

Q Care Limited

Q Care Bracknell

Inspection report

3a Oakmede Place
Binfield
Bracknell
RG42 4JF

Tel: 01344596880
Website: www.qcare.co.uk

Date of inspection visit:
07 August 2018
08 August 2018

Date of publication:
11 September 2018

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

This inspection took place on 7 and 8 August 2018. It was announced and was carried out by two inspectors on the first day and one on the second. We gave 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office. This was the first inspection of the service since the location was added to the provider's registration on 27 April 2018.

Q Care Bracknell is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. The service also provides personal care to people living in specialist 'extra care' housing. Extra care housing is purpose-built or adapted single household accommodation in a shared site or building. The accommodation is bought or rented, and is the occupant's own home. People's care and housing are provided under separate contractual agreements. The Care Quality Commission (CQC) does not regulate premises used for extra care housing. Not everyone using Q Care Bracknell receives personal care. CQC only inspects the service being received by people provided with help with tasks related to personal care, hygiene and eating. It provides a service to older people and also those with dementia, mental health needs, physical disabilities, learning disabilities and/or autistic spectrum disorder.

Q Care Bracknell was added to the provider's registration on 27 April 2018. Before that the office operated as a satellite of the provider's location at Q Care- Ross on Wye. From mid-August 2017 they started to provide personal care to people living in Bracknell. Some concerns were raised with the Bracknell local authority regarding the running of the service at that time.

After Q Care Bracknell was added as a new location to the provider's registration in April 2018, the provider set up a satellite office in Sutton, providing personal care under contract with the local authority in that area. The Sutton office was run as a satellite office of Q Care Bracknell, with the registered manager of Q Care Bracknell being responsible for the running of the Sutton satellite office. Originally the provider filed an application to add the Sutton office as a location to their registration, but in July 2018 they gave ten days' notice to the local authority in Sutton that they would no longer be able to provide the service in that area. The provider withdrew their application to add Q Care Sutton to their registration and the care packages in that area were handed back. At the time of this inspection there were no further satellite offices running out of Q Care Bracknell and the provider advised us there were no plans to do so. The 25 people using the service when we inspected were all living in the Bracknell area.

The service did not have a registered manager as required of their registration. 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. The provider had recruited a new manager, who was expected to start working at the service on 10 September 2018. From June 2018 the provider had employed an independent consultant to oversee the management of the service and start to identify improvements needed and implement them. Plans at the time of the inspection were that the consultant would remain at the service until the new manager had

started work and settled into his role.

People were mostly safeguarded from risks. However there had been a number of safeguarding concerns raised in the 12 months prior to our inspection. The areas of concern mostly related to late calls, missed calls, communication and potential health concerns not being reported. Actions were being taken to address those concerns and reduce risk in those areas. However, at the time of our inspection there was no effective system for the provider to ensure the service was fully compliant with the fundamental standards and a requirement has been made.

People were treated with care and kindness and could change how things were done during a visit if they wanted to. People were treated with respect and their dignity was upheld. This was confirmed by people we spoke with and relatives who provided feedback.

Some staff recruitment issues were identified by us during the inspection, but were dealt with by the office staff immediately following the first day of the inspection.

People received care and support from staff who knew them and felt well trained and supported. Medicines were mostly handled correctly and safely but some medicines had been missed when calls had not taken place as scheduled. The service was aware of the issues and action was being taken to reduce the number of missed calls and medicines.

People's rights to make their own decisions were protected. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible. People confirmed they were encouraged and supported to maintain and increase their independence.

People spoke to care staff if they had any concerns and felt they responded well to any concerns raised. People's diversity needs were identified and incorporated into their care plans. People's right to confidentiality was protected and they received support that was individualised to their personal preferences and needs.

We found breaches of one regulation of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not established an effective system that ensured their compliance with the fundamental standards. The fundamental standards are regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. You can see what action we told the provider to take at the back of the full version of the report.

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. However, the provider was aware of improvements they needed to make for them to be consistently safe. This related particularly to the areas of late and missed calls and missed medicines.

Recruitment processes were in place and followed before staff could start work. This made sure, as far as possible, that people were protected from staff being employed who were not suitable.

Risks to people's personal safety had been assessed and plans were in place to minimise those risks. Staff had a good understanding of their responsibilities for reporting accidents, incidents or concerns.

Is the service effective?

Good ●

The service was effective.

People benefitted from a staff team that felt they were well trained and supported. People said staff had the skills they needed to provide their care and support.

People were supported to eat and drink enough and staff mostly took action to ensure their health needs were met.

