

Quality Caring Limited

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Inspection report

Unit 7, Maple Grove
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Tel: 02088143000

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Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

Summary of findings

Overall summary

About the service

Quality Caring Limited (Known as QCL) is a domiciliary care agency providing personal care and support for people living in the London Borough of Hounslow. The service is the only location for this provider. They offer a service to adults, mostly older adults and those with physical disabilities or mental health needs. They offer a service to between 100 - 150 people at any one time. Most people have their care commissioned by the London Borough of Hounslow. Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

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

People using the service were happy with their care and support. They found the staff were kind, caring and attentive. Care workers arrived on time and carried out the tasks they were assigned to do. People told us they were offered choices and had been involved in planning their care. They said that the provider had responded when they requested changes.

The staff were well supported. The provider carried out recruitment checks to make sure the staff were suitable. The staff undertook an induction and training, so they had the skills and knowledge to provide effective care.

People's care was planned and risks they were exposed to had been assessed. The provider regularly reviewed plans and assessments to make sure these were up to date. People were supported to have enough to eat and drink if this was part of their planned care.

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.

The registered manager was also one of the directors of the company. They had set up the business and worked in this role for many years. They were familiar with the local community and worked closely with other organisations to improve standards of care. They had a good overview of the service and had responded to complaints, accidents, incidents and safeguarding alerts, so these could be learnt from and people were protected.

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

Rating at last inspection

The service was rated Good at the last inspection (Published 15 June 2017)

Why we inspected

This was a planned inspection based on the previous rating.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Quality Caring Limited

Detailed findings

Background to this inspection

The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector. An Expert by Experience assisted by making phone calls to some people who used the service and their relatives to ask for their feedback. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We visited the office location on 11 October 2019.

What we did before the inspection

We looked at all the information we held about the provider. This included notifications of significant events. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

We spoke with the local commissioning authority for feedback about their dealings with the service.

We used all this information to plan our inspection.

During the inspection

We spoke with seven people who used the service and the relatives of six other people on the telephone. We met staff working at the office location and one care worker. We also met the registered manager (who is one of the directors) and the other director. We looked at the care records for five people, staff recruitment, training and support records for five members of staff and other records used by the provider for managing the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Assessing risk, safety monitoring and management

- The provider had assessed the risks and safety relating to the care they provided, people's health and wellbeing and their home environments. These assessments included information about how risks would be minimised. We found that one person's risk assessment had not been updated with advice from other professionals. We discussed this with the office manager who explained the advice was displayed on posters in the person's home. They immediately updated the risk assessment to also include this information.
- There were assessments regarding how people were safely moved and if equipment was being used. The assessments included information about whether the staff were at risk from any practices – such as twisting or limited space. The assessments explained how people could be safely supported so that neither they or the care workers were at risk.
- The care coordinators regularly reviewed risk assessments and updated these when there were changes in people's needs. Copies of risk assessments were available in the office and people's homes. This meant the staff had the information they needed to identify where people were at risk and so they knew how to help keep people safe.

Systems and processes to safeguard people from the risk of abuse

- People using the service were protected from the risk of abuse. They and their relatives told us they felt safe. They said that the care workers behaved appropriately and showed their identification when they visited.
- The provider had procedures for safeguarding adults and whistle blowing. The staff received training in these. A recent audit by the local authority commissioners included interviews with the staff. They reported that staff demonstrated a good understanding of how they would identify and respond to suspected abuse. The provider had worked with the local authority safeguarding team to investigate allegations of abuse and protect people from further harm.

Staffing and recruitment

- There were enough suitable staff to keep people safe and meet their needs. People told us care workers usually arrived on time and stayed for the agreed length of time. The provider had systems to monitor when visits took place. This meant they were able to identify and act if staff were late or did not complete their care visit. The staff we spoke with explained rotas were sent out in good time and they were informed about any changes to the planned visits. People using the service, relatives and staff told us they had the same familiar care workers assigned to them.
- The provider had appropriate procedures for recruiting new staff to make sure they were suitable. These included references from previous employers, checks on any criminal records, checks on their identity, a formal interview and an induction where their skills and competencies were assessed. This meant they were

able to identify if staff were not suitable or needed further training.

Using medicines safely

- People received their medicines safely and as prescribed. There were appropriate systems for managing medicines with a senior member of staff assigned to have an overview of this. Staff were given training regarding medicines and were observed and tested to make sure they understood the training and could follow the company's medicines procedure.
- People who were supported with their medicines told us they were happy with the support they received. Staff recorded administration of all medicines and topical creams. Senior staff visited people's homes once a week to collect and audit medicines administration records. They identified any discrepancies or if something had gone wrong and addressed this with the staff.

