

Your Quality Care Services Limited

# Your Quality Care Services Limited (Avon Park)

## Inspection report

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Your Quality Care Services Limited (Avon Park) is a domiciliary care agency providing personal care to people living at the retirement village it was based at. At the time of the service 19 people were regularly receiving contact from staff. Five of these people were receiving the regulated activity of 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 were supported by kind and caring staff who knew them well. Staff respected people's independence and choice.

Care plans reflected people and were personalised. Staff knew how to keep them safe from potential abuse. The staff had received a range of training and sometimes this was bespoke to the needs of people. People had access to health and social care professionals and the management worked well with them.

People were supported by enough staff. Medicines were managed safely and risks had been identified and mitigated. Recruitment processes were in place although were being improved by the provider due to staff changes.

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 management systems ensured people received a range of high-quality care in line with their needs and wishes. Systems were in place to manage complaints. None had been received at the time of this inspection. The management had built strong links with other health and social care professionals.

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 14 October 2021 and this is the first inspection.

### Why we inspected

This inspection was carried out because it had been registered for over a year and it is part of our assurance process.

## 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.

# Your Quality Care Services Limited (Avon Park)

## **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

This inspection was carried out by one inspector and an assistant inspector made phone calls following site visits.

#### Service and service type

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

#### Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission (CQC) to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post who was the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. A new manager had been employed to take over the day to day running of the service for the last six months. This manager was currently going through registration with CQC.

#### Notice of inspection

This inspection was announced. We gave the service 48 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 22 March 2023 and ended on 27 March 2023. We visited the location's office on 22 and 24 March 2023.

#### What we did before the inspection

We reviewed information we had received about the service since it registered. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

#### During the inspection

We spoke with 4 people and 5 staff during the inspection. This includes the nominated individual, the manager and care staff. We spoke with 3 relatives on the telephone after the site visits. We looked at a range of records the provider used to run the service. This included 3 people's care records, recruitment records, audits, training records and policies.

# 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.

Systems and processes to safeguard people from the risk of abuse

- People were supported by staff who knew how to keep them safe from potential abuse. Comments included, "Staff do a very good job helping me" and, "[The manager] and her staff are delightful." Relatives were positive about how safe their family members were. Comments included, "If they have not seen him, they go and make sure he is ok. It is all about people. They are tremendous" and, "[Person] is definitely safe. I am confident."
- Staff knew people well and described how they would recognise if there was potential abuse. They talked through how people's personality could change and identifying new marks. Staff told us they would report concerns to the manager or members of the provider and felt action would be taken by them.
- Systems were in place to manage safeguarding. This included informing other agencies such as the local authority and CQC who had external oversight. Staff meetings reminded staff of their role and responsibility around safeguarding.

Assessing risk, safety monitoring and management

- Risks to people were assessed and ways to mitigate them in place. This included detailed information in line with best practice for people's health conditions. Staff were familiar with the risk assessments and how to safely support people. One person provided an example of how staff knew how to support them including with their preferences in relation to the support they required.
- Environmental risk assessments were completed as part of the initial assessment process. This helped to keep people and those supporting them safe.
- Systems were in place to ensure risk assessments were updated in line with changes to people. Although, multiple versions were sometimes left in care plans which could lead to confusion. The management rectified this during the inspection.

Staffing and recruitment

- People were supported by staff who had been through a recruitment process. Although there were occasions checks with previous employers were not in line with the provider's policies and current guidance. The nominated individual explained due to a change in staff, systems were being updated which would rectify this issue.
- People were supported by enough staff to keep them safe. One person commented how it was much better having staff who were based on site. This meant they were never late and always stayed the appropriate length of time.
- Relatives were positive about the staff. Comments included, "There is no agency [staff]. Always the regular team" and, "There is a hundred percent enough staff...they seem to have an effective recruitment system."

#### Using medicines safely

- Systems were in place to ensure people received their medicines safely. Staff had been trained by a qualified nurse and had their competency regularly checked. One staff told us if there were any concerns about a person's medicine, they could consult a qualified nurse who worked for the provider.
- One relative commented, "Staff give [them medicine] in the evening." They explained when the person required additional medicine staff had increased the visits to meet extra doses. Another relative described their family member had two visits for medicine administration, "Twice a day. No issues."

#### Preventing and controlling infection

- People were supported by staff who understood best practice around preventing infections spreading. Staff had received training and worked well during the COVID-19 pandemic to keep people safe.

#### Learning lessons when things go wrong

- Systems were in place to learn lessons when things went wrong. The nominated individual explained any learning from one of their services was shared across them all. This was supported by regular management 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 prior to any support starting and when needs changed. The management then arranged any person specific training to ensure requirements were met. For example, if someone was going to be supported with a catheter then catheter care training was provided.
- The management were aware of making sure care was delivered in line with standards, guidance and the law so reflected this in their paperwork.

Staff support: induction, training, skills and experience

- People were supported by staff who had a detailed induction and all the training required. Staff commented that this was the best training they had ever had, even when they were experienced working in care. Comments included, "Very intense training given...have to pass otherwise no certification" and, "If anything new...[trainer] would come in."

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

- People were supported to eat and drink when it was required as part of their care package. One person had lost some weight which was identified promptly by staff and action taken to address this. As a result, they had started to eat more and put weight on recently.

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

- People were supported by staff who liaised well with other health and social care professionals. One person told us how they had rung for a paramedic at night when their health declined. Another person explained how good staff had been whilst they went through cancer treatment. One compliment read, "Thanks for looking after me and my eye."
- During the inspection the management explained a person's needs had changed between their assessment and starting care. This was due to the persons health declining further. They had liaised with the hospice and GP to ensure their plans were in place were relevant.