Staff promoted people's rights to consent to their care. Staff were aware of their responsibilities to ensure people's rights to make their own decisions were promoted. The service was aware of the requirements under the Mental Capacity Act 2005 and the associated Deprivation of Liberty legislation.

Is the service caring?

Good ●

The service was caring.

People benefitted from a staff team that was caring and respectful.

People received individualised care from staff who were understanding of their known wishes and preferences.

People's right to confidentiality was protected. People's dignity and privacy were respected and staff encouraged people to maintain their independence where they could.

Is the service responsive?

Good ●

The service was responsive.

People received care and support that was personalised to meet their individual needs. The service provided was reviewed and adapted in response to people's changing needs.

People spoke to care staff if they had any concerns and felt they responded well to any concerns raised.

Is the service well-led?

Requires Improvement ●

The service was not always well-led.

Changes in the management and oversight of the service had led to inconsistencies in the way the service was managed and monitored. A new manager had been recruited. They were expected to start on 10 September 2018 and apply to become registered shortly after that date.

Effective quality assurance systems were not in place to monitor the quality of service being delivered and the running of the service. People did not feel consulted on the provision of their packages of care.

Staff were happy working at the service. They felt supported by the new consultant and office staff and thought the training and support they received was helping them to do their job well.

Q Care Bracknell

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.

This inspection took place on 7 and 8 August 2018. It was announced and was carried out by two inspectors on the first day and one on the second day. We gave the service 48 hours' notice because the location provides a domiciliary care service and we needed to make sure someone would be in the office.

We used information the provider sent us in the Provider Information Return (PIR). 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. Prior to the inspection we looked at the PIR and all the information we had collected about the service. This included information received and notifications the service had sent us. A notification is information about important events which the service is required to tell us about by law.

We spoke with the independent consultant, the administrator, the care coordinator and the chief executive officer. As part of the inspection we sought and received feedback from five of the 25 people who use the service and three of their relatives. We received feedback from the local authority commissioners and safeguarding team. We also requested feedback from all 11 members of staff and received six responses.

We looked at four people's care plans, daily notes, monitoring records and medicine administration sheets. We saw staff recruitment files and training documents for six staff members. We reviewed a number of other documents relating to the management of the service. For example, staff training records, staff supervision log, audits, policies, incident forms, staff meeting minutes, compliments and concerns records.

Is the service safe?

Our findings

People were mostly safeguarded from risks. However there had been safeguarding concerns raised in the 12 months prior to our inspection. The areas of concern mostly related to late calls, missed calls, communication and potential health concerns not being reported. Actions were being taken to address those concerns and reduce risk in those areas. A community professional, talking about supporting people to receive healthcare support commented, "Recent safeguarding concerns had highlighted an issue in this area but it is hoped this will be resolved by them as they are now aware of the issues and have said they will improve."

We discussed a recent incident where two members of staff were off and the on-call member of staff had not taken appropriate action to ensure their shifts were covered. This had led to three calls being missed. To compound the problem the people had not been able to contact the on-call person to get the assistance they needed. The independent consultant had carried out a full investigation and meetings had been held with the people and the local safeguarding team to work out ways for a similar situation to be avoided in future. The on-call system had been reviewed and amended and a further back up had been arranged. We found the service and provider were aware of improvements they needed to make for them to be consistently safe.

Plans were underway to install an electronic system to monitor staff login and logout of calls, although a definite date had not been identified for implementation. The system, when in place, will allow prompt identification and reduction in the number of late or missed calls. The system will also monitor and record when medicines are administered, reducing the risk of medicines not being given when they should be. The chief executive officer told us the system will be set up to send an alert to the management if care staff are running late or do not attend to a call when they should. The system will also send an alert if medicines are not given and signed for when they should be.

Staff had received training in safeguarding people from abuse. Staff knew what actions to take if they felt people were at risk of abuse. They said they would feel confident about reporting any concerns to their managers. People told us they felt safe from harm or abuse from their care workers. People's relatives felt people were safe from harm or abuse from the staff at the service.

People were protected from risks associated with their package of care. Staff assessed such risks, and care plans incorporated measures to reduce or prevent potential risks to individuals. For example, risks associated with moving and handling or skin breakdown. People said care staff did all they could to prevent and control infection. Risk assessments of people's homes were carried out and staff were aware of the lone working policy in place to keep them safe in their work.

People were protected by the recruitment processes in place. Staff files included the majority of the recruitment information required by the regulations. For example, proof of identity, evidence of conduct in previous employment and criminal record checks. Some staff files had gaps in employment and applicants' reasons for leaving previous places where they had worked with vulnerable adults had not been verified. However, the missing information was obtained by the end of the week of our inspection. A new system for

checking staff recruitment was going to be introduced so that people could be confident that staff were fully checked for suitability before being allowed to work with them.

