# Quality Of Life Homecare Limited

# Unit 2 Watling Gate

**Inspection report**

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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 |

## Overall summary

The inspection took place on 4 and 10 March 2015 and was announced. 48 hours' notice of the inspection was given because the service is small and the manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available when the inspection took place.

Unit 2 Watling Gate is a domiciliary care agency that provides a range of care supports to adults living in their own homes. At the time of our inspection the service provided personal care to three people.

Unit 2 Watling Gate was registered with The Care Quality Commission on 6 September 2013. This was their first inspection.

The Service had a registered manager. 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.

Family members spoke positively about the care that was provided by the service. One told us that they had recommended the service to others.

# Summary of findings

Records of administration of medicines were limited. Staff prompting people to take their medicines recorded this in daily notes of care. It was not clear from these notes whether or not this had always been recorded.

We have made a recommendation about medicine administration records.

People were protected from the risk of abuse. The provider had taken reasonable steps to identify potential areas of concern and prevent abuse from happening. Staff members demonstrated that they understood how to safeguard the people whom they were supporting. Training and information was provided to staff.

Risk assessments were up to date and contained detailed information for staff members in how to manage any identified risk to the person they were supporting.

Staff recruitment processes were in place to ensure that workers employed by the service were suitable. Staffing rotas met the current support needs of people. Staff had access to management support at any time of day or night.

Staff training was generally good and met national standards for staff working in social care organisations. Induction training was refreshed regularly and enhanced by addition training sessions. Staff members received regular supervision sessions with a manager, but this was not always recorded.

Staff members that we spoke with understood the importance of capacity to consent, and we saw that information about consent was included in people's care plans. The service's policy on Mental Capacity required updating.

Information regarding people's dietary needs was included in their care plans, and detailed guidance for staff was provided in order to ensure that they met individual requirements.

Staff members spoke positively and respectfully about their approaches to care, and the people that they provided care to.

Care plans were up to date and contained detailed information about people's care needs and how these would be supported. Family members were positive about the quality of care that was provided and the information that they received. The quality of care was monitored regularly through contact with people who used the service and family members where appropriate.

People who used the service knew what to do if they had a concern or complaint.

The service was well managed. Staff and family members spoke positively about the registered manager. A range of processes were in place to monitor the quality of the service, such as spot checks of care practice, and service user satisfaction surveys.

# Summary of findings

## The five questions we ask about services and what we found

We always ask the following five questions of services.

**Is the service safe?**

Requires Improvement

Aspects of the service were not safe. Administration of medicines was recorded within daily notes and it was difficult to see if information had always been recorded. There was no specific medicines administration record.

Risk assessments were up to date and included management plans that contained detailed guidance for staff providing care.

Staff we spoke with understood the principles of safeguarding, how to recognise the signs of abuse, and what to do if they had any concerns.

**Is the service effective?**

Good

The service was effective. Family members of people who used the service told us that they were happy with the support that they received.

Staff members received regular training and supervision and staff meetings were held on a weekly basis.

Staff members understood what to do if they had concerns about people's capacity to consent to any care activity. The service's policy on Mental Capacity required updating.

**Is the service caring?**

Good

The service was caring. Family members of people who used the service spoke positively about staff members' approach to care, dignity and respect.

Staff members that we spoke with spoke positively about the people whom they supported and described positive approaches to care.

The provider had arrangements in place to ensure that people were matched to appropriate care staff, and to ensure that, wherever possible, people would not be supported by a carer that they were unfamiliar with should one of their regular carers be absent.

**Is the service responsive?**

Good

The service was responsive. Care plans were up to date and detailed information about how and when care should be provided. Care plans and assessments contained information about people's needs, interests and preferences.

People who used the service knew what to do if they had a complaint.

**Is the service well-led?**

Good

The service was well-led. There was a registered manager in place.

Family members of people who used the service and staff spoke positively about the management of the service.

