

Qualitcare24-7 Ltd

Portsmouth

Inspection report

Unit 305
Victory Business Centre, Somers Road North
Portsmouth
PO1 1PJ

Tel: 02392178770
Website: www.qualitcare247.co.uk

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Ratings

Overall rating for this service

Good ●

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?

Good



Summary of findings

Overall summary

About the service

Qualitcare Portsmouth is a domiciliary care agency providing personal care and nursing care to people living in their own homes. Not everyone who used the service received personal care. CQC only inspects where people receive such care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided. There were 12 people being provided with personal care at the time of our inspection.

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

We found pre-employment checks were not always completed to ensure staff were suitable, but the provider acted immediately to address this concern.

People's risk assessments were not always robust or fully recorded; however, staff understood the risks and knew how to keep people safe.

People were supported to have choice and control of their lives and staff supported people in the least restrictive way possible and in their best interests.

There were enough staff employed to complete all care visits.

Medicines were managed safely by competent staff.

People told us they felt safe being supported by Qualitcare Portsmouth staff and there were new systems in place to protect people from the risk of abuse.

Staff followed appropriate infection control techniques during visits.

Staff completed a range of relevant training. They were competent, followed best practice guidance and received appropriate support from managers.

People's needs were met in a personalised way by staff who were kind, caring and responsive.

People knew how to raise concerns. They had confidence in the managers and told us they would recommend the service to others.

An appropriate quality assurance process was in place to assess, monitor and improve the service.

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

Rating at last inspection

This was the first inspection of the service since it was registered with CQC in August 2018. It had not been rated previously.

Why we inspected

This was a planned inspection based on the length of time it had been registered.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme.

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 effective.

Details are in our Effective findings below.

Good 

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 well-led.

Details are in our Well-led findings below.

Good 

Portsmouth

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was conducted by one inspector.

Service and service type

Qualitcare Portsmouth is a domiciliary care agency providing personal care and nursing care to people living in their own homes. 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 two days' notice of the inspection site visit. This was because it is a small service and we needed to be sure that key staff would be available in the office to support the inspection.

Inspection site visit activity started on 9 August 2019 and ended on 15 August 2019. We visited the office location on 9 August 2019.

What we did before the inspection

We reviewed information we held about the service, including notifications. Notifications are information about specific important events the service is legally required to send to us. We also considered information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once a year to give some key information about the service, what the service does well and improvements they plan to make.

During the inspection

We spoke with four people who used the service and five relatives about their experience of the care provided. We spoke with the registered manager, the home care manager, the shift coordinator, the field supervisor, a nurse and five care workers.

We reviewed a range of records. This included five people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were also reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We also reviewed a copy of the provider's action plan which they produced following the inspection.



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 for this newly registered service. This key question has been rated Requires improvement. This meant some aspects of the service were not always safe; there was limited assurance about recruitment practices. There was an increased risk that people could be at risk of harm.

Staffing and recruitment:

- There were procedures in place to help ensure only suitable staff were employed. However, we found essential pre-employment checks had not always been completed. The provider required staff to provide Disclosure and Barring Service (DBS) certificates before being employed; DBS checks help employers make safe recruitment decisions. However, we found the certificates for two staff members were out of date, having been obtained more than three months prior to their recruitment. This meant the provider could not assure themselves that the person was still of good character.
- References from some staff members recent care employers had not been requested. This meant the provider could not assure themselves that the staff members' conduct had been satisfactory in those employments. In addition, full employment histories were not available for all staff members, which meant the provider would not have been aware of any issues that might have impacted their suitability for employment.
- When we raised these issues, the registered manager acted immediately to address them, including making fresh DBS applications for staff and obtaining full employment histories for all staff. The provider also enhanced their recruitment procedures, making them more robust. This should ensure correct procedures are followed consistently in future, once they are fully embedded in practice.
- There were enough staff to support people safely and to complete all care visits. Staffing levels were based on people's needs and the number and length of visits required to support them. Travelling time was built in between each visit to help ensure staff arrived on time. One person told us, "They arrive on time unless they're very busy and then they're only a few minutes late."

