QCM Healthcare Limited

QCM Healthcare

Inspection report

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Ratings

Overall rating for this service	Good

Is the service safe?	Good
Is the service effective?	Requires Improvement
Is the service caring?	Good
Is the service responsive?	Good
Is the service well-led?	Good

Summary of findings

Overall summary

QCM Healthcare is a domiciliary care agency providing personal care to people in their own homes. At the time of our inspection there were 3 people using the service.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do we also consider any wider social care provided.

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person, nor had they done so since being registered. However, we assessed the care provision under Right Support, Right Care, Right Culture, where possible, as it is registered as a specialist service for this population group.

People's experience of using this service and what we found
People and their representatives told us there was a core of well-trained and skilled staff who knew them well and met their needs. The registered manager supported staff with less experience to develop their skills. However, systems were not in place to assess or review whether staff had gained the skills and knowledge to effectively care for people.

Care plans varied in quality and detail, in particular when support was arranged at short notice. In these instances, senior staff ensured information about peoples' needs was shared verbally across the staff team. Although this mitigated the potential for risk, improvements were needed to ensure staff had personalised written guidance about all the people's needs.

The registered manager had worked hard to address the concerns we had raised at the last inspection. They had implemented new systems to support senior staff sustain improvements as the service grew. Some of these systems still needed to be embedded into the service. However, the registered manager understood their service well and was committed to continuing to develop and improve quality of the service.

Recruitment and induction processes had improved, which supported the registered manager to provide safe care. There were enough staff to support people safely. The staff team were well supported, supervised and engaged.

Staff understood how to protect people from poor care and abuse. Staff had training on how to recognise

and report abuse and they knew how to apply it.

Staff supported people with their medicines in a way that promoted their independence and achieved the best possible health outcome.

Staff worked well with people, their relatives and other professionals to maintain their health and wellbeing. Staff provided key support to people requiring end of life care, enabling them to continue to be cared for at home.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. They understood and responded to their individual needs.

Support was flexible and responsive. Staff evaluated the quality of support provided to people, involving the person, their families and other professionals as appropriate.

Right Support:
People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible and in their best interests; the policies and systems in the service supported this practice.

Right Care:
People could communicate with staff and understand information given to them because staff supported them consistently and understood their individual communication needs.

Right Culture:
People's quality of life was enhanced by the service's culture of improvement and openness.

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

Rating at last inspection and update
The last rating for this service was requires improvement (published 14 December 2018) and there were breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. There was a delay in us returning to re-inspect as the service was dormant (not supporting people) from August 2019 until April 2022. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected
This inspection was carried out to follow up on action we told the provider to take at the last inspection.

Follow up
We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 safe. Details are in our safe findings below.	**Good**
Is the service effective? The service was not always effective. Details are in our effective findings below.	**Requires Improvement**
Is the service caring? The service was caring. Details are in our caring findings below.	**Good**
Is the service responsive? The service was responsive. Details are in our responsive findings below.	**Good**
Is the service well-led? The service was well-led. Details are in our well-led findings below.	**Good**

QCM Healthcare

Detailed findings

Background to this inspection

TThe inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Health and Social Care Act 2008.

Inspection team
The inspection team consisted of one inspector.

Service and service type
This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

Registered Manager
This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection
We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 8 November 2022 and ended on 16 November 2022. We visited the location's office/service on 9 November 2022.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. We sought feedback

from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make. We used all this information to plan our inspection.

During the inspection
During the office visit we spoke with the provider who is also the registered manager. We spoke with the deputy, administrator, a care team leader and a member of care staff. We reviewed a range of records. This included 3 people's support plans and 1 person's Medication Administration Record [MAR]. We looked at 3 staff files in relation to recruitment, training and supervision. We looked at a sample of the service's quality assurance systems including medicine and care plan audits.

Following the office visit, the registered manager sent us additional information that we had asked for. We had email contact with 3 staff members and phone contact with 1 person and 2 relatives to obtain their feedback of their experience of using the service.

