effectively support people as they had completed an induction and training when they started working at Quality Assured Care Services. Care workers comments included, "I've been out of care for a while and I completed all the mandatory training again during my induction, which refreshed my skills and my learning."

Records confirmed that care workers completed a range of training during their induction to provide effective care to people. This included training in supporting people to move safely, medicine administration and safeguarding adults. However, not all the standards recommended in the Care Certificate had been covered during staff induction, for example Nutrition. The Care Certificate sets the standard for the fundamental skills and knowledge expected from staff working in a care environment. The managers confirmed additional training would be made available to staff in line with the Care Certificate standards.

Care workers told us they received regular supervision meetings and checks on their practice. The managers undertook regular observations to assess staff performance in people's homes to ensure care workers put their learning into practice.

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. Where people lack mental capacity to take particular decisions, any decisions made must be in their best interests and in the least restrictive way 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. The application procedures for this are called the Deprivation of Liberty Safeguards (DoLS). We checked whether the service was working within the principles of the MCA. The managers understood their responsibilities under the Act. They told us there was no one using the service at the time of our inspection that lacked capacity to make their own decisions about how they lived their daily lives. We were told some people did lack capacity to make certain complex decisions, such as how they managed their finances. They all had somebody who could support them to make these decisions in their best interest, for example a relative.

Care workers we spoke with had completed training in MCA and knew they could only provide care and support to people who had given their consent. We asked care workers what the MCA meant, they told us, "It's about consent and people's right to make their own decisions." Another said, "It's about capacity to make decisions, everyone is assumed to have capacity unless they have been assessed as not. If that's the case decisions have to be made in the person's best interest." Care workers said everyone they supported

could make everyday decisions for themselves. We asked people if care workers asked for their consent before they provided care, comments included, " Always," and, "They always ask if it's alright with her before they do anything."

No one we spoke with relied on care workers to provide all their food and drink. People either prepared their own food or had relatives that did this for them. Two people said care workers made their breakfast and made them a drink before they left. There was no one using the service at the time of our inspection that had any specific dietary requirements.

All the people using the service managed their own healthcare or had relatives that supported them with this. Care workers said they would phone a GP if the person was unwell but said family would usually do this.

Is the service caring?

Our findings

People were happy with their care workers and described them as "very polite and caring" and "like friends". Comments included "[Provider] in-particular has a good rapport with [person] and you can hear the pair of them laughing together." Another said, "[Person] has made a huge bond with [registered manager] who understands him and they have a good laugh together."

People told us care workers made sure their privacy and dignity was respected. One person told us, "They do maintain my privacy and are respectful of the house and of me." A relative told us, "Yes they respect her privacy; they are very polite and caring. The carer will wait outside the bathroom while mum uses the toilet before going into help her shower, most respectful."

One care worker we spoke with said they upheld people's privacy and dignity by, "I always knock and wait before I go into the house or a room. I ensure I get people's consent for everything and tell them what I am doing step by step." Another said, "I am mindful how I speak to people. I have a positive friendly attitude which helps people relax and feel comfortable. I like to do this as undressing in front of me is unnerving for some people, and it puts them at ease."

The managers told us that they explained the values and expectations of the company to prospective care workers during the recruitment process to ensure, "They have the correct attitude and understand our ethos about providing a caring service."

People told us they had consistent care workers who they were able to build relationships with and who knew their likes and preferences. A relative told us, "New workers are introduced to him before they start to provide care. As he has Alzheimer's its good he has care from people he knows and trusts." Another relative told us, "We have very consistent care workers, which is good as mum has severe memory loss so she remembers their faces if not names." Another said, "She has the same care workers and knows them now. They are very friendly and she is very comfortable with them."

People said care workers took their time and never rushed. Comments from people included, "They are very good with him. They take their time and talk to him all the time" and, "They have time to sit and talk and read the paper together which she enjoys and is part of her daily routine." Care workers said they were allocated sufficient time to carry out their calls. Comments included, "We always have plenty of time to do what we need to and to sit and talk with people."

People told us they were supported to maintain their independence. One care worker told us, "We have enough time allocated to help people do things for themselves so they can remain independent."

People we spoke with confirmed they were involved in making decisions about their care and were able to ask carer workers for what they wanted.

The provider PIR told us, "We tailor our care provision to meet the needs of each service user and we do this

in partnership, to ensure that they are in control of their own life and able to live as independently as possible." We found this to be an accurate assessment of the service provided.

Care workers understood the importance of maintaining people's confidentiality. Care workers told us they would not speak with people about others, and ensured any information they held about people was kept safe and secure.

Is the service responsive?

Our findings

People told us they had an assessment completed and were provided with a care plan when the service started to make sure the service could meet their needs. Comments included, "We had an assessment and care plan completed when the serviced started. They were meticulous about this and took time to explain what service they provide and what we could expect. It's exactly as they said," "I had an assessment and care plan when the service started they explained everything really well. Everything is as they said."