Assessing risk, safety monitoring and management

- People's care plans contained risk assessments linked to people's support needs. However, these were not always robust or fully recorded. For example, one person had a catheter; this is a tube inserted into a person's bladder to drain urine into an external bag. The risks associated with the catheter had not been fully recorded in the person's care plan. The person was also at risk of skin breakdown, but the risks associated with this had not also been fully assessed and recorded.
- The risks were mitigated, however, as there was a small staff team who were familiar with the people they supported and were able to describe the action they took to reduce the risks. We discussed the issues with the registered manager, who acknowledged the recording of risk management was an area for improvement and assured us they would do so immediately.
- Environmental risks posed to people and the staff visiting them were assessed, monitored and reviewed regularly. These included the safety of electrical appliances, trip hazards inside and outside the home, lighting levels and fire safety.

- There was a business continuity plan to deal with foreseeable emergencies. This included the availability of a car and driver to take staff to calls if needed. There were also plans to support people during periods of adverse weather when roads were impassable.

Using medicines safely:

- Where staff were responsible for supporting people with their medicines, suitable arrangements were in place to do this safely and in accordance with best practice guidance. One person told us, "I do my own tablets, but they [staff] will remind me if I forget." Another person said, "I've developed a bad [skin condition] and they put extra cream on three times a day."
- Staff had been trained to administer medicines and had been assessed as competent to do so safely. One person received all their medicines via a percutaneous endoscopic gastrostomy (PEG); this is a tube inserted directly into the stomach. The staff who administered medicines in this way had received additional training to help ensure they were administered correctly.
- Medication administration records confirmed that people had received all their medicines as prescribed.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe being supported by Qualitcare Portsmouth staff. Family members confirmed this. Comments included: "I have nothing to worry me at all with the [staff]. I feel very safe" and "[My relative] feels very safe in their hands".
- Staff knew how to prevent, identify and report allegations of abuse. They gave examples of how they were alert to potential signs of abuse and how they would report concerns internally or to independent, external agencies if necessary.

Preventing and controlling infection:

- Staff had been trained in infection control techniques. They had access to personal protective equipment, including disposable gloves and aprons, and assured us they used these whenever needed.
- This was confirmed by people and their relatives, whose comments included: "They have to be hygienic because I'm a fussy [person] and I make sure they wear their gloves" and "They always use the plastic gloves and always wear uniform".

Learning lessons when things go wrong:

- Incidents and accidents were routinely reviewed to identify any learning which would help to prevent a reoccurrence.
- For example, the registered manager described how they had reviewed the level of support one person required after they behaved in a way that put themselves and others at risk.

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.

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.

- Where people's ability to make decisions was in doubt, staff completed MCA assessments to determine whether the person had the capacity to make specific decisions relating to their care and support needs. They then consulted with relatives and relevant professionals and made decisions based on the best interests of the person.
- There was not a clear process to check whether lasting powers of attorney (LPAs) for people were in place. An LPA is someone appointed to make decisions on behalf of a person when the person lacks capacity to make decisions for themselves. We discussed this with the registered manager and by the end of the inspection they had implemented a robust process to check whether LPAs were in place and properly authorised in law.
- Where people had capacity to provide consent, we saw they had signed their care records to confirm their agreement with the proposed plan of care. Staff described how they sought verbal consent from people before provided support.

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 and found it was. No one receiving the service was deprived of their liberty. There were procedures in place to inform staff if this changed and enable them to provide appropriate support.

Staff support: induction, training, skills and experience

- The provider operated a policy of only employing staff who were experienced in delivering personal care and support to people. A family member told us staff provided "really great care" to their relative.
- Other comments about the skills and knowledge of staff included: "They are competent medically; they are experienced people and know how things should be done", "They are so good, friendly and efficient, I can't

fault them at all" and "They know how to do everything we ask of them".

- Once recruited, staff completed a comprehensive induction, followed by a range of training to meet people's needs. Records confirmed this training was refreshed and updated regularly.
- Staff told us they felt supported in their roles by managers. For example, a staff member told us, "You can discuss any concerns, for example about a client and they [managers] will come round to help."
- Staff received regular one-to-one sessions of supervision. These provided an opportunity for one of the managers to meet with staff, discuss their training needs, identify any concerns, and offer support.

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

- Where staff were responsible for supporting people to eat and drink, people's dietary needs were assessed and met consistently.
- One person received all their food and fluids via a PEG. A family member told us, "They [staff] have taken over the delivery of the feeds and replacement tubes and come in four times a day to give it."
- Staff made sure people had a good supply of drinks to hand before leaving them. One person told us, "They leave me plenty to drink and lots of water and tell me if I don't drink enough."