# Summary of findings

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|---|---|
| Effective quality assurance procedures were in place. | |

# Unit 2 Watling Gate

**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.

We visited Unit 2 Watling Gate on 4 and 10 March 2015. The inspection team consisted of a single inspector. We reviewed records held by the service that included the care records for the three people using the service and four staff records, along with records relating to management of the service. We also spoke with the registered manager who was on site during our visits. In addition to this we made telephone contact with two staff members and, although we were unable to speak with any of the three people who used the service, we spoke with two family members.

Before our inspection we reviewed the information that we held about the service. This included notifications and other information that that we had received from the service and the Provider Information Return (PIR). This is a form that asks the provider to give key information about the service, what the service does well, and the improvements that they plan to make. We also made contact with two key professionals from London Borough of Harrow Social Services.

Requires Improvement

# Is the service safe?

## Our findings

Family members of people who used the service told us that they felt that the service was safe and that they were confident with the quality of care staff. One family member told us that, "I don't have any problems, but if I did, I would phone the manager and I am sure that they would sort it out."

The service had a policy and procedure for administration of medicines. The care files that we saw included detailed assessments of the medicines that people used, that included what they were for. However we had concerns about the recording of administration of medicines. The three people who used the service required prompting to take their medicines and the policy and procedure specified that full details of this should be recorded. However, the care records that we viewed for people showed that there was no format for doing so. Care staff made records of prompting for medicines and of any failure to take medicines within the person's daily care notes. It was difficult to tell from the care notes that we saw whether all such prompts and failures had been recorded.

We raised this with the registered manager, who told us they would be introducing a medicines administration record for the service.

The risk assessments for people who used the service were up to date. These included information about a range of risks relevant to the person's needs, for example, moving and handling, mobility, falls, managing body fluids and risk within the community. Risk assessments were supported by detailed risk management plans with clear guidance for staff about the approaches that they should use to reduce risk. We saw that they included information about how to support the person's communication needs and preferences in addition to practical information in relation to managing any risk.

Risk assessments also included information in respect of environmental risk, and safety of equipment. Staff members had received moving and handling training prior to working with people who required this support.

The service had an up- to-date safeguarding policies and procedures covering care of both adults and children. Staff members were able to describe types of abuse, the signs and indicators that might suggest abuse, and what they should do if they had a safeguarding concern. Training records showed that all staff had received training in safeguarding.

The service also had a policy on whistleblowing. Staff members told us that they had received training on this as part of their induction and demonstrated that they knew what to do if they needed to report any concerns.

We looked at four staff files. Staff recruitment records included copies of identification documents, evidence of eligibility to work in the UK, two written references, application forms and criminal record checks. Staff files also contained training certificates and supervision records. We saw evidence that staff members were not assigned work until the service had received satisfactory criminal records clearance from the Disclosure and Barring Service.

There were sufficient staff members available to support the people who used the service. We saw from the staff records that the service had recently recruited and trained a number of new staff members who had not yet been assigned work, as the service was currently taking on new referrals and the registered manager told us that it was important to have enough staff in order to be prepared for these.

All staff had received training on infection control procedures and was provided with disposable gloves, aprons and anti-bacterial gel, along with information regarding safe disposal of these and other relevant waste. We saw that stocks of these were held at the office and staff members told us that they went into the office weekly to obtain new supplies. One said, "if I think I am running out, I phone my manager and they will deliver them to me."

All staff members received a copy of a staff handbook at induction. This included information about safe practice and emergency procedures and contacts.

The service maintained a 24 hour on-call service. Staff members and people who used the service and their family members told us that they knew what this was and would use it if they had any concerns and needed to speak with a manager. The provider also had a business continuity plan in place that included, for example, actions to be taken in case of severe weather conditions or office closure.

Requires Improvement

# Is the service safe?

**We recommend that the service consider current guidance on the use of medicines administration records and take action to update their practice accordingly.**

Good

# Is the service effective?

## Our findings

Family members of people who used the service were positive about the support that they received from staff. We were told, "the carers are very good," and, "they are lovely. I am really happy with the service."

