

Your Quality Care Services Limited

# Your Quality Care Services Limited (Burgess Hill)

## Inspection report

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## Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Requires Improvement 

# Summary of findings

## Overall summary

About the service:

Your Quality Care Services (Burgess Hill) is a domiciliary care service providing personal care to 24 people living in their own homes. People using the service were both young and older adults with a range of care and support needs. These included dementia, physical disabilities and Asperger's syndrome.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk).

People's experience of using this service:

- People's medicines were not always managed safely. Medicines errors were not identified or investigated to ensure people's safety.
- There was an inconsistent approach to the management of risk. Risks relating to people's health needs had not always been assessed.
- People were not always protected from the risk of abuse. The registered manager had failed to identify incidents that had the potential to cause harm to people.
- Lessons from incidents were not always learned and used to improve the care people received or guidance for staff.
- There were no formal quality assurance processes in place to drive improvements to the service. The registered manager had not identified issues in practice that we identified at the inspection.
- The registered manager lacked oversight of the governance of the service and were not following the providers policies in relation to medicines management and safeguarding.
- Recruitment processes were robust and ensured staff were safe to work with people before they started working at the service.
- People were supported to access healthcare services.
- Staff had access to a range of training opportunities that supported them to care for people's specific needs.
- People told us staff gained their consent before carrying out any care or support. People's care plans directed staff to offer people choices.
- People and their relatives all told us staff were kind and compassionate.
- One person told us, "The service is efficient, they really know what matters to their clients and support people in the way they like. The staff are very kind to me."
- People and their relatives, if appropriate, were fully involved in discussions about their care.
- Staff supported people to maintain their independence.
- People's care was person centred and their care plans contained information about their life history, preferences and the way in which they like to be supported.

- People told us they had no need to make a complaint but would feel comfortable to do so if needed.
- People, their relatives and staff were all complimentary of the management of the service.
- People, staff and relatives were engaged and involved in the service provided.
- Staff worked in partnership with other organisations to ensure people's needs were met.

Rating at last inspection:

This was the first inspection of the service.

Why we inspected:

This was a planned inspection based on the date the provider registered with the Care Quality Commission to provide a regulated activity at this location.

Enforcement:

Please see the 'Action we told provider to take' section towards the end of the report.

Follow up:

We will continue to monitor the intelligence we receive about this home and plan to inspect in line with our re-inspection schedule for those services rated Requires Improvement.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

**Requires Improvement** ●

The service was not always safe

Details are in our Safe findings below.

### Is the service effective?

**Good** ●

The service was not always safe

Details are in our Safe findings below.

### Is the service caring?

**Good** ●

The service was not always safe

Details are in our Safe findings below.

### Is the service responsive?

**Good** ●

The service was not always safe

Details are in our Safe findings below.

### Is the service well-led?

**Requires Improvement** ●

The service was not always safe

Details are in our Safe findings below.

# Your Quality Care Services Limited (Burgess Hill)

## **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:

This inspection was completed by one inspector.

Service and service type:

This service is a domiciliary care agency. It provides personal care to older adults and young disabled 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. This was because the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be in.

Inspection site visit activity started on 4 February 2019 and ended on 11 February 2019. We visited the office location on 4 February 2019 to see the registered manager, nominated individual and care staff; and to

review care records and policies and procedures.

What we did:

Before the inspection:

- We used information the provider sent us in the Provider Information Return (PIR). Providers are required to send us key information about their service, what they do well, and improvements they plan to make. This information helps support our inspections.
- Notifications we received from the service about important events.
- Information sent to us from other stakeholders for example the local authority and members of the public.

During the inspection:

- We spoke with five people who use the service, four relatives, the registered manager, nominated individual and two members of staff.
- We pathway tracked the care of three people. Pathway tracking is where we check that the care detailed in individual plans matches the experience of the person receiving care.
- We reviewed records including accident and incident logs, quality assurance records, compliments and complaints, policies and procedures and two staff recruitment records.