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

- Assessments of people's needs were completed before care packages were accepted. These identified people's needs and the choices they had made about the care and support they wished to receive.
- Care records confirmed that people had been supported in line with their care plans. A family member said of the staff, "They are always organised, come when required and write up their notes at the end of each session."
- People described how staff delivered care and support in line with best practice guidelines; for example, they supported a person to manage their PEG in a hygienic way that helped ensure it did not become blocked and remained working effectively.

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

- People told us they received all the support they needed at the time they needed it.
- People were supported to access healthcare services when required and care records confirmed that staff followed any guidance issued by specialists. For example, one person had a history of pressure sores; on their discharge from hospital, staff had liaised quickly and effectively with the community nursing team. They had obtained pressure-relieving equipment and were following a specially designed treatment plan to prevent further sores developing.
- A relative of another person told us, "They [staff] liaise with the nutritionist and with the district nurse to discuss pressure risks. If they have any worries, they tell us; there's very good communication with the family."
- When people were admitted to hospital, staff provided essential information about the person to the medical team, to help ensure the person's needs would be understood. Similarly, when people transferred to other service providers, a process was in place to share essential information to help ensure continuity of 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.

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

- Everyone we spoke with said staff were "patient" and "caring". Other comments about the staff included: "They are absolutely wonderful, I get on well with all of them", "They are all lovely and are caring", "They are very humane. They are patient, compassionate and caring".
- Staff knew people well and had developed positive relationships with them. One person told us, "I like the carers, I wouldn't want to change them." A family member said, "[My relative] is familiar with the [staff] who come in. They are very considerate; they chat and are friendly and boost his morale. He has a very good relationship with them."
- Family members told us they felt staff supported them too. Comments included: "They talk to [my relative] and give some morale support to her as she struggles to cope" and "We're not frightened to talk with them if we have a worry; we have a good relationship".
- Staff recognised people's diverse needs and there were policies in place that highlighted the importance of treating people as individuals. Staff showed a good awareness of people's histories, individual preferences and interests. They described how they used this information to communicate and build positive relationships with people.

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

- People, and relatives where appropriate, were fully involved in discussions about their care and support. A family member told us, "They [staff] involve us in the decisions. Everything goes through us. There is respect for the family in that way."
- The family member of a person who could no longer communicate verbally told us, "They nod and smile and seem to get through to her. She is involved as much as she possibly could be."

Respecting and promoting people's privacy, dignity and independence

- When asked if they were treated with respect, one person told us, "Oh yes, they're very respectful."
- People told us staff protected their privacy at all times. Comments included: "They always close the door when they wash [my relative]", "They always close the curtains when doing personal care. They also keep her covered as much as they can" and "They are always discreet and wipe their feet".
- People said staff encouraged them to be as independent as possible and staff described how they did this in a practical way. For example, a staff member told us, "We give [one person] the toothbrush to do it himself as he feels pain if we do it and it reduces his independence."
- Care plans also encouraged staff to promote independence, describing tasks people could do on their own and those for which they needed support. For example, one care plan directed staff to support the person into and out of the shower, but then to leave them to wash independently.

Is the service responsive?

Our findings

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

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

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

- People told us their needs were met and staff knew how to support them according to their individual needs and wishes. One person said of the staff, "They do everything I need them to, and they will stay an extra ten minutes or so if I need more help." A family member told us, "I can't fault the care, it's first class."
- People's needs were clearly recorded in their care plans, together with information about how each person preferred their needs to be met. Care plans were reviewed regularly and whenever people's needs changed.
- People complimented staff on their flexibility. For example, several people told us staff had adjusted the call times to accommodate their wishes. A family member added, "I have also had to call them a couple of times in between calls when [my relative] has become distressed and they are usually here within the hour. They are really helpful."
- Staff responded promptly when people's needs changed. A family member said of the staff, "They notice if [my relative] is getting a rash or something, they tell us and call the district nurse." Another family member said, "[My relative] had a skin complaint recently. We asked [the staff] to put cream on and they were happy to do it."
- Staff understood that people's needs varied from day to day and they were able to provide the appropriate level of support at any time. For example, one person told us, "Sometimes I'm fine and sometimes I'm not. If I can't get into bed, they push me into lounge to sleep in my chair." A family member said, "[My relative's] legs go very stiff sometimes and when it happens, [staff] go a bit more carefully. They recognise her mobility varies a lot."
- Staff recorded the support they provided at each visit. The records confirmed that no visits had been missed and people's needs had been met consistently, in line with their care plans.
- People were empowered to make their own decisions and choices. For example, staff described how they never assumed the person wanted the support detailed in their care plan, and always checked with the person first. One staff member said, "We ask [the person] and we make sure he wants to do it. We have to do what [the person] wants and meet their needs; but we also have to work with the [family] too."
- Another staff member described how they supported a person who was non-verbal. They said, "We explain what we are going to do and watch her body language; for example, sometimes they close their mouth to show they don't want to eat." This was confirmed by another staff member who added, "We can show things, like a cup of tea or clothes and they can nod or smile to say yes."

