

Distinguished.World LTD

# Unit 1 Queens Head Chambers

## Inspection report

16 St Johns Road  
Clacton-on-sea  
CO15 4BS

Tel: 08000487238  
Website: [www.distinguished.world](http://www.distinguished.world)

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25 May 2022

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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

Unit 1 Queens Head Chambers is a domiciliary care agency providing personal care to people living in their own houses and flats. At the time of the inspection 12 people were using the service.

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

Risks to people's safety were assessed and monitored. People received their medicines as prescribed and the provider ensured staff were trained and competent to administer their medicines. Staff had access to appropriate personal protective equipment [PPE] and safe infection prevention and control processes were in place. The provider had systems in place to safeguard people from the risk of abuse and staff knew how to recognise and report any concerns.

People were supported by a small and consistent staff team who knew them well and understood how they liked to be supported. People received their care at their preferred times and the provider ensured people were contacted if there was any delay.

People and relatives spoke positively about the quality of care received and the kind and caring attitude of staff. People's care was personalised and enabled them to achieve good outcomes. 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.

Staff received an induction when starting in their role and had completed a range of relevant training to develop their skills and knowledge. Staff told us they felt supported by the management team and able to discuss any issues. The provider had systems in place to monitor the quality and safety of the service and had developed positive working relationships with other healthcare professionals in order to support people's needs.

People and relatives told us the provider stayed in regular contact and they felt involved and able to feedback on the service. They told us the management team were approachable and they were confident any concerns raised would be acted upon promptly and appropriately.

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

### Rating at last inspection

This service was registered with us on 7 October 2021 and this is the first inspection.

#### Why we inspected

This was a planned inspection as the service had not been rated.

#### Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

## 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.

# Unit 1 Queens Head Chambers

## **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 Health and Social Care Act 2008.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

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

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 19 May 2022 and ended on 25 May 2022. We visited the office location on 19 May 2022.

### What we did before the inspection

We reviewed the information we had received about the service and used this to plan our inspection. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make.

### During the inspection

We spoke with two people who used the service and two relatives about their experience of the care provided. We spoke with one health professional who had regular contact with the service. We spoke with four members of staff including carers, the registered manager and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records. This included three people's care records and medicines documentation, two staff files in relation to recruitment and a variety of records relating to the management of the service.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People were supported by a small, consistent staff team who knew them well. People told us staff arrived at their preferred times and they were kept up to date if there were any delays.
- The provider monitored the times staff arrived and left people's homes via an online check in system to ensure calls were completed at the appropriate times.
- The provider had processes in place to ensure staff were safely recruited. However, not all applicants had references in place which were in line with the provider's own recruitment policy. During the inspection, the provider responded promptly to our feedback, sourcing additional references and evidencing these were now in place.

### Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and monitored. People had risk assessments in place for key areas of their support such as mobility, eating and drinking and medicines management; however, some of these assessments lacked detail. More information about how to support people safely was included in the summary of people's care visits which provided a breakdown of what support people needed at each visit and any risks staff should be aware of. Following our inspection, the provider confirmed this information had now been transferred into people's risk assessments as well to ensure guidance was easily accessible.
- People's relatives told us the provider was quick to respond to any potential risks or changes in people's needs. One relative said, "We noticed [person] wasn't drinking as much as usual; as soon as we mentioned it, they put a fluid chart in place and started monitoring to make sure [person] was drinking enough. They're brilliant at communicating if there are any concerns."

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

- People were protected from the risk of abuse. Staff had received safeguarding training and told us they would report any concerns to the registered manager. The provider had a safeguarding policy in place for staff to follow.
- People and relatives were given information about how to raise concerns and contact details for the local authority safeguarding team and CQC were provided.

### Using medicines safely

- People received their medicines as prescribed. The provider used an electronic medicines administration system which gave the management team a real time view of what medicines had been given and when. This enabled them to identify any potential administration errors and respond promptly.
- People's care plans detailed what medicines they were taking and what support they required to manage their medicines safely. Staff had received medicines training and the registered manager had completed

competency assessments with staff prior to them administering medicines.

- The provider carried out regular medicines counts and audits to ensure people's medicines were given correctly.

#### Preventing and controlling infection

- People were protected from the risk of infection. Staff wore appropriate personal protective equipment (PPE) and had received infection prevention and control training. One member of staff told us, "I have been trained in donning and doffing and disposal of PPE and there is a good supply of PPE at the office."
- The provider had up to date infection prevention and control and COVID-19 policies in place to provide guidance for staff.
- The management team completed regular PPE and infection control audits to ensure safe practices were being followed.

#### Learning lessons when things go wrong

- The provider had a process in place to record and review any accidents and incidents which may take place and told us any feedback or improvements needed would be shared with staff via supervisions and team meetings.



# 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.

This is the first inspection for this newly registered service. This key question has been rated 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

- People's needs were assessed by the provider prior to them receiving care.
- The provider spend time with people and their relatives during the assessment process in order to understand what support people required and how to best meet their needs. One relative told us, "I was involved in the assessment and they kept in regular contact with us. The communication was brilliant."
- The provider ensured staff had access to up to date policies and guidance to support best practice. Policies were accessible to staff on the provider's online platform and the management team signposted staff to any relevant updates or changes.

Staff support: induction, training, skills and experience

- New staff received a comprehensive induction when they started, including a three day training programme and the opportunity to shadow more experienced care staff. The provider ensured staff were competent and felt ready to begin working before signing off their induction as complete.
- Staff completed a range of training courses to develop their skills and support their understanding of people's needs. The management team monitored staff training to ensure it remained up to date.
- The provider had a process in place for ensuring staff received regular supervisions and support to discuss any concerns.