Preventing and controlling infection

- People were protected by the prevention and control of infections. The staff were supplied with and wore protective equipment, such as gloves, aprons and shoe protectors. People we spoke with confirmed this. People also told us the staff followed good hygiene practices when preparing food.
- There was a procedure regarding infection control and the staff received training in this. Staff were supported to understand the importance of vaccinations, such as seasonal flu, to minimise the risks of diseases being spread. Staff were aware of how to identify possible infections, such as people becoming feverish or unwell. They reported any concerns to the office, so they could liaise with the person's doctor and make sure they received any medical interventions they needed.

Learning lessons when things go wrong

- The provider ensured that staff learnt from things that went wrong and shared this learning. For example, following an incident earlier in the year where a person was injured, the provider made sure all staff were familiar with correct procedures to prevent this happening again. The provider used a weekly news letter for staff to share good practice tips and quality alerts from the NHS or other sources.
- The staff had responded appropriately to accidents and incidents. For example, they had made people safe and made sure other agencies (such as the commissioners) were informed so they could respond. They also shared the information with others in the staff team so everyone worked consistently to keep people safe.

Is the service effective?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

- People were cared for by well supported and trained staff. New members of staff undertook a range of training and an induction into the service. They completed a work book which outlined key procedures and how the service operated. They shadowed experienced staff who assessed their skills and competencies before they were able to work alone.
- The registered manager had systems to monitor when staff training needed to be updated. They organised for external trainers to carry out classroom-based training for the staff. The staff we spoke with told us this was useful and helped equip them for their role. The provider also gave staff handbooks outlining information about their roles and responsibilities. There were weekly newsletters where good practice and updates about the service were shared with staff. This meant the staff had the information they needed to provide effective care.
- The senior staff team regularly carried out on site observations of the staff to make sure they were delivering care to an appropriate standard. They asked people using the service for feedback about the staff and assessed various tasks they undertook. The staff we spoke with told us they felt supported and could speak with managers at any time. The staff had the opportunity to discuss their work with managers and any concerns they had. These were carried out informally but had not always been recorded. This meant the provider and staff did not have a record to refer to after the meetings. We gave feedback to the registered manager that they may wish to consider this.

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

- People's needs and choices were assessed so care could be provided to meet these needs. Most people were referred to the agency by the local authority. They provided an overview of people's needs which the provider considered. Senior staff then met with the person, and their representatives, to find out about their needs and preferences. They recorded this in an assessment which was used to develop a care plan. One relative told us, "They did a good assessment before the service began." People and their relatives were given copies of the care plan, so they could agree or suggest any changes they wanted.
- The provider reviewed people's needs regularly and carried out additional assessments if people's needs had changed.

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

- People who were supported with meals told us they were happy with this support. Care plans included reference to the food and drink people preferred where this was relevant. The staff recorded the food they had provided in care logs.
- People using the service and their relatives told us the staff always made sure they had fresh drinks and

left them with drinks within reach at the end of the visits.

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

- Information about people's healthcare needs was recorded in their assessments and care plans. There were details of their GP and any other relevant healthcare professionals. The provider had contacted these professionals when people became unwell or needed to be reassessed.
- The care workers alerted the management team to any changes in people's conditions and also if people had been visited by a doctor. The managers then followed this up to find out why and if they needed to review the person's care.
- There was evidence of good liaison between the provider and other healthcare teams. For example, one person's care plan we viewed included photographic guidance from an occupational therapist to show the staff how to support the person. The managers regularly liaised with pharmacists and GPs to make sure people received their medicines safely.

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

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. Where people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead, an application can be made to the Court of Protection who can authorise deprivations of liberty

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

- The provider liaised with the commissioning authorities to make sure people's mental capacity had been assessed where they lacked this. The office manager told us that they were introducing additional paperwork to record this clearly following an audit by the local authority.
- People using the service had been asked to consent to their care plans. Staff were aware that they needed to obtain consent before they delivered care at each visit. People confirmed they did this.

Is the service caring?

Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. 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 using the service and their relatives told us they were treated respectfully by the care workers and office staff. They explained they had developed friendly relationships with the care workers. Some of their comments included, "The carers are absolutely brilliant, so caring and understanding", "I have made friends with them and look forward to them coming" and "They are very caring and they work out how each person likes to be treated, then they treat them this way."
- The provider had received their own feedback from stakeholders indicated that most people felt they were well treated and supported. This included a number of thank you cards and letters.
- Where people had a specific need relating to their culture, religion or diversity this was recorded in their care plan. This meant the staff were aware of this need and any impact this had on the way the person was cared for.

