

Quality Caring Limited

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Inspection report

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Ratings

Overall rating for this service

Good 

Is the service safe?

Good 

Is the service effective?

Good 

Is the service caring?

Good 

Is the service responsive?

Good 

Is the service well-led?

Good 

Overall summary

The inspection took place on 16 June 2015 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 last inspection of the service took place on 2 April 2014 where we found no breaches of Regulation.

Quality Caring Ltd is a domiciliary care agency providing personal care and support to older people living in their own homes. The agency is a privately owned company. At the time of our inspection they provided 1,400 hours of care each week to 105 older people who lived in the

London Borough of Hounslow. The majority of people had their care funded by the London Borough of Hounslow, although 35 people funded or partly funded their own care. There was a registered manager in post. 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 and associated Regulations about how the service is run.

Summary of findings

There were procedures for safeguarding adults and the staff were aware of these. The risks to people's wellbeing and safety had been assessed and there were plans to reduce the likelihood of harm.

The agency employed enough staff to meet people's needs safely.

People were given the support they needed with medicines.

The staff had the training and support they needed to care for people.

People had consented to their care and support.

People's health and nutrition needs had been assessed, recorded and were monitored.

People had positive relationships with the staff who cared for them. They told us the staff were kind and caring. People said their privacy and dignity was respected.

People's individual needs had been assessed and recorded in care plans. The care plans reflected their preferences and views. People's needs were regularly reviewed and they contributed to these reviews.

People knew how to make a complaint and complaints were responded to appropriately.

People felt there was a positive and welcoming culture at the service where they could voice their opinions.

There were systems to assess and monitor the quality of the service and risks. The agency worked closely with the local authority to assess the service. People were asked for their feedback.

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?

Good



The service was safe.

There were procedures for safeguarding adults and the staff were aware of these. The risks to people's wellbeing and safety had been assessed and there were plans to reduce the likelihood of harm.

The agency employed enough staff to meet people's needs safely.

People were given the support they needed with medicines.

Is the service effective?

Good



The service was effective.

The staff had the training and support they needed to care for people.

People had consented to their care and support.

People's health and nutrition needs had been assessed, recorded and were monitored.

Is the service caring?

Good



The service was caring.

People had positive relationships with the staff who cared for them. They told us the staff were kind and caring. People said their privacy and dignity was respected.

Is the service responsive?

Good



The service was responsive.

People's individual needs had been assessed and recorded in care plans. The care plans reflected their preferences and views. People's needs were regularly reviewed and they contributed to these reviews.

People knew how to make a complaint and complaints were responded to appropriately.

Is the service well-led?

Good



The service was well-led.

People felt there was a positive and welcoming culture at the service where they could voice their opinions.

There were systems to assess and monitor the quality of the service and risks. The agency worked closely with the local authority to assess the service. People were asked for their feedback.

Quality Caring Limited

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 checked 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.

The inspection took place on 16 June 2015 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. Before the inspection we looked at all the information we had about the service, including notifications of significant events, incidents and safeguarding alerts which had taken place since we last inspected on 2 April 2014.

During the inspection visit we met and spoke with the staff who worked in the agency office. These included the registered manager, general manager, care supervisor, administrator and medication and HR supervisor. We looked at the care records for five people who used the service, these records included care plans, risk assessments and daily logs. We looked at the record of complaints, quality monitoring and audits. We looked at medicines management and records relating to this, information shared with staff and how the provider monitored the way the service was managed. We also looked at the staff training, recruitment and support records for five members of staff.

We contacted the London Borough Hounslow who commissioned the majority of the service to ask them how they felt about the agency. Following the inspection we spoke with eight people who used the service, five relatives of people who used the service and four care assistants.

Is the service safe?

Our findings

People told us they felt safe with the agency. Some of the things they said were, "I feel they look after me and I am safe with the carers. I can always call the office and (managers) visit me to make sure everything is ok" and "they keep (my relative) safe and it is peace of mind."