Staff members received induction training prior to commencing work with any person who used the service. This followed the requirements of the Skills for Care Common Induction Standards for workers in social care services and took place in a dedicated training room adjacent to the service office. Qualified external trainers were used to deliver some of this training, for example, moving and handling of people and infection control. A programme was in place to ensure that training was updated on a regular basis. The registered manager was aware of the new Care Certificate for induction training of staff in social care that will be in place from April 2015. Staff members that we spoke with were able to list the training that they had received and one stated that, "I thought the training was really helpful."

The registered manager met with members of the staff team on a weekly basis and we saw that notes of these meetings were recorded. Team meeting notes showed that information about the needs of people using the service was discussed, along with issues relating, to, for example, good practice in care, and general service delivery issues.

We did not see any notes of individual supervision meetings with staff, although staff members that we spoke with told us that they had weekly one- to-one meetings with the registered manager. One staff member said that at these meetings, "we talk about my client and discuss any questions that I have. My manager also tells me about anything new I need to know, such as training and new procedures." We were also told that, "if I need to speak to my manager, I can call them any time." Although notes of these meetings had not been recorded, there were detailed records of monthly spot checks of care that took place at the home of the person. These included information about actions for staff. We discussed the limited recorded evidence of staff supervision with the registered manager. They told us that they would ensure that notes of individual meetings with staff members would be recorded in future.

The service was complying with the Code of Practice of The Mental Capacity Act (2005). The care plans for people who used the service clearly showed that they had capacity to make decisions, and provided guidance for staff about how they should support decision making in day-to-day care. We asked staff members what they would do if they felt that a person was losing their capacity to understand, and were satisfied that they understood their responsibilities. One member of staff said, "I would try different ways of helping them to understand the question. If they still didn't understand me, I would tell my manager."

The service had a policy on The Mental Capacity Act (2005). However, this did not include reference to more recent guidance in respect of the Deprivation of Liberty Safeguards (DoLS) that are part of The Mental Capacity Act. We discussed this with the registered manager who told us that they would ensure that the policy was updated to ensure that the needs of any future service users were addressed, and that this would be covered in training.

People had signed their individual care agreements to show that that they had consented to the care that was being provided by the service. However, associated risk assessments and care plans had not always been signed by the person receiving care. The registered manager told us that these would be discussed again with people and signatures asked for. At our second inspection visit we saw that this had been done.

Care plans contained detailed information about people's health needs and how these should be supported by staff, along with contact information for health professionals. Where staff had made contact with professionals, such as the person's GP or community nurse, this was recorded in their care notes.

Care staff were involved in meal preparation, and we saw that care plans and risk assessments for people who were being supported with eating and drinking were clear about the reasons why support was required. They also provided detailed guidance for care staff about how to support people with these tasks. This included information about preferred food and drink, offering choice, and when and how people should be supported.

Good

# Is the service caring?

## Our findings

Family members that we spoke with told us that they considered that the service was caring. One said that, "the staff are brilliant. They are really accommodating and seem to be well trained." We were also told that, "I have recommended the service to other people."

We were unable to see care being carried out, but the staff members that we spoke with talked about the people whom they supported in a positive, caring and respectful way. We were told that, "I really enjoy my work. I know that if work with people in a positive way it makes a difference to them." Another staff member said, "my client is lovely. I treat them how I would like to be treated and that is important."

A family member told us that, "carers are always introduced before they start working with my parent." Wherever possible, people were matched with care staff on the basis, of, for example, gender, language or interests.

The registered manager told us that new staff members, or those new to the person who used the service, would shadow established staff members in order to understand the person's needs and establish a relationship with them. One staff member told us, "this helps me to get to know the person and what they need from me."

We saw that care plans included information for staff members on how they should support people to make choices about how their care was delivered. A staff member told us, "it is important that I talk to my client and make sure that they are happy with what I am doing." The family members we spoke with confirmed that they thought that staff fully involved the person in their care.

