

Quality Home Care Limited

Quality Home Care Limited - Suite 1

Inspection report

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16 September 2016

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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

This inspection took place on 15 and 16 September 2016 and was announced.

Quality home care provides personal care for people in their own homes. At this inspection they were providing care and support for 38 people.

A registered manager was in post at this inspection. 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.

People were safe as staff had been trained and understood how to support people in a way that protected them from danger, harm and abuse. Staff knew how to support people in a way that minimised the risks of harm associated with their care.

People were supported by enough staff to safely assist them and who arrived to provide support within the timescales agreed. People received help with their medicines from staff who were trained to safely support them.

The provider completed checks on staff before they started work to ensure they were safe to work with people. The provider had systems in place to address any unsafe staff practice.

People received care from staff that had the skills and knowledge to meet their needs. New staff members received an induction to their role and were equipped with the skills they needed to work with people. Staff attended training that was relevant to the people they supported and any additional training needed to meet people's requirements was provided.

Staff received support and guidance from a management team who they found approachable. People and staff felt able to express their views and felt their opinions mattered.

People had positive relationships with the staff members who supported them. People's likes and dislikes were known by staff who assisted them in a way which was personal to them. People were involved in

decisions about their care and had information they needed in a way they understood. People had their rights protected by staff members who were aware of current guidance informing their practice. People were given information in a way they could understand.

People had their privacy and dignity respected and information personal to them was treated with confidence. People had access to healthcare when needed and staff responded to any changes in needs promptly and consistently. People were supported to eat and drink sufficient amounts to maintain good health.

The provider undertook regular quality checks in order to drive improvements. The provider engaged people and their families and encouraged feedback. People felt confident they were listened to and their views were valued.

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.

People were protected from the risks of abuse by a staff team who knew how to recognise signs of abuse and knew what to do if they had concerns.

Staff members knew how to minimise the risks of harm associated with people's care. People were supported to take their medicines by staff who were competent to do so. Incidents or accidents were investigated in order to minimise reoccurrence.

Is the service effective?

Good 

The service was effective.

People were supported by staff members who were trained and supported to undertake their role. Staff members received regular support from the management team. People had their rights protected by staff members who followed current guidance. People had access to healthcare to maintain wellbeing.

Is the service caring?

Good 

The service was caring.

People had positive and friendly relationships with the staff who supported them. People had their privacy and dignity protected when assisted by staff. People's diversity was respected by staff members. People were provided with information relating to their care in a way they understood. People's personal information was kept confidential by staff members supporting them.

Is the service responsive?

Good 

The service was responsive.

People were involved in their assessments of care. People received care from staff members who knew their individual preferences. People and their relatives were encouraged to raise any issues. The management team had systems in place to address any concerns.

Is the service well-led?

Good 

The service was well led.

People had regular contact with the registered manager and found them approachable. The provider had systems in place to monitor the quality of support given to make changes when needed. People felt involved in the service provided and felt their views mattered.

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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 15 and 16 September 2016 and was announced.

The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be in.

The inspection team consisted of one inspector and one expert by experience. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service.

We reviewed information we held about the service. We looked at our own system to see if we had received any concerns or compliments about the provider. We analysed information on statutory notifications we had received from the provider. A statutory notification is information about important events which the provider is required to send us by law.

We asked the local authority and Healthwatch for any information they had which would aid our inspection.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assist in our planning of the inspection.

We spoke with eight people, six relatives, five staff members and the registered manager. We looked at the care and support plans for two people, records of quality checks, accident and incidents and medicine administration.



Our findings

We looked at how people were kept safe from abuse. One person told us, "They (staff) are gentle and never rough. They would never do anything to hurt me." Staff we spoke with had received training and knew how to recognise and respond to concerns of abuse and ill-treatment. One staff member said, "I would have no hesitation whatsoever in reporting any concerns." Another staff member told us how they would support the individual and make a record of what needed to be reported. Staff members knew what to do to report incidents of concern and where to report these concerns to. Staff members told us they had a pack of information that they carried with them which informed them of how to make concerns known. We saw the provider had made notifications to the local authority and to the police in order to keep people safe. When concerns had been raised all staff members were contacted by the registered manager. This informed them of the concerns and what to do and how to keep people safe.