The agency had appropriate procedures for safeguarding vulnerable adults. Copies of these were shared with the staff and people who used the service. The staff received training in this area when they started work and training was updated annually. The staff we spoke with were able to tell us about different types of abuse and what they would do if they had concerns. One member of staff said, "if we see someone is feeling anxious or worried and we know this is not normal we would try to find out why." They went on to say, "if we thought they were being abused we would tell our manager." The staff knew they should speak with senior staff and, if necessary, report any concerns to the local safeguarding authority.

Since our last inspection there had been two instances where an allegation of abuse had been made regarding someone who used the service. The agency had taken appropriate action to report these concerns to the Care Quality Commission (CQC) and had liaised with the local safeguarding authority. The manager had made sure allegations were investigated and had kept accurate records of the alerts, investigations and outcomes from these.

When people started using the service a senior member of staff met with them to assess their needs. As part of this assessment they looked at the risks to their safety and wellbeing and risks for staff when supporting them. Risk assessments included an assessment of the environment, equipment used, access and escape routes, care processes (including infection control, medicines management and food safety), conditions of the person's skin and moving them safely. The assessments recorded the person's communication needs, abilities and how the staff could minimise the risks. These were reviewed monthly and updated when there was a change in the person's needs or their environment. We saw updated copies of these assessments in people's files and copies were also kept at their home and sent to staff who were due to support the person. People had signed the original assessment to show

they had understood, agreed and consented to these. Therefore people could be confident that risks had been identified and appropriate action had been taken to minimise these.

There were enough staff employed to meet people's needs. The agency made sure that all staff absences and sickness were covered and they told us they never missed a planned visit. The office staff made sure care assistants were available to attend to everyone's needs and told us they sometimes covered short notice leave from staff. During our visit we heard the office staff speaking to care assistance making sure they were aware of the people they needed to visit, including changes to their working schedule. Records of care visits showed that the staff were generally on time and that they stayed for the agreed length of time. The agency told us they were recruiting more staff so they would have greater flexibility and be able to support more people.

Recruitment procedures were designed to make sure staff were suitable to work with vulnerable people. The managers interviewed potential candidates. Interviews included discussing various scenarios. We saw copies of interview notes in the staff files we looked at. The staff had answered a number of appropriate questions. The agency requested reference and criminal record checks and these were received before the person started work. We saw evidence of these, checks on the person's identification and completed application forms in all the staff files we viewed.

People had the support they needed to manage their medicines. All the staff were trained to administer medicines. Senior staff assessed their competency to do this when they started work and during regular checks, at least every six months. The agency employed a senior member of staff who took a lead role making sure medicines were managed safely. They liaised with the GPs and pharmacists and were able to provide evidence of action they had taken to make sure people had the right medicines. In one example, a care assistant had noticed a change in one person's medicine and alerted the agency to this. The agency spoke with the GP and pharmacy and established the pharmacy had made a mistake; they were then able to rectify this and make sure the person received the correct medicine. In another example, a care assistant

Is the service safe?

had given the agency feedback about one person's negative response to taking a medicine. The agency had contacted the GP who had change the person's medicine to one which suited them better.

The agency had clear, accurate and up to date records for all medicines prescribed to the people they were supporting. The managers checked that these were completed appropriately.

Is the service effective?

Our findings

People told us they thought the staff were appropriately trained and supervised. Some of the things they said were, “they turn up on time and they do what they are supposed to”, “the carers know what they are doing, I trust them” and “they know all about me and what I need.”

The agency had a record of all staff training. They organised for staff to have annual refresher training in safeguarding adults, moving and handling and medicines management. They had systems to monitor when staff training was due. We looked at staff files and saw evidence of their training. New staff were expected to take part in induction training and shadowing experienced members of staff. This was recorded. At the end of their induction their skills were assessed. Therefore people could be confident the staff had the right skills to care for them.

The agency held regular staff meetings, individual meetings and appraisals of their work. These were recorded. We saw that staff had had regular supervision, been assessed in the work place and had opportunities to discuss their work with managers. The appraisals included opportunities for the staff to say if they wanted any specific additional training. The managers also identified any gaps in their skills and knowledge. The staff we spoke with told us they felt well supported.