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

- The provider had assessed people's eating and drinking support needs and recorded this in their care plan. Staff had clear guidelines in place for each visit, detailing what support people required to prepare meals and drinks.
- Staff recorded what people had to eat and drink in their online care planning system and flagged any concerns to the management team to follow up and increase monitoring where appropriate.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- The provider had responded to changes in people's health needs, identifying concerns and seeking emergency healthcare when needed and making referrals to the relevant health professionals to support people's longer term care needs.
- People's care plans provided information about which healthcare professionals were involved in their care and how to contact them.
- The provider had incorporated oral healthcare prompts into people's support guidelines to remind staff to ask people about their oral health, even if they managed this independently. The provider told us this

enabled them to monitor any changes in people's needs and offer more support if required.

#### 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 MCA 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.

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. We checked whether the service was working within the principles of the MCA.

- The provider had documented people's capacity to consent as part of their initial assessment process alongside the details of anyone involved in supporting their decision-making.
- People's care plans contained clear guidance for staff about how to support and involve people in making decisions.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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 and relatives told us the staff were kind and caring in their support. One person said, "I'm exceedingly happy, I couldn't get any better carers. They're very caring and go beyond their duty." A relative told us, "We're so impressed and happy with all of them, we couldn't be happier."
- Staff had completed equality, diversity and inclusion training to support their understanding of how to respect people's individual rights and needs. The provider had considered people's religious and cultural support needs and preferences during their initial assessment and documented these in their care plan.

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

- People were supported to make decisions about their care. People's care plans provided clear guidance about when they would like their care provided and how they would like to be supported at each visit.
- People and relatives told us they felt involved in decision making. One person said, "The carers sit and talk with me and they listen to me and make sure everything is right." A relative told us, "[Person] makes their own decisions about their care, but I'm involved too and they keep me up to date."
- The provider regularly asked people and relatives for their feedback on the care provided. One relative told us, "They are re-assessing constantly to check the care."

Respecting and promoting people's privacy, dignity and independence

- People were supported to maintain as much independence as possible. People's care plans detailed what they could do for themselves and when they needed support. Where appropriate, people were encouraged to set goals and staff supported them to take steps towards re-gaining their independence in specific areas.
- Relatives told us staff were respectful of people's dignity and privacy. One relative said, "The care is dignified. It's the little things which mean so much. They're fantastic."

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated Good. This meant people's needs were met through good organisation and delivery.

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

- People's care was personalised and they were supported by staff who understood their needs and how they liked to be supported.
- People were able to make changes to their care visits to suit their own preferences. For example, the provider had changed the times of people's visits to fit around their health appointments and social engagements. One relative told us, "They're such a caring company and they're very flexible."
- Staff were provided with clear guidance about what was important to people and how to make their care personalised. People's care plans contained a detailed breakdown of their preferences for each area of their daily care. For example, one person's care plan noted how they liked their tea prepared, stating they preferred 'weak tea, prepared in a teapot.'
- New staff spent time getting to know people, working alongside people's regular carers to help them to build a relationship and better understand people's preferences for support.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- The provider had considered people's sensory and communication needs. People's care plans documented how to share information with them, including any sensory aids used, the use of body language and hand signs and using a wipe clean white board to aid conversation.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints at the time of the inspection. However, there was a complaints policy and process in place to follow if needed.
- People and relatives told us they felt comfortable voicing any concerns. One relative said, "I would speak to [registered manager] or [nominated individual] if I had any concerns, but I don't imagine it would get to that point. You only have to mention something once and they respond straightaway."

End of life care and support

- The provider was not supporting anybody with end of life care at the time of the inspection. However, people's end of life care needs were considered during the initial assessment of their needs and where appropriate their wishes were documented within the care plan and regularly reviewed.

# 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.

This is the first inspection for this newly registered service. This key question has been rated 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives spoke positively about the staff and management of the service. One person told us, "They're the Rolls Royce of care" and a relative said, "I can't believe we've been so fortunate; they are absolutely marvellous."
- Staff told us they felt involved in the service and supported in their roles. One member of staff said, "The management team are very supportive, available and always willing to listen, give advice and information." Another member of staff told us, "[Provider] encourages person centred care and I find the clients are the happiest I have ever worked with. Brilliant management."
- The provider supported people to set goals and targets in order to achieve good outcomes. People and relatives were involved in reviewing these goals to ensure they remained manageable and to look at the progress made. One relative told us, "They work with you to get the plan going and try different strategies."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider had systems in place to monitor the safety and quality of the service. These included monthly management audits to review key areas of people's support such as care planning, medicines management and staff training.
- The management team worked alongside staff providing direct care. They told us this enabled them to give support to staff and gain regular feedback from people. The provider completed regular spot checks with staff to monitor the quality of the care provided and offer any additional guidance or training needed.
- The provider understood their duty to be open and honest with people when incidents happened and there was guidance available for staff about understanding the duty of candour. The registered manager was aware of their regulatory responsibility to submit the relevant notifications to CQC when appropriate.

Continuous learning and improving care; Working in partnership with others

- The provider had developed positive working relationships with other healthcare professionals in order to support people's needs. One healthcare professional told us about the impact the service had made. They said, "They have from the outset provided [person] with person centred care and this is working well and has made a difference to their life. [Person] feels 'cared for' and reassured."
- The provider told us they planned to develop the service by creating new supervisory roles within the team

and by growing the service steadily to ensure they maintained good oversight. The nominated individual told us, "We don't want to overstretch, we want to make sure we give quality care."