Good

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment
At our last inspection, the registered provider did not ensure that every reasonable effort was made to gather information to ensure staff were of good character. Recruitment processes were not robust enough to ensure staff working with vulnerable people were properly checked and vetted in line with their own procedural guidance and best practice. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.
• The registered manager had completely revised their recruitment practice following feedback from our last inspection. They set up a system to track checks and references for each member of staff, which highlighted any gaps, such as when different documentation run out. The recruitment process also checked staff had the right values for working in the caring profession.
• There were improved induction processes, for instance the registered manager had supported and observed a member of staff when they started providing care. As outlined in the effective section of this report, there was room to improve how the registered manager ensured they developed the skills of people new to care.
• Staff told us they had not started working before all checks, such as DBS checks, had been completed. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
• Relatives and staff told us there were enough staff to carry out visits as agreed, and that staff were not rushed in their tasks. Unannounced spot checks monitored staff punctuality.
• The registered manager was looking to expand but we observed during our inspection they turned down new referrals as they did not feel they had enough staff to provide the care requested. This demonstrated a commitment to providing safe care.

Systems and processes to safeguard people from the risk of abuse
• Staff told us they felt able to speak up if they had concerns. They had received training on how to protect people from harm. A member of staff described how they had spoken to a professional when concerned about a person's safety.
• The registered manager had safeguarding policies and procedures in place. They understood their responsibilities to notify CQC if required about any concerns.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

• Senior staff had carried out risk assessments for the people they supported. They marked key information in red in a care plan for a person with complex needs to highlight to staff particular risks they should be aware of. The red flags were accompanied by detailed guidance.
• Some people had been referred to the service at short notice. As outlined in the effective section of the report improvements were needed to the detail of these care plans.
• Staff were able to describe the areas of risk for each person they supported. They had a respectful approach to keeping people safe, regularly referring to how they kept people involved in the care they received.
• The registered manager demonstrated how they improved care and learned lessons when things went wrong. Prior to the inspection we had received a concern which we discussed with the registered manager. They clearly described their process for looking into what had happened and openly discussed where they could have done things differently.
• We reviewed an incident which had occurred and found the investigation by the registered manager to be thorough and practical. They considered what lessons they could learn from the incident, such as additional training for staff and a review of a person's individual risk assessment.

Using medicines safely
• Staff followed safe processes to administer, record and store medicines. Relatives told us staff provided safe support to ensure people took their medicines as prescribed. A relative told us, "They prepare all the medication – it's all done really well."
• People's care plans highlighted the importance of consulting and communicating with families and professionals before making changes to people's medicine. This acknowledged the risks to people and the importance of staff working in a consistent manner.
• Staff had received training in the safe administration of medicines. They recorded the support they provided with medicines on their phones. This information and regular competency checks enabled senior staff to monitor the support staff provided.
• Although there were no people with learning disabilities being supported at the service, the registered manager applied the principle of STOMP (stopping over-medication of people with a learning disability, autism or both) to all the people they supported. Where staff supported people with 'as and when' needed medicines, guidance instructed them to make sure medicines were not taken unless essential. For instance, a person's care plan stated, 'Staff to consider non-pharmaceutical management of pain for example repositioning to alleviate pain.'

Preventing and controlling infection
• We were assured the provider was using personal protection equipment (PPE) effectively and safely. They had carried out spot checks on staff to ensure they were wearing the correct masks and other equipment as required.
• Staff had all received training in how to minimise the risk of infection.
• We were assured the provider was responding effectively to risks and signs of infection. We were assured the provider's infection prevention and control policy was up to date.

Requires Improvement

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has remained requires improvements. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience
At our last inspection, the registered provider did not ensure that new staff were provided with a comprehensive induction programme to prepare staff for the role. Staff training was not provided in topics relevant to the needs of people they cared for. All staff were not appropriately supervised and supported in their role through regular competency checks, formal supervision sessions and staff meetings. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