# Is the service safe?

## Our findings

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

Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

### Using medicines safely

- People's medicines were not always managed safely.
- Medicines administration record (MAR) charts were not always completed appropriately to ensure staff knew how and when medicines should be administered for people.
- The registered manager did not follow best practice guidance in the preparation of MAR charts to ensure they included necessary information to maintain people's safety.
- MAR charts were handwritten and robust checks were not completed to ensure they were accurate before staff used them. There was an inconsistent approach to preparing MAR charts.
- One person's MAR chart had been hand written by staff and did not detail the dosage of any of their medicines or the times when it should be administered. This increased the potential risk of medicines errors.
- We sampled people's MAR charts for November and December 2018 and found several gaps on them.
- Although people's care records said they had their medicines, these gaps in recording had not been identified by the registered manager or investigated to ensure people remained safe. This increased the risk that people were not receiving medicines in the way they were prescribed.
- Failure to ensure the safe management of medicines was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

### Assessing risk, safety monitoring and management

- There was an inconsistent approach to the management of risk. Risks relating to people's health needs had not always been assessed.
- One person's medical history identified they were at risk of seizures and had steroid induced diabetes. There was no further information relating to this in their care plan and no risk assessment had been completed to provide staff with specific guidance on types of seizure, how to support them with their diabetes or when to seek medical help. This meant that the potential risk of ill health was not reduced for this person as staff did not have access to guidance to support them.
- One person received support from staff with their catheter. There was no risk assessment in place to support staff to lessen the risk of infection for the person or how to notice signs of a blockage or keep it clean. This meant the person could be at potential risk of ill-health or infection as staff did not have clear guidance to mitigate this risk.
- There were risk summary's in people's care plan with the aim of reminding staff of the specific risks to the person. However, these were generic and hadn't consider wider risks to people relating to their health

conditions.

- This increased the potential that people would be at risk of harm as risks to them had not been fully assessed or guidance provided for staff to reduce risks to people.
- Failure to ensure that risks associated with people's health needs were identified and assessed was a breach of Regulation 12 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- Mobility and falls risks to people were assessed and managed. Risk assessments gave staff good guidance to support people's mobility safely.
- One person's mobility risk assessment provided staff with good guidance to support them to mobilise using a hoist, with photographs of their equipment and step by step guidance of its use. This meant that staff had access to clear guidance to lessen the risk of harm to the person.
- Environmental risk assessments of people's homes and equipment were completed before staff supported people to ensure people's safety.

#### Systems and processes to safeguard people from the risk of abuse

- People were not always protected from the risk of abuse.
- The registered manager had not always recognised when incidents put people at potential risk of abuse and had not made appropriate referrals to the local authority safeguarding team.
- Staff supported one person living in a care home with additional support and personal care. Staff reported an incident to the registered manager following their visit to the home. They found the person on the floor and staff at the home had told the member of staff to 'leave the person there'. The member of staff reported that the person was uncomfortable and appeared to have been on the floor for a long time.
- The registered manager had not recognised this as a potential safeguarding issue and spoke with the care home directly without involving the local authority.
- We identified, by looking at a person's care records, that a member of staff had not sought medical advice when a person ran out of medicines. The person went without medicines for a day until the medicines arrived and then the member of staff gave the person the morning medicines and lunchtime medicines together, again without seeking medical advice.
- The registered manager had not reviewed this in line with their safeguarding policy and failed to make a referral to the local authority
- Although the registered manager raised these as safeguarding's following the inspection, they failed to do this prior to the inspection.
- The failure to recognise and take action with incidents that have the potential to put people at risk of harm was a breach of Regulation 13 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.
- People and their relatives told us they felt staff practice was safe. One person said, "I feel very safe with the staff. They are very competent and know how to handle me."
- Staff had a good understanding of safeguarding and attended training in this area.

#### Learning lessons when things go wrong

- There were systems in place to manage accidents and incidents. Staff completed incident reports and these were reviewed by the registered manager.
- However, learning from these incidents was inconsistent and people's documentation was not always updated to provide staff with up to date guidance.
- One person had experience a few incidents of agitation with staff. The registered manager had supported staff and took steps to ensure the safety of the person. However, trends in these incidents had not been identified or used to update their care plan.