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 communication needs were identified, recorded and highlighted in their care plans. This helped ensure staff were aware of the best way to communicate with people, based on their individual abilities, needs and preferences. For example, on the advice of staff, one family member had bought their relative a dementia clock to help orientate them to time and day.
- Where needed, information was made available to people in an accessible format, such as large print. The provider's 'service users' guide' was produced in large print, together with some pictures to make it easier for people to understand.

End of life care and support

- At the time of the inspection, nobody being supported by Qualitcare Portsmouth was receiving end of life care.
- Some staff had received training in end of life care or had experience in delivering it. All staff expressed a commitment to supporting people to have a comfortable, dignified and pain-free death. They described the key aspects of end of life care, including comfort, symptom control, mouth care and supporting people close to the person.

Improving care quality in response to complaints or concerns

- There was a complaints procedure in place and people told us they felt able to raise concerns. One person said, "I've got a phone number I can call if there are any problems, but there haven't been any."
- A copy of the complaints policy was available in the care files kept in people's homes. We viewed the provider's complaint records and saw none had been recorded since the service had been registered with CQC.

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.

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

- There was a clear management structure in place, consisting of the registered manager, the home care manager, the field care supervisor and the shift coordinator.
- Staff understood their roles and communicated well between themselves to help ensure people's needs were met.
- Supervisors conducted spot checks of care staff to assess staff performance and offer support and advice as needed. Staff told us the checks were done in a supportive way to help ensure they provided effective care to people.
- A range of audits was completed to assess, monitor and improve the service. These had not identified the concerns we found in relation to recruitment procedures and the recording of risk assessments. However, the registered manager acted immediately to introduce additional checks that would help ensure appropriate procedures were followed in future. You can find more information about this in the Safe section of this report.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; and how the provider understands and acts on their duty of candour responsibility

- Since the service was registered, no significant events had occurred that required notification to CQC. There were policies and procedures in place to help ensure this would be done, if needed and the registered manager understood the responsibilities of their registration.
- Throughout the inspection, the managers demonstrated an open and transparent approach to their roles. There was a policy in place to help ensure that should people come to harm, relevant people, including relatives, would be informed, in line with the duty of candour requirements.
- People and their relatives spoke positively about the management of the service. Comments included: "There is a real sense of professional responsibility. I would recommend them strongly, they are very good indeed" and "They are very professional and are an organisation we feel we can trust and have confidence in".
- The care manager told us the service's values included being professional and providing care that was efficient, prompt and person-centred. From discussions with staff, it was clear they had a shared commitment to meeting these values in their daily working lives.

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

- The provider consulted people in a range of ways; these included quality assurance surveys and one-to-one discussions with people. The registered manager was in the process of analysing recent feedback from people and described how they would use people's feedback to improve the service.
- One person told us, "Things seem to be well organised. I know how to get hold of them as I've got their number." A family member said, "Management were very receptive to our requirements. We would definitely recommend them."
- Staff said they felt listened to and spoke positively about the managers. Comments from staff included: "Qualitcare are good. If you say something, they listen and they act", "They are the perfect company and are very good to me", "I feel appreciated and get lots of support" and "They're a good company to work for. Everything is well organised."
- Staff meetings were held to update staff on developments in the service and to seek their views.

Continuous learning and improving care; working in partnership with others

- As a new service, the provider was in the process of introducing new systems and procedures to help ensure the smooth running of the service. For example, they were investing in an electronic system to support duty planning and monitor the completion of staff training.
- The registered manager maintained a rolling action plan to help them monitor the progress of any areas identified for improvement.
- Staff had links to other resources in the community to support people's needs and preferences. These included healthcare services, voluntary support organisations and peer support groups to help managers keep up to date with best practice guidance.