

Q Care Limited

Q Care- Ross on Wye

Inspection report

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Ratings

Overall rating for this service

Requires Improvement ●

Is the service safe?

Requires Improvement ●

Is the service effective?

Requires Improvement ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Requires Improvement ●

Summary of findings

Overall summary

About the service

Q Care – Ross on Wye is a domiciliary care agency based in Ross-on-Wye, Herefordshire. The service supports younger or older adults, who may have learning disabilities or autistic spectrum disorder, dementia, mental health care needs, sensory impairments or physical disabilities. At the time of our inspection, there were 42 people using the service.

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

People were at increased risk of harm because of the lack of robust procedures in relation to the management and administration of their medicines. The information recorded on people's medicines records was not always accurate or complete. The risks associated with people's individual care needs were not always fully assessed to provide staff with clear guidance on keeping people safe. Staff training had not always been kept up-to-date to ensure staff had the skills and knowledge needed to support people safely and effectively. The provider's quality assurance systems and procedures were not as effective as they needed to be. The records maintained in relation to the assessment and planning of people's care were inconsistent.

Staff understood how to identify and report potential abuse involving people who used the service. People received a consistent and reliable service from the provider. Prospective staff underwent pre-employment checks to confirm they were suitable to provide care in people's homes. Staff took steps to protect people from the risk of infections by, for example, wearing disposable gloves and aprons during people's personal care. The management team monitored any incidents or accidents involving people who used the service, in order to learn from these.

People's individual needs were assessed with them before their care started. Staff and management recognised the need to promote people's equality and diversity through planning and delivering their care. People had the level of support they needed to prepare meals and drinks. Staff helped them access professional medical advice and treatment if they were unwell. Staff and management worked effectively with community health and social care professionals involved in people's care. Staff understood people's right to make their own decisions.

Staff treated people with kindness and compassion and had taken the time to get to know people well. People and their relatives were encouraged to express their views about the care provided. Staff treated people with dignity and respect.

People and their relatives were clear how to raise any concerns or complaints about the service. Most people, relatives and staff spoke positively about their relationship and communication with the management team, who they found approachable and ready to help. The management team recognised their responsibility to be open and honest with people and relevant others in the event something went wrong with the care provided.

Rating at last inspection

The last rating for this service was Good (published 20 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

Enforcement

We have identified two breaches at this inspection. These relates to the provider's failure to identify and reduce risks to people who use the service, including the safe management of medicines, and the need for more effective quality assurance processes.

You can see what action we have asked the provider to take at the end of this full report.

Follow up

We will request an action plan from the provider to understand what they will do to improve the standards of quality and safety. We will 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?

The service was not always safe.

Details are in our Safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our Effective findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our Caring findings below.

Good ●

Is the service responsive?

The service was responsive.

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was not always well-led.

Details are in our Well-led findings below.

Requires Improvement ●

Q Care- Ross on Wye

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 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.

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 provider 48 hours' notice of our intention to undertake an inspection. This was because the provider delivers a domiciliary care service to people in their own homes, and we needed to be sure that someone would be available in the office.

What we did before the inspection

Before the inspection visit, we reviewed information we had received about the service since the last inspection. This included information about incidents the provider must notify us of, such as any allegations of abuse. We also sought feedback on the service from the local authority.

During the inspection

We spoke with the registered manager, care coordinator, and one member of care staff. We reviewed a range of records. These included five people's care records, medicines records, three staff recruitment records, accident and incidents records and records relating to the management of the service.

After the inspection

We spoke with four people, four relatives a community healthcare professional about their experiences of the care provided. We also spoke with four care staff. We continued to seek clarification from the registered manager to validate evidence found and reviewed additional documentation they sent to us.