- The person's care plan did not provide staff with guidance to best support the person when they became agitated to reduce the risk to the person and themselves.
- This is an area of practice that requires improvement to ensure lessons are continuously learned and used to improve staff practice.

#### Staffing and recruitment

- Recruitment processes were robust and ensured staff were safe to work with people before they started working at the service.
- Checks were made to ensure staff were of good character and suitable for their role. This included seeking appropriate references and undertaking Disclosure and Barring Service (DBS) criminal record checks. The DBS helps employers make safer recruitment decisions and helps prevent unsuitable people from working with people who use care and support services.
- There were sufficient numbers of staff to meet people's needs. The team were flexible in their working hours to meet the changing needs of people.
- One person told us, "I get regular carers, consistency is very important to me and they do that well."

#### Preventing and controlling infection

- Staff had completed infection control training.
- Care staff told us they had access to personal protective equipment (PPE) such as gloves and aprons as and when they needed them.
- People confirmed staff used PPE appropriately when supporting them.

# 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.

People's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People received effective care and support from staff who were well trained.
- Staff had access to a range of training opportunities that supported them to care for people's specific needs.
- A member of staff told us, "The moving and handling training gave me confidence as we learnt about hoists and got to use them before supporting people with them. It let you know what it feels like to use a hoist so you can understand what it feels like for people."
- Staff received an induction when they started their job, which included getting to know people's needs and shadowing more established staff.
- A member of staff told us, "I shadowed more senior staff before I went out alone. It was helpful as I learnt people's routines and the other staff walked through the care with me."
- The registered manager completed competency checks before new staff support people allow to ensure they are safe to work with people.
- Staff received regular supervision and appraisal from their line manager.

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

- People were supported at mealtimes to have food and drink of their choice. Where it was delivered as part of the package of care, people were happy with the meals that were prepared for them.
- A relative told us, "I am often there and see them offering choices of food. My relative fancied a prawn cocktail instead of their meal and the carer made this with no issue."
- If people had specific dietary requirements guidance was in place for staff to support them effectively.
- One person required fortified drinks to increase their calories. Records showed that staff were supporting this need.

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

- People's needs and choices were assessed prior to people using the service and regularly thereafter.
- Protected characteristics under the Equality Act (2010), such as religion and disability were considered as part of this process, if people wished to discuss these. This demonstrated that people's diversity was included in the assessment process.

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

- People continued to be supported to access healthcare services and staff responded to people's health needs.
- Staff had noticed one person's health had deteriorated. They supported the person's family to contact their GP in a timely manner.
- One person required regular support from district nurses but this caused them to become agitated. Staff had built a trusting relationship with the person and they coordinated their visits with the district nurses to ensure they had the support they needed.
- One person told us, "They know me well so when I am under the weather they ask how I am feeling. I am sure they would contact a doctor if I needed one."

#### 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.
- We checked whether the service was working within the principles of the MCA.
- Staff were working within the principles of the MCA. Care staff had received training on the MCA and were aware of how it applied to their practice.
- People told us staff gained their consent before carrying out any care or support. People's care plans directed staff to offer people choices.
- One person told us, "They are very diligent about offering my choices and they listen to me. If they see anything needs doing like putting my laundry out they will always ask me first."

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

- Staff worked well with other agencies to provide people with timely care.
- One person required daily support from the district nurses. Care staff worked with them and ensured they left out all the equipment they needed to support the person's care.

# 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

People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- People and their relatives all told us staff were kind and compassionate.
- One person told us, "Staff are very kind and caring towards me, we chat away and nobody ever goes rushing out of the door."
- Staff had a caring and friendly approach and spoke positively about people they supported.
- A member of staff told us, "I let people know I care by being happy, smiling and pay an interest in their day, and discuss things that they like."
- Staff had a detailed understanding of people's needs and knew people well.
- One person's care plan stated they used a range of equipment to support their health needs. Their regular member of staff knew about the person's condition in detail and how to support them with their equipment safely.
- The person told us, "Staff came out to the hospital to be trained in my equipment before I came home. Staff know me well, they are kind and go out of their way to do things for me."