The agency provided all staff with mobile phones and updated them with information they needed to know for their work. They also produced a newsletter every two weeks which gave all the staff updates about specific people's changes in need, reminders about policies or good practice and recognition of hard work or compliments received. Therefore people could be confident the staff had the support and information they needed to care for them safely.

People's capacity to consent had been assessed and recorded. Their consent to their care plan, treatment, staff

use of keys and medicines management was recorded. Where people did not have capacity to consent there was evidence the provider had discussed their best interests with the person's next of kin and other relevant persons. The person's next of kin had signed agreements to the care plan and this was appropriately documented.

The managers were aware of their responsibilities under the Mental Capacity Act 2005 and had undertaken relevant training. They had shared information with the staff and were organising training in this for all staff.

The law requires the Care Quality Commission (CQC) to monitor the operation of the Deprivation of Liberty Safeguards (DoLS). DoLS provides a process to make sure that providers only deprive people of their liberty in a safe and correct way, when it is in their best interests and there is no other way to look after them. The manager told us there were no restrictions in place by the service. She was aware of the provider's responsibilities to safeguard people if restrictions were applied.

The agency told us people had the same regular carers and they were aware of people's individual healthcare needs. These were recorded in their care plan along with contact details for their GP and other healthcare professionals. The daily logs recorded by staff included information on people's health and wellbeing. There was evidence that the provider had acted appropriately when someone's health had deteriorated. The managers told us they contacted relevant people if they had concerns about someone's health or the equipment they used needed to be checked or changed.

People's nutritional needs were assessed and if they needed support with food this was recorded in their care plan. Most of the people we spoke with told us they did not require support with meals or they just needed staff to heat up meals. People told us they were happy with the support they received.

Is the service caring?

Our findings

People told us they liked the care assistants who visited them. They said they had the same regular carers and they got on well with them. Some of the things they said were, “the girls are lovely, they know me and we have a little laugh together”, “I have the same regular carer and she is very kind”, “I can’t fault them”, “they always make sure I am alright before they leave, they give me a drink, do the washing up and have time to have a little chat” and “they really seem to care for (my relative) and she is very fond of them.”

The care assistants spoke with affection about the people they cared for. Some of the things they said were, “if it was my mum I would want her to be cared for properly and I always think about that when I am looking after people”, “I really like my regular clients, we get on well”, “it is

important to care for the older generation, they have done so much for us and I want to give them something back” and “it is important to treat people respectfully even if they grumble, it’s my job and I need to respect them.”

The managers told us the staff had a “positive attitude”, “really cared” and seemed to “love their jobs.” One of the managers told us they were impressed with the level of dedication and care the staff gave to their role.

People told us their privacy was respected. The staff had undertaken training to understand about dignity, respect and privacy as part of their induction. They demonstrated a good understanding about this. For example one care assistant said, “we should always knock and make sure we introduce ourselves when we arrive.” Another care assistant told us, “it can’t be very nice being hoisted in the air, so we need to remember this when we are moving someone, I always try to reassure them and tell them they will be safe.”

Is the service responsive?

Our findings

People told us their needs were met and they were able to request changes to their care. They told us the agency had developed care plans which they had agreed to. Some of the things they said were, "(the care assistants) do everything I need them to do, they are good", "we are happy with (the agency) we were worried about the care we would receive but it has worked out well", "they arrive on time and stay until everything is done" and "they are such a peace of mind, I know that (my relative) will get the help he needs each morning, he will eat something and he will have some company when I can't be there."

The agency's visiting officer met with new people, and their next of kin if needed, to carry out an assessment of their needs. These assessments included information about the person's preferences, life style and their requirements of the service. The assessments looked at risks to the person's wellbeing and included information on equipment used. Care plans were then created from these assessments, they included details about the specific care the person needed from each visit they had. The care plans were reviewed and updated each month. Copies of the care plan were kept at the person's home and shared with the care assistants who would be working with the person.