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 deteriorated to Requires improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Using medicines safely; assessing risk, safety monitoring and management

- There was an increased risk of people not receiving the support they needed to take their medicines safely and as prescribed.
- The directions for staff on how to give people their medicines, as recorded on their medication administration records (MARs), were not always sufficiently clear. This included a lack of clear guidance on the expected use of people's 'when required' (PRN) medicines. For example, one person's MAR chart contained six medicines with the direction to administer these 'as required'.
- People's MAR charts contained unexplained gaps in recording, which had not been followed up by staff and management in a timely manner to ensure people had received their medicines as prescribed.
- Hand-written directions on people's MAR charts had not been signed and checked for accuracy by two trained members of staff. This increased the risk of administration errors.
- Where people's MAR charts stated staff had administered the contents of their 'blister pack', there were no corresponding records to say what was contained in the 'blister pack' on the administration dates in question.
- We discussed the issues we identified in relation to the administration of people's medicines with the registered manager. They acknowledged improvements were needed in relation to this aspect of people's care. They assured us the current procedures for completing and auditing people's MAR charts would be reviewed as a matter of priority.
- The provider had systems and procedures in place designed to ensure any risks associated with people's individual care needs were assessed, recorded and managed. However, we were not assured the management team's approach to risk assessment was sufficiently robust.
- The information recorded on people's individual risk assessments about the nature and management of risks was not always comprehensive or clear. For example, one person's risk assessments made no mention of a long-term health condition that may impact upon their care, their continence care needs or their known history of falls. Another person's risk assessments did not make reference to their increased risk of skin breakdown.
- We discussed the need for improvements in risk assessment and risk management procedures with the registered manager. They acknowledged our concerns and assured us a full review of people's risk assessments would be completed without delay, to ensure staff had clear written guidance on their role in helping people stay safe.
- Most people and their relatives told us they felt safe receiving care and support from staff in their own homes. One relative told us, "I am confident [person] is in safe hands with staff." Another relative said, "Yes, I feel [person] is safe. I know they are getting good care as they would certainly say if they were not." One

person expressed a lack of trust in some of the staff who provided their care. The registered manager assured us they took any safety concerns raised by people and their relatives seriously and fully investigated these.

We found no evidence that people had been harmed. However, the provider had not fully assessed and mitigated the risks to people's health, safety and welfare. This placed people at increased risk of harm. This was a breach of regulation 12 (Safe care and treatment) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Staffing and recruitment

- People and their relatives told us they received a reliable service from the provider. However, some staff expressed concerns regarding the current level of staff vacancies, and the impact this was having upon staff and management in covering people's care visits whilst recruitment activities were ongoing. The registered manager assured us the provider had a recruitment strategy in place, and that they would not be seeking to further expand the service without sufficient staff resources.
- The manager monitored the punctuality of people's care visits on a regular basis through use of an electronic call monitoring system.
- Prospective staff underwent pre-employment checks to ensure they were suitable to care for people in their homes. This included obtaining employment references and an enhanced Disclosure and Barring Service (DBS) check. The DBS helps employers make safer recruitment decisions.

Systems and processes to safeguard people from the risk of abuse

- Staff received training to help them understand their role in protecting people from abuse. They gave us examples of potential signs of abuse they looked out for, such as unexplained marks and bruising and sudden changes in a person's behaviour. They told us they would immediately report any abuse concerns to the on-call senior or management team.
- The provider had procedures in place to ensure any potential abuse was reported to the relevant external authorities, such as the local authority and police, in line with local safeguarding procedures.

Preventing and controlling infection

- Staff were provided with a supply of personal protective equipment (i.e. disposable gloves and aprons) to reduce the risk of cross-infection, which they replenished at the provider's office. The staff we spoke with were clear when they were expected to use this equipment.

Learning lessons when things go wrong

- The provider had procedures in place to enable staff to report and record any incidents or accidents involving people who used the service. The staff we spoke with were aware of these procedures.
- The management team reviewed accident and incident reports in order to identify any learning for the service and reduce the risk of things happening again.

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 deteriorated to Requires improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- The staff providing people's care did not always have up-to-date training to enable them to work safely and effectively. Some staff members' refresher training had lapsed, including moving and handling and medication administration training. The registered manager explained they had encountered difficulties in releasing staff for training due to staff shortages.
- Most staff were overdue their three-monthly one-to-one meetings with a member of the management team to receive constructive feedback on their work and identify any additional support needs they may have. Staff's three-monthly unannounced spot checks, to confirm they were working in line with expected standards and procedures, had also lapsed.
- The registered manager told us staff training and supervision needs and their unannounced spot checks would be addressed on a more consistent basis moving forward. We will follow this up at our next inspection.
- New staff completed the provider's induction training to help them settle into their roles. This included initial training and the opportunity to work alongside ('shadow') more experienced colleagues. One staff member explained, "I got extra shadowing experience from management when I asked for it." The provider's induction training incorporated the requirements of the Care Certificate, which is an agreed set of standards to be covered in the induction of all staff who are 'new to care'.