Staff were provided in line with the hours of people's individual care packages. People told us staff stayed the agreed amount of time. Staff said they had enough time to provide the care people needed within the time allocated to them. One member of staff told us that sometimes the travel time between calls during the rush hour was tight. This comment was passed to the independent consultant who said they would look into travel times to make sure they were as accurate as possible.

Emergency plans were in place, such as plans for extreme weather conditions. There had been no accidents since the service registered in April 2018. We were told that any accidents or incidents would be recorded, together with details of actions taken and the outcome of any investigation.

People's medicines were handled safely. The only issues had been where medicines had not been given as a result of a missed visit. Staff had received training and their competence had been checked by a manager observing them administering medicines. Only staff trained and assessed as competent were allowed to administer medicines. Medicines administration record sheets were up to date and had been completed by the staff administering the medicines.

Is the service effective?

Our findings

People received care from staff that had the necessary knowledge, skills and experience to perform their roles. Staff said they got the training they needed to enable them to meet people's needs choices and preferences. They said they received an induction that prepared them for their role before they worked unsupervised. Previously there had been some concerns regarding staff training but this had been brought up to date and the training matrix showed staff were up to date with the training deemed mandatory by the provider. Plans were in place for people to have refresher training when it became due. The only part of the training not completed for staff were practical sessions in basic life support (cardio pulmonary resuscitation), but that training had already been arranged and scheduled.

Of the 11 care workers and two office staff, two held additional qualifications. One held a National Vocational Qualification (NVQ) level 4 in care and one held levels 2 and 3. A community professional told us, "Staff have recently undertaken the Dementia Friends training, which will help them have a better understanding in this field."

Staff were observed working with people every six months in order to ensure they were working to the standards and policies expected of the service. The observations were unannounced and staff had been observed as part of their induction and since registration in April 2018. The provider's policy was that staff would receive formal supervision every three months to discuss their work and how they felt about it. The supervision log showed this had taken place since registration for most staff. Supervisions were planned for later in August when they were due.

When asked if they felt the service supported people to maintain good health, have access to healthcare services and receive ongoing healthcare support, a community professional commented, "Communication, care plans and risk assessments have improved. Documentation has previously been of a good standard. Quality assurance visits to clients that are supported by Q Care have on the whole provided very positive feedback. Carers especially have been well liked." Where meals were part of the care provision, people choose their meals, which were prepared for them by staff.

People's rights to make their own decisions were protected. Staff received training in the Mental Capacity Act 2005 (MCA) as part of their induction. The 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 so that they can receive care and treatment when this is in their best interests and legally authorised under the MCA. The application procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). However, if a person is living in their own home, as are the people supported by this service, it is still possible to deprive the person of their liberty in

their best interests, via an application to the Court of Protection. Although there was no-one being deprived of their liberty at the time of our inspection, the independent consultant was aware that applications to the Court of Protection were necessary.

Is the service caring?

Our findings

People and their relatives told us the care workers were caring and kind. One person added, "The staff are very good." Another person told us, "I can't fault anything. They are always so kind." Another person said, "They are wonderful." We saw feedback from one relative who said, "[Staff name] is fantastic with [Name] when he has his bad days." We asked if the service was successful in developing positive, caring relationships with people using the service. One community professional commented, "Feedback in this area has generally been positive."

Staff knew the people who use the service and how they liked things done. Staff told us the time allowed in the care packages meant they were able to complete all the care and support required by the people's care plans. Although one person mentioned they had never had regular care workers and would prefer to have the same staff. The rest of the people we spoke with told us they received care and support from staff they knew and who knew them.

Staff were respectful of people's cultural and spiritual needs. Their equality and diversity needs were identified and set out in their care plans.

People and their relatives said staff treated them with respect and dignity. This was confirmed by a community professional when asked if the service protected and promoted people's privacy and dignity. They commented, "We have rarely had concerns raised by clients or staff on this issue."

People said the support and care they received helped them to be as independent as they could be. Staff told us they encouraged people to do the things they were able to. The care plans gave details of things people could do for themselves and where they needed support. This helped staff to provide care in a way that maintained the person's level of independence. People told us the support and care they received helped them to continue doing things they could and confirmed staff encouraged them to be as independent as possible.

People's right to confidentiality was protected. Staff were made aware of the provider's policy on data protection and confidentiality as part of their induction training. In the office, any personal records were kept in a lockable cabinet and on the service's computer system, only accessible by authorised staff. In people's homes, the care records were kept in a place agreed with the person using the service.