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

- People and their relatives, if appropriate, were fully involved in discussions about their care. A relative told us, "Staff are respectful in our home, they listen to my relative and involve me and respect my wishes too."
- The registered manager visited people regularly and supported people with their care needs. They told us they used this informal opportunity to gain feedback from people and discuss their care with them.
- People's communication needs were assessed to ensure barriers to communication were removed.
- One person's verbal communication was limited. Staff showed them objects of reference to ensure they could have choices and express their views. For example, if they were hungry staff would show them a range of food for them to pick.
- The registered manager ensured rotas were scheduled so staff had time to spend with people, talk and listen to them. People confirmed this and told us staff had time to spend with them during their care.

Respecting and promoting people's privacy, dignity and independence

- Staff supported people to maintain their independence. People's care plans guided staff to support people to remain as independent as possible.
- One person told us how the staff supported their independence, "I have received care for 20 years and this

is the best service I've had. Staff have made a real difference and supported me to get out and about."

- Staff supported one person to attend university. They stayed at the university during the day to help the person with personal care when needed to support their independence.
- People's privacy and dignity was respected. People told us that staff maintained their dignity whilst supporting them with personal care.
- Staff had a good understanding of the need to ensure people's confidentiality was maintained. People's care records and confidential information were stored in a locked cupboard.
- People's identity was maintained and respected by staff.
- Staff told us how they supported one person who liked to take care of their appearance, such as painting their nails. They were unable to do this independently anymore due to physical difficulties, so staff supported them with this.
- Their relative confirmed this and told us, "Staff are so caring towards her. It is the little things; the girls have done her nails which she likes. They go the extra mile with things like that."

# Is the service responsive?

## Our findings

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

People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- People and their relatives told us that the staff were responsive to their needs.
- A relative told us, "They know her needs well you can see that in how they support her. They are very helpful."
- Staff had a responsive attitude to people's needs. People and their relatives were assured that should people's needs change, staff would respond appropriately.
- One person told us, "Quite often I change the time of my care calls to meet my needs. The manager is very responsive and flexible and does this as best they can."
- People's care was person centred and their care plans contained information about their life history, preferences and the way in which they like to be supported.
- One person's care plan detailed that they enjoyed watching TV, socialising and the football club they support. Their regular carer knew this information and told us they used it to make meaningful conversation with the person.
- People were given information in a way they could understand. The service identified people's Information and communication needs by assessing them. Staff understood the Accessible Information Standard. People's communication needs were identified, recorded and highlighted in care plans. These needs were shared appropriately with others. We saw evidence that the identified information and communication needs were met for individuals.
- One person had difficulties with their eyesight. The registered manager printed the weekly rotas in large print for them so they could easily see which member of staff would be visiting them.
- The registered manager had considered the use of assistive technologies to improve people's experience.
- Some people liked to receive their rota of staff who would be visiting them via email. The registered manager sends this electronically to them.
- One person uses a mobile phone to call for staff assistance whilst in their home as they enjoy their independence and wish to spend time in their room without staff. Staff have a mobile phone so they can respond to these calls quickly whilst respecting the persons wishes.

Improving care quality in response to complaints or concerns

- The service had received no complaints. The nominated individual told us this was because, "We listen and sort any issues people out before they escalate."
- People told us they had no need to make a complaint but would feel comfortable to do so if needed.
- One person told us, "I don't have any concerns, everything works well. The manager is very good and keeps me abreast of any changes."

- There was a complaints policy in place which people were given a copy of.

#### End of life care and support

- Staff supported people sensitively at the end of their lives.
- A member of staff told us, "We make sure that they are comfortable, try and make people happy and lift their mood. We offer reassurance and talk through any worries."
- One person, who was receiving end of life care, had a care plan that was reflective of their wishes and preferences at the end of their life.