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

- The registered manager or care coordinator met with people and, where appropriate, their relatives to assess their individual care needs before their care started. This enabled them to agree outcomes for their care to be provided and develop initial care plans designed to achieve these.
- The management team arranged six-monthly care reviews with people and their relatives to ensure the service provided continued to meet their individual needs and requirements.

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

- People and their relatives told us staff gave them the level of support they needed to prepare meals and drinks of their choosing, where this was an agreed part of their care.
- The provider had procedures in place to identify and manage any complex needs or risks associated with their eating and drinking.

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

- Staff and management recognised the importance of working collaboratively with community health and

social care professionals to ensure people's individual needs were met. A community professional praised their positive working relationship with staff and management. They told us, "[Registered manager] rings us up with any concerns about people's care and works with us quite closely. There is good inter-agency working and we do joint visits together."

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

- People and their relatives told us staff monitored people's general health and helped them seek professional medical advice and treatment if they were unwell. One person described how staff had recently encouraged them to contact their GP, due to concerns over their health. This had led to them receiving the treatment they needed for an acute infection. A relative explained, "They [staff] have called an ambulance and have contacted me when [person] has been unwell. They look out for [person's] health."

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. 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 and their relatives told us staff sought people's permission before carrying out their care and respected their choices.
- The staff we spoke with understood people's right to make their own decisions and the importance of offering people choices as part of their day-to-day care.

Is the service caring?

Our findings

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

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 and their relatives told us staff adopted a caring approach to their work and took the time needed to get to know them well. One relative said, "Staff are incredibly helpful, kind and considerate. I really appreciate them and the help they give me. They do go above and beyond." Another relative told us, "They [staff] are lovely people." A community professional explained, "A lot of the staff I've met reflect the same approach as [registered manager]. They are really caring and willing to go the extra mile."
- Staff spoke about the people they supported with respect, compassion and insight into their individual care needs.
- Staff and management recognised the importance of promoting people's equality and diversity through their work, avoiding any form of discrimination and taking into account people's protected characteristics.

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

- People and their relatives told us they felt able to express their views about the care provided to staff and management. The management team sought to involve them in decisions about their care through, for example, organising six-monthly review meetings.
- The registered manager provided people and their relatives with information about sources of independent support and advice, including local advocacy groups, as needed.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff treated them with dignity and respect and protected people's privacy. One relative explained, "They [staff] are very respectful and take [person's] opinions and concerns into account. They will leave a task if [person] seems too upset and will go at [person's] pace. They respect [person's] choice to refuse care."
- Staff understood the need to promote people's privacy, dignity and independence, and gave us examples of how they achieved this on a day-to-day basis. One staff member said, "I put myself in their [people's] shoes during personal care and protect their modesty. I get them involved in their care, so it's not something I am doing to them, but something we are doing together. I treat them as I want to be treated." Another staff member said, "You must make sure they [people] feel at ease during personal care. It's about being understanding towards people and earning their trust."

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 and their relatives told us the overall care they received reflected their individual needs and requirements.
- People's care plans were individual to them, but contained limited information about what staff and management had learned about their personal background or their individual care preferences. The registered manager assured us they would review care planning procedures, as a matter of priority, to ensure a more person-centred approach. We will follow this up at our next inspection.
- People and their relatives were satisfied with their level of involvement in care planning, which included participation in periodic care reviews. A relative told us, "They [management] don't only care for [person] but they also have regard to us as a family."
- Staff explained they gained insight into what was most important to people about their care by speaking with them and their relatives, in addition to reading their care plans.

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 care files included information about their communication needs to help staff promote effective communication.
- The registered manager assured us the provider had the facility to produce information in alternative, accessible formats upon people's request.