Is the service responsive?

Our findings

People received support that was individualised to their personal needs. People said they were involved in decision making about their care and support needs and they were happy with the care and support they received from the staff. The care plans included people's individual likes and preferences in the way they wanted things done.

People's care plans were well written, individualised and based on a full assessment, with information gathered from the person and others who knew them well. Their usual daily routines were included in their care plans so that staff could provide consistent care in the way people preferred. The assessments and care plans captured details of people's abilities in their personal care. People told us staff knew how they liked things done and that staff followed their wishes.

People's needs and care plans were assessed for any changes. People's changing needs were monitored and the package of care adjusted to meet those needs if necessary. Staff reported any areas of the care plan that needed amending to their senior or manager so that the plans could be updated. The daily records showed care provided by staff matched the care set out in the care plans.

People benefitted from a service that was responsive to their needs. We saw an email from a relative sent two weeks before our inspection. In that email the relative had written to thank the service and in particular one member of staff for their actions when they had arrived for a call and found the person injured. The member of staff had called an ambulance and the family, and had then waited with the person for nearly three hours until the ambulance arrived. After the person was taken to hospital the staff member then tidied up the person's home and secured the premises before leaving. In the email the relative said, "My sister and I cannot thank [staff name] enough for the excellent care he gave to our mother. He made sure she had her regular medications with her in the ambulance and that she had a bag of clothing and personal items. The doctor at the hospital was full of praise for the actions [staff name] took in protecting my mother's damaged hand [which was trapped] and said without his professional care she would have required a skin graft." The relative went on to say, "We would also like to thank [care co-ordinator] for the support given to [staff name] in dealing with this incident." The relative ended by saying that when their mother was discharged from hospital, "We have every confidence in her returning to the care of your excellent agency."

Information was provided in a service user guide to help people understand their care and support. The independent consultant was aware of the Accessible Information Standard. From August 2016 onwards, all organisations that provide adult social care are legally required to follow the Accessible Information Standard. The standard sets out a specific, consistent approach to identifying, recording, flagging, sharing and meeting the information and communication support needs of people who use services. The standard applies to people with a disability, impairment or sensory loss and in some circumstances to their carers. The service planned to update care plans so that the communication needs of people were documented in a way that meets the criteria of the standard.

People were given information about how to make a complaint when they started their package of care.

Staff were aware of the procedure to follow should anyone raise a concern with them. People and their relatives were aware of how to raise a concern and felt the service would take appropriate action. One person added, "I haven't had to complain." and another said, "I have never complained, no problems whatsoever."

Is the service well-led?

Our findings

We found the overall management of the service required improvement. The provider had not established an effective system to check and ensure they were meeting their legal obligations and the regulations. For example, the Care Quality Commission (CQC) had not been notified about significant events, as required by legislation, and there was no effective system in place to assess, monitor and improve the quality of the service. Staff recruitment was not in line with the requirements of the regulations and this had not been identified prior to our inspection.

Before Q Care Bracknell was added as a location to the provider's registration on 27 April 2018, the service operated as a satellite office of the provider's location at Q Care- Ross on Wye from mid-August 2017. At that time the provider entered into a contract with the local authority and started to provide personal care to people living in Bracknell, overseen by the registered manager at Q Care- Ross on Wye. However, we were later advised that the registered manager of the Ross on Wye branch was not aware the service in Bracknell was being provided from their location and she had not been overseeing the running of the service in Bracknell.

Concerns relating to the management of the service had been raised in the 12 months prior to this inspection. The concerns were raised with CQC, the service and by/to the local authority. Some of those concerns related to the inconsistency of management and changes to personnel. Additional concerns included the need for improvement in communication between the service staff and people who use the service, their relatives and the commissioners. The concerns also related to late and missed calls, difficulties contacting the office and out of hours on call staff, and messages from relatives asking for contact not being responded to. This had led to people receiving a service that was not always safe.

We were advised the provider's previous nominated individual had carried out some monitoring audits but these could not be found and there was no evidence of any action being taken as a result of those audits. We were also advised that the provider's training and quality manager had carried out a monitoring audit, but again, there was no written record of the audit or evidence that any action had been taken as a result.

The above was a breach of Regulation 17 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. The provider had not established an effective system to enable them to ensure compliance with the fundamental standards (regulations 8 to 20A of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014). There was no effective system in place to assess, monitor and improve the quality of the service.