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

- People using the service told us they were able to express their views and made choices about their care. Their comments included, "The carers always listen to me" and "We always have a chat, they ask if I am ok with what they are doing."
- People were consulted during the initial assessment and when their care plans were reviewed. They told us they were able to request changes to their care and the agency responded to these.

Respecting and promoting people's privacy, dignity and independence

- People told us they were supported to do things for themselves and be independent where they were able. Care plans included information about people's skills and reminded the staff to encourage people to do what they could for themselves. Relatives confirmed this, telling us the staff always allowed people to try and do as much as they could independently.
- People told us their privacy and dignity were respected. They said the staff closed doors and curtains and made sure they were covered up. The local authority had recently audited the service and spoke with a number of care workers who demonstrated a good understanding of the principles of dignity and respect.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. 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 received personalised care and support. The staff were familiar with their needs and were able to provide care which reflected their preferences. People confirmed this. One person told us, "They know me so well." The provider had also received feedback to this effect, with a recent compliment from a visiting healthcare professional who had praised the staff who "Knew and cared about their patients."
- People told us the agency was flexible and could accommodate requests for changes to their care packages. The provider had a system whereby they regularly reviewed people's care. The care workers gave feedback to office staff about whether people's needs had changed or not. The office staff then visited people with an updated care plan, or to carry out a review and discuss the person's care with them.
- Each person was given a care plan which outlined the tasks care workers would perform. They kept a copy within their home. The care staff wrote logs after each visit describing the care they had given, how the person was and how they felt. Managers reviewed these to make sure care plans were being followed.

Meeting people's communication needs

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

- People's sensory needs were recorded in their care plans and the staff were aware if they needed to support people in this area, for example with hearing aids or glasses.
- The provider supplied a range of information for people which included a handbook about the agency. They told us this was available in different formats and languages or large print if requested.

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

- People using the service told us the care workers provided comfort from social isolation during their visits. Those who lived with their families told us the care workers involved the families and made everyone feel comfortable with the service. The care workers informed office staff if they were concerned about a person's wellbeing or isolation. The registered manager was able to give us examples about care they had provided when people did not have family or anyone else. This included cleaning their homes, laundry and shopping. They had done this even when it was not part of the allocated care package.

End of life care and support

- The provider sometimes cared for people at the end of their lives. They worked closely with the healthcare

teams to make sure people were safe, pain free and comfortable.

Improving care quality in response to complaints or concerns

- The provider had an appropriate procedure for dealing with complaints. They had responded to these and made changes to the service when needed. People using the service and their relatives told us they felt confident raising a concern with the provider.

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as good. At this inspection this key question has remained the same. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People told us they felt the service was open, inclusive and centred around their needs. They explained they could speak with the management team and always received a response. Most people told us they would recommend the service to others. The provider had a range of cards and compliments they had received. These included praise for individual staff members as well as feedback from relatives that people's health and wellbeing had improved since they started using the service.
- An external trainer for the staff had told the registered manager that the staff were confident and had good knowledge about the subjects they taught. This meant they were able to provide a good quality service to people.

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

- There were appropriate procedures for dealing with accidents, incidents and complaints. The registered manager had a good overview of these and was able to describe how they had learnt from these and made improvements to the service.
- People using the service and their relatives confirmed the provider was open and transparent when things went wrong. One person told us, "The office always tries to sort out problems." Another person explained, "The coordinator comes once a month and she always says if I have a problem I am to phone her."

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

- The registered manager was one of the directors of the company, which they had set up with their partner over 20 years ago. They had a good understanding of the requirements of regulation, best practice and also about the service. This included an in-depth knowledge about individual people using the service and staff. They were able to explain about each person's care and needs.
- The registered manager was supported by a team of office managers and coordinators. They undertook specific responsibilities and worked well as a team, with good systems for communication and shared learning.

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

- People using the service, their relatives and staff were asked for their views on the service, through regular

reviews and monitoring. The provider told us they were in the process of developing a portal for families to be able to log in and view details about the care provided to their relative.

- There was a weekly newsletter for the staff which included information about best practice, the service, compliments and any alerts. The staff told us they regularly visited the offices and managers were available whenever they needed to speak with them.

Continuous learning and improving care

- The provider carried out telephone monitoring and visits to people using the service to gather their views about the service. They used this to help monitor the service and make improvements where needed. The managers also carried out unannounced observations of the care workers.

- There was evidence the agency had responded to feedback from people. For example, where people had requested different times for their visits, the agency tried to accommodate this.

Working in partnership with others

- The registered manager chaired meetings with other local providers to discuss service provision and to share learning. They also worked with the local authority to make sure the care they provided reflected the requirements of the commissioners.