People told us they felt safe when receiving care and support services from quality home care. One person said, "They (staff) all know just how to use the hoists right and I never have to worry". Another person told us when staff members leave they always make sure they have their emergency pendant alarm and phone nearby just in case they need them. People had individual assessments of risk which staff followed in order to minimise the risk of harm. One person told us, "When they first started with me [registered manager's name] came out and had a good look round. They recommended that the carpet grip in the door way was repaired as it could lead to me falling." We saw individual assessments of risk including medicines, mobility, fire safety and pets. One person said, "They (staff) even make sure [pet's name] is out of the way when they use the hoist with me." One relative told us, "[Relative's name] is always moving around without their walking frame. I and the carers keep reminding them about the risks of falling but they keep doing it." Staff we spoke with understood people can take risks they feel are acceptable. However, staff also remind people of the potential consequences of falling and to take reasonable measures to keep safe. Staff members told us they ensure all aids to assist with mobility are available should individuals choose to use them.

Staff members knew how to report incidents or accidents and these were monitored by the registered manager. The registered manager had systems in place to identify any trends or patterns and took action when needed. For example, following reports regarding one person's reduced mobility the registered manager recognised their risk of falls had increased. The registered manager then made a referral for reassessment to ensure the risk of further incidents was reduced.

People told us they received support from a consistent staff team who knew their individual needs and who were, on the whole, on time. One person said, "To be honest they're always on time and we have no

concerns." The people we spoke with understood that services were often delivered across a rural area and sometimes staff members could be late. However, people told us if there was a delay they would be notified by the office or the individual staff member. People told us they appreciated being informed but lateness of staff members was not a significant issue for people or their relatives.

The registered manager had processes in place to respond to people's changing needs and to ensure enough staff were available assist them. For example, when someone required extra assistance the registered manager requested an additional assessment of need and the person's calls were increased. This ensured they received the correct amount of support to keep them safe and well.

Staff members told us before they were allowed to start work checks were completed to ensure they were safe to work with people. References and checks with the Disclosure and Barring Service (DBS) were completed and once the provider was satisfied they could start work. The (DBS) helps employers make safer recruitment decisions and prevent unsuitable individuals from working with people. The provider had systems in place to address any unsafe behaviour displayed by staff members which included additional training or disciplinary action.

We looked at how people were supported with their medicines. People told us they were happy with the assistance they received regarding their medicines. One person told us, "I can take my medicines myself but they (staff) check with me just to make sure I have not made any mistakes."

Staff members told us they received training and were assessed by a senior staff member as competent and safe to support people with their medicines. Regular checks are made by the registered manager to ensure staff members follow safe practice. Should any errors occur staff members told us they would report them immediately and seek medical advice to ensure no ill effects were experienced by the person concerned.



Our findings

People told us they thought the staff supporting them were trained and skilled to assist them. One relative said, "Everyone who comes out here seems to know what to do." Another person told us they believed the staff were well trained and skilled in what they do. Staff members we spoke with told us they received regular training opportunities to increase their skills and knowledge. One staff member said, "When I started I did a week long induction where we covered everything I needed to help people. This included mobility, infection control and health and safety." Another staff member told us they worked alongside a more experienced staff member for a week. They said, "This was so I got to know people and they got to know me. At the end I met with [registered manager's name] and they asked how I had got on. If I needed more time to increase my confidence that wasn't a problem."

Staff members received training specific to the needs of those they would be supporting. One staff member told us that training in a particular medical procedure had been given to all staff members. This was provided before they started to support the person requiring their assistance. At this inspection we saw one staff member completing their on-line training with guidance from the registered manager.

People were supported by staff members who felt supported to complete their role. One staff member said, "We have regular one-to-one meetings with either the senior or [registered manager's name]. During these meetings we can talk about anything we need regarding our jobs and any improvements that are needed." Staff members told us during these sessions they could suggest additional training they felt would benefit the people they supported. One staff member told us, "I didn't really know about the specific signs of early dementia. Training was provided and I now feel able to recognise the signs and report any concerns I have. This helps people to get the help they need early on."

Staff members had the skills to effectively communicate important information between themselves, the person they supported and anyone else involved in their care. One relative told us, "A folder is kept in the home. Everyone is encouraged to write in it and pass messages to one another. This helps to keep us informed as well as other staff. It means we all know about any changes."

We looked at how people were offered choices and decisions about their care. The care manager told us people's capacity to make decisions is assessed only when required. People we spoke with told us staff members supported them to make choices and decisions about the support they received. One person told us, "They (staff) know I like a sandwich for lunch. Yet they always ask me what I want in it and never presume." One staff member told us, "When offering choice you don't present a vast number of options. This

can lead to confusion and upset and the person just saying no. We all have an understanding of people's abilities to make decisions and so adapt how we present choice. This can be as simple as showing someone two packs of cereal and waiting for them to point to the one they want." The care manager and staff knew the actions to take if someone lacked the capacity to make decisions for themselves and how to act in the person's best interests.