After Q Care Bracknell was added as a new location to the provider's registration in April 2018, the provider set up a satellite office in Sutton, providing personal care under contract with the local authority in that area. The Sutton office was run as a satellite office of Q Care Bracknell, with the registered manager of Q Care Bracknell being responsible for the running of the Sutton satellite office as well. This was despite the concerns relating to the management of the Bracknell office. However, the Sutton office was closed in July 2018 and the care packages with the Sutton local authority were handed back.

It is a condition of registration with CQC that the service has a registered manager in place. At the time of our inspection the service did not have a registered manager as required. From August 2017 until this inspection on 7 and 8 August 2018 there had been two managers at Q Care Bracknell. The first started when the satellite office opened mid-August 2017 and stayed until December 2017. The second started in December 2017, became the registered manager when the Bracknell location was added to the provider's registration on 27 April 2018 and left the service on 15 June 2018. In addition, the nominated individual for the provider, who also oversaw the running of the service, left the organisation and a new nominated individual was appointed on 4 April 2018. The provider had recently recruited a new manager, who was expected to start working at the service on 10 September 2018 and begin the process of applying to become registered.

Recognising there were issues regarding the management of the service, in mid-June 2018 the provider employed an independent consultant to oversee the management of the service and start to identify the improvements needed and to implement them. We were told the consultant would remain at the service to support the new manager and would continue to identify and implement improvements until the new manager had settled in. Since April 2018 the new nominated individual had also been supporting the staff at Bracknell but a lot of their time had been spent at Sutton overseeing the running and subsequent closure of that satellite office. In feedback we received, two people and one relative said they would recommend the service to another person; two people and two relatives said they would not. Four people said they thought the service was well-managed; one person and two relatives felt it was not. However, people felt the service had been improving recently.

During the 12 months since the service started, and through the various management changes, we were made aware that the care co-ordinator had worked hard to maintain some consistency for people using the service. One person commented, "[Co-ordinator's name] has been remarkable, we all think she is wonderful." In April 2018 a part time administrator had been employed and we were told she had provided much needed and additional support to the care coordinator in trying to maintain consistency for people using the service. During the two days of our inspection we saw the care coordinator and administrator worked very closely together dealing with the day to day running of the service, answering queries from staff and people using the service and making sure all calls were covered and went ahead.

We saw improvements had been made since the independent consultant had started working at the service, and were ongoing. For example, audit forms had recently been introduced for care plans and staff files. These forms were completed to ascertain the content of the files and to identify missing information. There had not been time to fully implement the changes needed, although we noted plans were being developed.

The chief executive officer told us about a computer internet monitoring system that had been purchased and was soon to be introduced. The system will enable them to identify when staff have not attended a scheduled call so that action can be taken to ensure the call is attended. Changes have been made to the on-call system to ensure phone calls are answered out of hours.

Feedback on the service provision was sought from people who use the service. We saw two quality review survey forms that had been completed by people recently. Both responses were positive regarding the service provided. In June a telephone questionnaire had been implemented to obtain feedback from people. We saw the record of four of those calls. Comments were noted such as, "I love to be supported by [staff name], who always looks out for me. I would be lost without [staff name] and Q Care's ongoing support." Two people mentioned calls sometimes ran late. One person added, "But we don't mind that." Another added, "They don't always let us know."

Staff told us their managers were accessible and approachable and dealt effectively with any concerns they

raised. They also said they would feel confident about reporting any concerns or poor practice. Team meetings were held every three to four months with the last one held in March 2018 and one due during the month of our inspection. This was recognised as important as seven of the 13 staff had started after the last meeting and had not yet attended a staff meeting. One staff member told us, "I really do enjoy every minute of my job." The service was working towards developing a positive culture that was person-centred, open and inclusive.

When asked if they thought the service demonstrated good management and leadership, one community professional, commented, "A manager has just been recruited but the gap between managers has made this an area in need of significant improvement." However, they went on to say, "Q Care have some good staff and a well-documented training/induction scheme. Information gathered from past quality assurance visits found that the majority of the clients are very happy with the support and care they receive."

When asked if the service worked in partnership with other agencies, one community professional told us, "... recent safeguarding concerns highlighted this as an area requiring improvement. However outside of these concerns, Q Care is well known in the area and has worked alongside other professionals effectively to make sure their clients and staff are supported and cared for. Q care has supported the voluntary sector on more than one occasion."

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 17 HSCA RA Regulations 2014 Good governance</p> <p>How the regulation was not being met:</p> <p>The registered person had not established an effective system to enable them to ensure compliance with regulations 8 to 20A (the Fundamental Standards) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>Regulation 17(1)(2) (a) to (f).</p>