The provider told us in the PIR, "The service user is advised of the company's commitment to provide a responsive and flexible service wherever possible to meet their assessed needs. The service user and her/his representative is provided with a Service User Handbook. The services available will be explained to them and they are given a chance to choose what suits them with the help of the assessor. Our full care planning process is discussed extensively." This reflected people's experience of the service.

Care workers we spoke with had good understanding of people's care and support needs. We were told, "We have time to read care plans and to talk with people so you get to know what they need and how they like this done." Care workers also said there was enough information in care plans to inform them what to do on each call. If people's needs changed they referred the changes to the managers so plans could be updated. People told us their plans were reviewed to make sure their needs continued to be met. One person said, "I had a review after three months and just recently had a 12 month review. All is ok and nothing needs changing at the moment." Another told us, "We had a review in September after three months, all is going okay."

People told us the service was flexible and responsive to requests about their care. One person told us, "They send a rota each week so we know in advance who is coming on what day." Another said "While I was on holiday recently mum had a fall and they stepped up the care and went in everyday to see she was alright, they were very flexible and really helpful."

We looked at two people's care records. Care plans provided care workers with information about the person's personal history, their individual preferences and how they wanted to receive their care and support. Care workers completed a record of the care and support provided at the end of each call. People we spoke with said care workers completed everything that was recorded in their care plan. Comments included, "I do read it [care plan] and I read what the carers write sometimes, I have never had any concerns, everything is accurate and as it should be," and, "The care workers do everything it says to do in the care plan."

We looked at how complaints were managed by the provider. People said they would raise any concerns with the managers'. No one we spoke with had made a complaint about the service. One person told us, "We have complaints information in the folder. Not had to make any complaints it's a very good service." Another said, "No complaints at all, much better than the last agency we had."

There had been no formal complaints received about the service. The managers said they had received

minor concerns which they had dealt with before they had become complaints. The provider told us, "Service users are all aware of the complaints procedure it's provided to everyone at the start of the service and we take time to discuss this with people. They know who to report to if they have concerns and there are alternative numbers including CQC if they don't want to report to the office.

Is the service well-led?

Our findings

People told us they were very happy with the service they received. Comments from people included, "We are so pleased with the service." "It's an excellent service." "I can't speak highly enough of them, seriously they are brilliant."

People knew how to contact the office if they were unhappy about anything. People told us "We know how to contact the managers if needed," and "We have [provider and registered manager] number if I need to contact them about anything. I have not needed to do this; all has been fine up to now."

The managers understood their responsibilities and the requirements of their registration. For example, they knew what statutory notifications they were required to submit to us and had completed the Provider Information Return (PIR) which are required by Regulations. We found the information in the PIR reflected how the service operated.

Care workers understood their roles and responsibilities and what was expected of them. Care workers told us they felt well supported by the provider and registered manager. Care workers said they had staff meetings and supervision meetings to make sure they understood their role and spot checks to make sure they worked to the providers policies and procedures. They knew who to report concerns to and were aware of the provider's whistle blowing procedure. Care workers were confident about reporting any concerns or poor practice to the managers. One care worker told us, "If I had any concerns about anything I would contact the managers and let them know."

Care workers said they enjoyed working for Quality Assured Care Service and that it was managed well. None of the care workers we spoke with could think of anything that could be improved. They said communication from the office worked well and that they were kept up to date about changes in peoples care and changes in policies. Comments included, "I'm happy with how it works, everything works well. Communication so far has been great. I love my job."

The managers told us care workers were asked for their views and opinions and were listened to. They gave an example of how they had implemented a family/staff communication sheet in people's homes so staff and family could leave messages for each other after a member of staff had suggested this.

The managers used a range of quality checks to make sure the service was meeting people's needs. Records confirmed people were asked for their opinions of the service through spot checks on care workers, telephone calls, care plan reviews and satisfaction surveys. We looked at a sample of returned surveys sent to people December 2015, the responses and comments were positive about the service. These included, "The carers are excellent at liaising with us." "The carers who visit have a great rapport with X and are clearly well trained. It helps considerably to have carers that know him," and "We have the greatest respect for the carers and their friendliness towards x and us as a family."

No one we spoke with could think of any improvements to the service. People who used the service told us,

"I would definitely recommend them to other people." "I can't think of any way they could improve." "I recommended them to a friend I was so impressed with them." Care staff told us, "It's very well led, can't think of anything they can improve. They are brilliant, I can't fault them."

Records were returned to the office and audited to make sure people received their medicines as prescribed and care was delivered as outlined in their care plans. The managers said they would sign the records when they were audited to evidence they had been checked.

The provider and registered manager told us, "As a service we believe in continual development that is why we have attended the recent CQC road show in Birmingham. We have also registered on the CQC portal to ensure prompt transfer and sharing of information with CQC."