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. The application procedures for these are called the Deprivation of Liberty Safeguards (DoLS). Any applications must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. The provider had trained and prepared staff in understanding the requirements of the MCA. At this inspection it had not been necessary for the provider to make any such applications.

People told us staff asked them for their consent before they supported them. Staff and the registered manager told us that everyone who used the service had the capacity to give their consent to the care they received and make their own decisions. Staff understood how to support people to make their own decisions. They told us they would speak with the registered manager if they had any concerns about a person's capacity to consent. The registered manager understood their responsibilities under the MCA and was clear on the process they would need to follow if they believed a person was being deprived of their liberty.

People told us they were assisted to receive enough food and drink to maintain well-being. One relative told us that staff members sit and assist their family member to eat. They said, "Staff take the time to encourage [relative's name] to eat what they can." Staff members were able to tell us what people liked to eat and drink and what foods they could encourage people to eat if diet became an issue. One staff member told us, "We know we can always get [person's name] to eat just by making a corned beef sandwich." People told us staff members assisted them to make meals they found enjoyable and appetising. One person told us, "They [staff member's name] has been to the butchers and have just cooked me something nice for my lunch."

People had access to healthcare services, including GP, district nurses and occupational therapists and were supported to maintain good health. One relative told us, "I will always get a note from them (staff) if ever they think [relative's name] is unwell. However more times than not they will have already phoned the GP and sought advice and then let me know what they said. It is reassuring to know they are pro-active in making sure [relative's name] stays well."



Our findings

People and relatives we spoke with described the staff members supporting them as excellent, brilliant, friendly and humorous. One person told us, "We always have a chat about their day as well as mine. I don't get out much so it is nice to hear what is happening." Staff members spoke about those they supported with warmth, kindness, respect and fondness. One staff member told us, "[Registered manager's name] goes out first and then lets us know all about the person including what they used to do. This helps us when we first meet them as we can talk and get to know the person. We have time to chat and it's amazing to hear about the lives people live." Staff members were able to tell us about the people they supported, what they did, who mattered in their lives and their personal preferences. People were supported by staff members who took an interest in them and who enjoyed the interactions they had together.

People had their diversity respected by staff members providing support. Staff we spoke with told us of specific methods of supporting people in order to comply with their wishes, religious and spiritual needs. All staff members we spoke with could tell us the specific requirements they had to follow in order to support the person to fulfil their individual requirements.

Staff took the time and opportunity to reassure people in times of upset and worry. One relative told us, "[Relative's name] was resistant to accepting any help whatsoever. They would always say they had done it themselves. Staff recognised they were embarrassed and upset about having help. They really took their time with them and now work together to ensure [relative's name] receive the support they need."

People felt that staff communicated with them in a way they liked and adapted how they spoke with them depending on their needs. One person said "I do like a bit of a joke so we do have a little laugh when they get here. Even if they have to shout up a little." We saw people were provided with a pack of information containing all the details they needed relating to their care and support. One person told us, "If I need to know something I can just look in my folder. Failing that I will just phone the office and they will tell me or point me in the right direction."

People were involved in making decisions about their own care and support. Staff were aware of people's decisions and these were recorded so staff supported people in a consistent manner. People told us staff members would always greet them and then ask what they would like help with. One person told us, "It really is up to me how we spend the time we have together. However, I usually just want a wash and something to eat. I have simple needs but they (staff) always want to know if I need anything else." People told us they were supported to remain in their own homes and to be as independent as possible with

assistance of staff from quality home care.

People told us their privacy and dignity was respected by staff providing support. One person said, "What I don't like is when I have to use the hoist. They (staff members) never make it an issue and I feel comfortable with them supporting me. I used to feel embarrassed but they always make sure it is done with the utmost dignity." Others we spoke with told us they believed they were treated with dignity and that staff supported them with respect.

People we spoke with were confident the information concerning them was treated appropriately and not divulged without their permission. Staff member's we spoke with told us information relating to the person is confidential and should not be shared unless prior permission is gained.



Our findings

People had care plans which were personal to them. People told us when quality home care first started providing support for them the registered manager came out and met with them and their family members. One relative told us they helped their family member when they met the registered manager and went through everything that was needed. They told us the registered manager detailed all of their support needs including personal histories and individual likes and dislikes. One staff member said, "Everything we need to know someone is written down so we know what is expected of us. However, we will always ask what someone wants when we arrive as people do change their minds." Another staff member told us, "The care plan is an outline of the person but you really don't get to know someone until you start working with them and build a relationship. As we get to know people we can feed any important bits of information for inclusion in the care plan."