We asked about approaches to dignity and privacy. A family member said, "the carers are always respectful and listen to my parent's needs." Staff members told us that they received training about dignity in care at induction, and this was confirmed by the training records and information contained within the staff handbook.

We viewed information that was provided to people who used the service and saw that this was delivered in an easy to read format that was supported by illustrations. The registered manager told us that they would endeavour to provide this in other languages and formats if this should be required in the future. A family member said, "I can't fault the information, and the manager always lets us know if there is anything new."

Good

# Is the service responsive?

## Our findings

Family members of people who used the service told us that they were pleased with the support provided. We were told, “they are always very flexible and responsive.”

Care documentation included assessments of people’s care needs that were linked the local authority care plan. Assessments contained information about people’s living arrangements, family and other relationships, personal history, interests, preferences and cultural and communication needs. The assessments also included information about other key professionals providing services or support to the person.

People’s care plans were clearly linked to the assessments, and to risk assessments for specific activities. We saw that care plans provided information about each task, along with detailed guidance for care staff about how they should support the person with these. This included, for example, information about how the person liked to be communicated with, how choice should be provided, and how best to support people with their mobility needs. Step-by-step guidance was provided for staff involved in moving and handling tasks, including use of hoists and transfer equipment. All care plans were clear about the importance of ensuring that staff members communicated with people about how their care was being delivered to enable choice and full participation in care activities.

We saw that people’s care plans were up to date and contained review dates. The registered manager told us that, if there was a change in any person’s care needs, this would trigger an immediate review of the assessment and care plan. Staff members that we spoke with told us that they were kept informed about any change in need. We were told, “we meet every Monday, and discuss the care plans,” and, “the manager phones us if there are any changes.”

Daily care notes were recorded and kept at the person’s home, and we saw that these contained information about care delivered, along with detail about the person’s response to this and any concerns that care staff had. Staff members that we spoke with told us that they always read these notes when they arrived at a person’s home to ensure that they were made aware of any issues that they needed to be alerted to.

The service had a complaints procedure that was available in an easy read format. This was included in the Service User Guide that was provided to all people who used the service at the commencement of their care agreement. The family members that we spoke with said they were aware of the complaints procedure and told us that if they had a concern or complaint about the service, they would raise this with the registered manager.

The record of complaints, concerns and compliments maintained by the service showed that there had been no complaints during the past year.

The records maintained at the service showed evidence of partnership working with other key professionals involved with people’s care, for example general practitioners and community and specialist nursing services.

Good

# Is the service well-led?

## Our findings

The service had a registered manager and family members of people who used the service knew who this was. They spoke highly of the management of the service. We were told, “I can always contact the manager if we have any concerns or questions,” and, “the manager is in touch regularly.”

The care files that we viewed showed that quality assurance processes such as on-site spot monitoring, telephone checks with people who used the service, and home visits by the registered manager to check on people’s views of the service took place. One family member said, “the manager is in regular contact with us to see how things are going. They always ask for feedback about staff.”

We saw that records of monthly spot checks by the manager were in place for the three people who used the service. These took place in the person’s home and included observations of care practice and reviews of records maintained in the home. The records included information about actions taken as a result of the checks where appropriate. The service had also introduced client satisfaction questionnaires and we saw examples of these that rated the service highly.

The notes of weekly staff meetings showed that quality of care was discussed regularly with the staff team, and this included information in relation to best practice guidelines and standards, for example in dementia care. This was confirmed by the staff members that we spoke with. One said, “the manager keeps us updated with new information.”

Staff members spoke positively about the registered manager and told us that they felt well supported in their role. Staff members said that they could contact their manager at any time, and would not wait until a meeting if they had any questions or concerns. One said, “my manager is brilliant. She always listens and is really helpful.” They also spoke positively about other colleagues, and we were told, “it is a really good team.”