Improving care quality in response to complaints or concerns

- The provider had a complaints procedure in place designed to ensure all concerns and complaints were handled in a fair and consistent manner.
- People and their relatives told us they knew how to complain about the service by speaking with the registered manager or office staff.

End of life care and support

- At the time of our inspection, no one using the service was receiving end-of-life or palliative care.
- The manager explained us they worked with community health and social care professionals to ensure people's end-of-life needs and wishes were assessed and met.

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 Requires improvement. At this inspection this key question has remained the same. This meant leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- The provider's quality assurance systems and processes were not as robust or effective as they needed to be.
- This was the service's second consecutive rating of Requires improvement for this key question. Concerns were identified in relation to the effectiveness of quality assurance processes at our last inspection in February 2017.
- The provider had developed 'compliance matrices' to monitor key aspects of the service, such as the standard of documentation in people's care files and staff personnel files, and the status of staff training and supervisions. However, the audits and checks completed had not enabled them to address the quality shortfalls we identified during our inspection. These included the need for improvements in the management of people's medicines, risk assessment procedures and staff training.
- The registered manager acknowledged improvements were needed in relation to the auditing of people's medicines record. These were only formally checked by the management team on a 12-weekly basis, preventing them from following up related concerns in a timely manner.
- The standard of record-keeping in relation to people's care was inconsistent. For example, some people's care plans lacked basic information about the tasks to be completed by staff during each care visit. In addition, some people's care files included dedicated assessments of their communication and information needs and their ability to make day-to-day decisions, whilst other people's files did not.

The provider's quality assurance systems and processes were not as effective as they needed to be. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

- Management and staff were clear what was expected of their respective roles. The management team did, however, refer to the present challenge of regularly providing people's direct care whilst attempting to fulfil their office-based duties.
- The registered manager told us they kept themselves up to date with current legislative requirements and best practice guidelines by, for example, accessing care resources online and attending events organised by the local authority.

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

- The majority of people and relatives we spoke with talked positively about their communication and dealing with the registered manager and office staff. They found the management team approachable and willing to listen. One relative told us, "I often ring [registered manager] and the office staff with any messages, issues or concerns. They are very helpful." Another relative said, "They [management] are very open and receptive. I think they do a very good job. They would never let customers down; they come out themselves to do care if needed." One person expressed the need for improved communication with management. The registered manager assured us they sought to maintain open communication and positive relationships with all the people who used the service and their relatives.
- Most of the staff we spoke with were satisfied with the support they received from an approachable and hands-on management team. One staff member explained, "I feel they [management] have my back and that I can go to them with any issues. They know the people and situations we are going into and can offer us a lot of support because of that." Another staff member told us, "If I've got any worries or qualms, they [management] help me out straightaway."
- Two members of staff felt communication from management needed to be improved to ensure, for example, they were kept up to date with changes in people's needs. They did not feel listened to by the management team. The registered manager assured us procedures were in place to maintain effective communication with staff, and that they welcomed staff views on how the service could be improved.

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 registered manager understood the legal requirement for them to inform people, or those acting on their behalf, if they were harmed as a result of the care and support provided.
- The provider had developed a duty of candour policy setting out how they fulfilled their associated responsibilities.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; working in partnership with others

- The management team recognised the need to engage effectively with people, their relatives and staff and sought to achieve this by, for example, organising regular care reviews.
- Management and staff understood the importance of maintaining positive working relationships with any community health and social care professionals involved in people's care. A community professional praised staff and management's collaborative approach to working with their team.

This section is primarily information for the provider

Action we have told the provider to take

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

Regulated activity	Regulation
Personal care	<p>Regulation 12 HSCA RA Regulations 2014 Safe care and treatment</p> <p>The provider had not fully assessed and managed the risks to people's health, safety and welfare, including ensuring the safe management and administration of their medicines.</p>

Regulated activity	Regulation
Personal care	<p>Regulation 17 HSCA RA Regulations 2014 Good governance</p> <p>The provider's quality assurance systems and processes had not enabled them to address shortfalls in the quality and safety of people's care.</p>