## 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

Service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care. Some regulations were not met.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- There were no formal processes in place to audit and assess the quality of the service.
- The registered manager focussed most of their time delivering care and responding to people's requests. This meant they had developed good working relationships with people using the service and supported staff well.
- However, due to this the registered manager had not implemented a robust quality assurance system to act on concerns and drive improvements to the service.
- We identified areas which required improvement that the registered manager and provider had not identified.
- These included lack of effective quality assurance processes, ineffective oversight of medicines management and risk and potential safeguarding incidents not being identified or raised to the local authority.
- Medicines audits were not completed. Although the registered manager looked over medicines administration record (MAR) charts. They failed to identify gaps in recording and insufficient detail about people's medicines to ensure they were administered safely.
- The lack of an embedded assurance process meant that issues were not identified or acted upon and increased the risk that medicines errors may be missed, which could have a negative impact for people.
- The registered manager lacked oversight of the governance of the service and were not following the providers policies in relation to medicines management and safeguarding.
- The provider's safeguarding policy identified that incidents of 'neglect' and 'acts of omission' were forms of abuse. We identified two incidents that had the potential to amount to this but the registered manager did not follow the provider's policy in identifying these.
- The registered manager did not always have a clear understanding of their responsibilities in relation to the oversight and governance of the service.
- They told us, "I am very good with the care and making sure people are well looked after but the oversight and governance is something I struggle with."
- Following the inspection, the nominated individual showed us processes they were implementing to improve quality performance and drive continuous improvements. This included weekly manager's reports so they had oversight of service provision and regular manager's meetings so managers of their services could meet to discuss best practice.
- Although the provider and registered manager had took steps to respond to the concerns found at the



inspection. These were not embedded in practice and we could not be assured of their effectiveness.

- The lack of systems and processes to effectively assess, monitor and improve the quality and safety of the service was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- People, their relatives and staff were all complimentary of the management of the service and particularly the registered manager.

- One person told us, "The manager is very approachable. If I have any problems people come quickly."

A relative told us, "The manager is amazing. I can't say enough about her support. She is always there to speak to."

- Staff told us they felt well supported in their roles and were clear about their responsibilities.

- The nominated individual told us they really understood the importance of respecting and valuing their staff to ensure they were satisfied in their roles and delivered good care for people.

- One member of staff told us, "Supervision is regular and we are well supported, it gives me peace of mind that I am doing things correctly and people are happy with the things I am doing." "Linda is very approachable and kind to all staff."

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The culture of the service was positive and enabled people to live how they wanted to.

- There was a clear person-centred approach to people's care. Staff knew people well and understood their individual needs.

- The registered manager promoted an open and honest service and lead by example. They were accessible to people and staff.

- One relative told us, "The manager is brilliant, always on the end of the phone and goes the extra mile to meet our requests."

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

- People, staff and relatives were engaged and involved in the service provided. Daily feedback was sought through people's engagement with staff and through regular care reviews.

- One member of staff told us how they raised concerns about a person's changing care needs and the involvement of other health professionals. They told us, "The manger listened to my concerns and acted straight away to make sure the person had the care they needed."

- People, their relatives and staff took part in yearly surveys. People told us they felt the staff and registered manager listened to them.

- One person said in the 2018 survey, 'You really do show you care, all are proactive. The whole team are amazing and a pleasure to have in the house. An exceptional service.'

Working in partnership with others

- Staff worked in partnership with other organisations to ensure people's needs were met.

- One person required staff to be trained using their new equipment before they could return home from hospital.

- The registered manager worked closely with hospital staff to enable this training in a timely way to support the person to return home safely. The person confirmed this happened.

This section is primarily information for the provider

## Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The registered manager had failed to ensure the safe management of medicines and risks to people's health were not consistently identified, assessed or mitigated to maintain their safety.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 13 HSCA RA Regulations 2014 Safeguarding service users from abuse and improper treatment</p> <p>The registered manager failed to recognise and take action with incidents that had the potential to put people at risk of harm.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The registered manager and provider had failed to ensure there were effective systems and processes in place to assess, monitor and improve the quality and safety of the service.</p>