The care assistants completed logs each time they visited and these recorded the care given and how the person felt. The managers told us the care assistants contacted them immediately if people's needs changed or they were concerned about their wellbeing. The agency reassessed people's needs and contacted the next of kin and relevant healthcare professionals if they had any concerns. The staff we spoke to told us they knew what to do if they had any concerns. They said they normally visited the same regular people and therefore they knew if something was wrong or different for the person.

The provider had a complaints procedure. People told us they knew how to make a complaint and what to do if they were not happy with anything. Some of the things they said were, "I don't have any complaints but I know what to do if I have one" and "I have told them when I had a small concern and they put it right." Some people told us they had seen copies of the complaints procedure alongside their care plans. Others told us, "I would ring the office if I had any worries." We looked at the record of complaints. These included evidence that the complaint had been investigated and the agency had fed back to the complainant, with an apology and details of the investigation. There was evidence that action had been taken to prevent reoccurrence of the incidents which led to the complaints.

Is the service well-led?

Our findings

People who used the service and the staff told us that the agency was friendly, open and positive. Some of the things people and their relatives told us were, “the office staff are very friendly and we can call them with any problems” and “I think it is a good agency because they do respond when you want to say something, and they contact us and ask if everything is alright.” The staff told us they felt well supported. Some of the things they said were, “it’s like a family atmosphere, they look after us”, “they contact me if they need something or to update me, they know we work hard and they respect us” and “I have worked for them for years and I wouldn’t do it if they weren’t a good employer.”

The registered manager was also a director in the company. He and his partner had established the company which they had run for 20 years. His role was a strategic one and he liaised with the commissioners and other agencies. The company employed a general manager who organised the day to day running, managed staff and liaised with people who used the service. The general manager was an experienced manager who had worked in the role for 17 years. She was qualified to NVQ Level 4. She told us that she, and other members of the management team, had organised for the agency to provide care to their loved ones and they were very happy with the care provided.

The staff told us they felt the manager and other office staff were approachable and caring. They said they could raise concerns, request changes to their working pattern and ask for support whenever they needed.

The agency has systems for monitoring the quality of the service. They contacted people who used the service on a regular basis. People confirmed this. The visiting officer visited people in their own homes and collected medication records, daily logs and replaced care plans regularly. She also carried out spot checks. These were visits where she observed how people were cared for and made any recommendations to staff about their practice. The agency carried out formal quality checks every two to three months. These checks asked the person a series of questions about their care, for example, were they happy with their care workers, were the staff polite and kind, did they respect their privacy, did they arrive on time and did

they follow the care plan. We looked at a sample of this monitoring. The majority of people were happy and did not have concerns. Where they had identified concerns the manager had recorded the action taken to address these.

The agency had a live on-line system to monitor where each member of staff was, when they attended calls and how long the calls lasted. There was a member of staff assigned to monitoring this at all times. They told us they could see when problems arose or if care staff were running late. They told us they then responded by making sure they contacted the people affected and the care assistants. The system also allowed the managers to run reports to monitor how many people received their care on time and if there were any regular problems.

The manager told us that the agency never missed calls. They said they managed to cover all sickness and staff absences and made sure people always received the right care. They told us their monitoring showed that 95% of calls took place at the right time. They said they always let people know if their call was going to be later than planned.

The agency had an out of office hours manager who supported staff and monitored calls during the weekends and evenings. The care assistants we spoke with told us they felt supported at all times. One care assistant said, “you can always speak with a manager even late in the evening – if you have a question or a problem.”

The manager told us the agency worked closely with the London Borough of Hounslow to make sure they fulfilled their requirements. She said they met with them regularly and sent them reports of their quality monitoring. We spoke with a representative of the London Borough of Hounslow who told us they were satisfied with the agency and care provided, they said they did not have any concerns and they were confident the agency addressed any issues promptly and appropriately.

The agency had up to date, clear policies and procedures. These were shared with the staff. They were regularly reviewed. The agency had a business plan and had plans to develop aspects of the service, for example training staff in different more complex interventions so they could offer care to more people who were very unwell and those receiving palliative care treatment.