People and their relatives told us that their care and supports plans were regularly reviewed to account for any changes. One staff member told us they recognised one person's need had changed and they believed they needed increased support. They said, "The registered manager arranged a reassessment. They involved the occupational therapist and a range of different pieces of equipment including a suitable bed and different hoist. This helped us to meet their needs better." One relative told us, "We have regular reviews with the registered manager just to make sure everything is going ok. We don't need any changes at the moment but are confident if we did the registered manager will arrange it for us."

Staff members we spoke with could tell us about those they supported. This included personal preferences and things that mattered to them including hobbies and interests. One person told us, "They (staff) know the little things that bother me. I like the remote control and my phone to be left exactly where I want them. Everyone knows this and everyone checks before they leave that I have what I need."

People felt comfortable about raising any concerns or complaints with staff or the registered manager. One person said, "I have all the information I need in my folder in case I want to get in touch with the office. However, I know the number and would just give them a call if I had any concerns, which I don't." Everyone we spoke with told us they were happy with the services that they received from quality home care. We saw packs of information which were provided to people and which included the complaints policy and forms on which to make their concerns known.

The registered manager had a system in place to receive, investigate and reply to any complaints received. Staff members told us they received text messages reminding them of the standards the registered manager

expected and what we need to do to meet these expectations. One staff member said, "I believe we received a concern from one person following a visit from another staff member. [Registered manager's name] spoke to the person and we all received a reminder about standards."



Our findings

People told us they felt they were kept informed about the services they received from quality home care. All those we spoke with knew the registered manager and told us they saw them on a regular basis. People and their relatives told us they found the office staff approachable and efficient. Everyone we spoke with told us they had a positive experience when contacting the registered manager or the office and that any concerns or queries were answered promptly. People, relatives and staff members had access to an out of hour's number they could ring at time of emergency or for advice and guidance. All those we spoke with told us if they ever needed the out of hour's service this was answered promptly and appropriate assistance provided.

People and staff told us they believed the management team at quality home care was open and transparent. Staff members told us they received information either through text messages or at a team meeting if anything had gone wrong. One staff member said, "We were all made aware of an error with a recording of a medicine. There was no harm but we were all told about it in order to prevent it from happening again in the future." Staff members were aware of what was expected of them in terms of their role and the support they offered. Staff members had access to information in the form of policies and procedures which they could access and refer to when they needed. Staff members were aware of the provider's whistle blowing policy and were confident they would be supported if they needed to raise a concern. One staff member told us, "I have no doubt that I would be fully supported if I needed to raise a concern about anyone working here. We are all here for those we support and if something was wrong it needs sorting straight away." All staff members we spoke with told us they felt supported by the provider. One staff member said, "Even if they think you are having an off day they will phone you and get you in for a coffee and a chat. It is that type of company."

Staff members we spoke with told us they had regular opportunities to discuss aspects of their work as part of team meetings. One staff member said, "It is a two way process and we can raise anything we want as well as hear about updates [registered manager's name] has to tell us." Staff members felt their views and opinions mattered. One staff member told us they suggested a specific training they felt would increase their confidence in working with a particular medical condition. This training was rolled out to all staff members following this suggestion.

Staff members were kept informed with newsletters, memos and text messages as well as phone calls if the information needed to be relayed urgently. Staff members told us they also received a regular thank you or praise from the registered manager. This could be as simple as gratitude for helping out on an extra shift or a

compliment received from a family member or person receiving support. Staff we spoke with told us this helped to keep them motivated and that they felt valued as employees.

People and their relatives were encouraged to feedback on the service they received by either completing one of the regular questionnaires sent out or through the review process. We saw the results of the latest questionnaire which included detailed actions and feed back to the person. For example, one person commented on the call times they received and that they desired an earlier call. We saw actions taken including communication with the person and changes made following their feedback.

At this inspection there was a registered manager in post. The registered manager understood the requirements of their registration with the Care Quality Commission. The provider had appropriately submitted notifications to the Care Quality Commission. The provider is legally obliged to send us notifications of incidents, events or changes that happen to the service within a required timescale.

The registered manager maintained their personal and professional development by subscribing to a variety of professional development websites and support organisations. Any learning or changes to practice was cascaded to staff members through regular team meetings or one to one sessions.

The provider had systems in place to monitor the quality of service provision. The registered manager told us they assessed information from quality checks, incident and accidents and feedback from people and staff which they used to drive improvements. As an example of this during one of the quality checks it was identified that a piece of equipment was no longer meeting the person's needs effectively. A reassessment was arranged and alternative more suitable equipment provided.