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.



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. 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.

- People were encouraged to make choices about their care by staff and these were respected. Staff knew about capacity and consent. They told us any concerns would be raised with the management.
- The manager always checked whether people who had fluctuating capacity or lacked capacity had systems in place of how decisions were made. Although it was not always confirmed the original paperwork had been witnessed. Paperwork had recently been updated to provide better prompts in relation to this.
- Relatives confirmed they were involved in decisions. One relative said, "No decisions are made without me."

# 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 were supported by kind and caring staff who knew them well. Comments included, "[Staff] are always bright and cheery", "It is lovely to have someone cheerful [supporting me]...they [staff] work very well together" and, "I am very happy with the support."
- Relatives were as complementary about staff. Comments included, "They have been wonderful, kind and patient", "They offer a very good service. Our family is very grateful for all they do" and, "They really are caring carers...huge relief off our mind we have lovely carers. Genuinely caring."
- Staff and the manager spoke fondly of the people they support. One staff member said, "Care is a passion and something I enjoy doing. I see them like my parents and family. I want to give it my all." Another staff member told us, "...We have always made sure residents have what they need...the residents are so delightful."
- The management explained they had worked hard on creating an ethos where everyone was respected equally. This included detailed examples of how they promoted equality and diversity across the agency.
- Compliments received reflected what we were being told. They read, "Thank you very much for arranging the care and medication needs that [person] needed so badly...you and your team are doing all you can under such pressure to give the best care to residents and that is much appreciated by us all" and, "What lovely girls all staff are and how well they looked after her."

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

- People were supported to express their views and make decisions about their care. All people confirmed they choose how they spent their time and are given choice by the staff. One person talked about choosing which member of staff helped them with changing their bed. This was to make sure it was in line with their needs and preferences.
- Staff told us they always offer choice to people. One member of staff talked us through how they help people with less capacity. This included giving people time and encourage them rather than telling them if it was in their best interest.

Respecting and promoting people's privacy, dignity and independence

- People's privacy and dignity was respected by staff. The manager gave an example of a person's dignity they improved since taking over care from another provider. All staff knocked on the doors of people's homes before entering.
- People's independence was encouraged. One person was in their home cooking a pie when they spoke with us. Other people expressed how staff supported them whilst always promoting independence. Care plans reflected what we were being told about supporting independence.

# 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; 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's care was designed around them maintaining choice and control in line with their needs and preferences. Examples were provided where people had expressed they required support in certain areas of their life. This was then facilitated by the management.
- Care plans reflected people's needs, wishes and interests. For example, there was details about their personal history and interest which provided conversation points for staff. When people had specific health needs these were reflected in detail to provide guidance for staff.
- Care plans were reviewed regularly and in line with any changes to people's needs. One relative said, "There are regular reviews and we are there once a week."
- Systems were in place to help reduce isolation and allow people to be part of the community. The retirement village had a central café and shop. Regular minibuses ran to places in the local community such as to the supermarket, local farm shop and church.

### 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.

- People had their care plans and information important to them made accessible for them. Their communication preferences were outlined in their care plan.

### Improving care quality in response to complaints or concerns

- Systems were in place to manage concerns and complaints. The service had received no formal complaints since it had started running care at the retirement village. One person provided an example of a concern they raised with the manager which was resolved promptly.
- Relatives were able to provide examples that their concerns were already being addressed by the management. Comments included, "If we raise things, they have already picked up on it" and, "There is always someone to speak to."

### End of life care and support

- People had their needs and wishes considered, and where necessary documented. Staff were clear about

their roles and responsibilities. They wanted to keep people at home in line with their wishes. During the inspection, one person had contact with the local hospice. The manager provided an example of how they met another person's end of life wishes.

# 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

- People were supported in a service that had an open, inclusive and empowering culture where they were at the centre. People commented on the happy atmosphere and how all staff smiled throughout the day. Relative comments included, "It makes a difference to have cheerful [staff] around" and, "The service is delivered consistently...it is the closest thing to a country club. They [staff] make you feel comfortable. It is an amazing place."
- Staff and the management explained how they treated the service as like working at home. Family values were important to the nominated individual and this was echoed by the manager. Comments included, "It is like going home and not going to work" and, "It is like a family. The village and care staff are close."

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 manager and nominated individual were clear about their responsibilities in line with the duty of candour. People and relatives confirmed that the management were open with them when things went wrong.

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

- People and relatives were complementary about the manager and how they led the service. Comments included, "The manager is very helpful", "The leadership is very, very good and high standard. [Manager] is extremely good. Nothing too much trouble and always keen to help" and, "[Manager] is very open and responsive."
- Staff knew the structure and systems of the service. They felt supported by the management. Comments included, "I have really good support. Really, really good. It is one of the reasons I keep coming back" and, "There is continuous support and they check up on you which to me is a lot."
- Systems were in place to ensure people received safe and high quality care. The management demonstrated during the inspection they were continuously open to learn and develop their service.

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

- People and their relatives were involved in the service. Their views were listened to and considered. Comments included, "They listen to my choices", "We speak to the manager so frequently there is no need

for formal questionnaires" and, "I feel very welcome to make suggestions."

- Staff felt listened to and that their opinions were valued. One staff told us, "It is a very good team here and I feel accepted." Another staff member talked about how they had all pulled together as a team during adverse weather. Staff had been listened to in relation to these plans.

Working in partnership with others

- The management had strong links with other health and social care professionals. They regularly liaised with them if people's health declined to ensure the person could stay at home.
- Links with the local community had been built including organising regular trips out to places people wanted to visit.