• Staff completed an induction programme and additional training to support them in their new role. The registered manager occasionally used staff from the wider organisation who did not have experience in providing personal care in people's homes. However, the registered manager had not adequately assessed or reviewed these staff's training and skills to ensure they understood how to apply what they had learnt to their daily practice.
• We discussed this with the registered manager who told us they would complete the Care Certificate with new staff. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.
• Families were positive about the care received from the core of permanent staff who knew how to support people as required. Many staff had come from health backgrounds. When we interviewed these staff, they demonstrated experience and relevant knowledge.
• Regular competency and spot checks took place. The staff who completed competency checks discussed their findings with the registered manager. Where concerns had been identified action had been taken to address them, such as increased shadowing period for a new member of staff. However, some records were a 'tick-box' exercise and did not reflect what senior staff had learnt from observing staff, especially when staff were new to care and developing new skills.
• The registered manager was aware of the need for improvement in this area and was in the process of developing a system to improve how staff competencies were recorded and used to improve the quality of care.
• Staff were positive about how spot checks were completed and described how by focussing on specific areas the process had improved their skills. A member of staff told us, "The registered manager came and

did a spot check with me. They provided advice to me about using a syringe."
• Staff were well supported and supervised. Although improvements were needed in measuring training for new staff, the registered manager had put a new system in place to measure ongoing staff skills and log their training. They had invested in additional training for the permanent staff team. This investment in developing staff skills was reflected in our discussions with staff and in the positive feedback we had received from families and people about the quality of care

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
• Detailed care planning was often a challenge, as the service provided some support at short notice. For example, the service provided vital support to people at end of life, working with other care agencies and professionals to supplement the existing care arrangements or to enable people to return home from hospital.
• Care plans varied in quality and detail. People who had been receiving care for some time had care plans with detailed guidance about the tasks staff needed to complete. Where care was being provided at short notice, care plans and guidance to staff was not always sufficiently detailed or presented in a clear way.
• The registered manager ensured the first visit to a person was done by an experienced senior carer who carried out an assessment of the person's needs. The outcome of the assessment was verbally communicated to staff to ensure they were aware how to meet the person's care needs safely and according to their wishes. However, the information was not always documented in enough detail in care plans.
• Care plans included detailed assessments from healthcare professionals.
• Staff communicated with families and other professionals, mitigated risk to people's safety.

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty.

We checked whether the service was working within the principles of the MCA.

At our last inspection, the registered provider did not ensure staff were familiar with the principles and codes of conduct associated with the Mental Capacity Act 2005, and were unable to demonstrate how to apply these when appropriate for the people they cared for. This was a breach of regulation 11 (Need for consent) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 11.
• People had signed their care plans where possible to state whether they agreed with the care plan. We discussed with registered manager about improving how they recorded consent when they provided care at short notice.
• The registered manager demonstrated an improved understanding of the MCA. They promoted a culture where people and their representatives were encouraged to be involved in making decision about their care.

• Staff had completed MCA training and promoted people's right to make decisions about their care. A member of staff told us, " I seek [Person's name] consent first obviously as the person has capacity to make their own decisions."

Supporting people to eat and drink enough to maintain a balanced diet
• Some care plans did not give detailed enough information about the support people required to eat and drink, which needed to be improved in line with the overall review of care plans. Other care plans were highly detailed, providing advice about food textures and equipment being used.
• All the people currently being cared for had families who provided the main support around meals. Staff provided additional support, for example drinks during night-time care. They communicated well with families and professionals, for example suggesting a beaker be used for a person who was struggling to drink with a straw.
• Staff could describe the support people needed with eating and drinking. A member of staff told us how they raised a bed for a person who was at risk from choking. The daily record for another person described how they had supported a person at end of life to eat ice-cream and later lemonade, as requested. A relative told us, "[Person] used to have a pureed diet and they were good at that, soups/blended deserts, they knew what they were doing."

Supporting people to live healthier lives, access healthcare services and support; Staff working with other agencies to provide consistent, effective, timely care
• People's relatives or other health care agencies were mainly responsible for supporting people with their more complex health needs. Care plans provided helpful information about the other agencies involved. Staff worked well with the other agencies to ensure people received consistent and holistic care. For example, staff worked alongside district nurses to ensure people being cared for in bed received the necessary care to prevent pressure sores developing.
• Relatives told us staff supported them well with complex health conditions. Staff described the support they provided someone with their Percutaneous Endoscopic Gastrostomy (PEG) feeding tube. This information matched the care plan and guidance for this person.
• Care plans gave clear information about managing people's oral health, where appropriate. A person's care plan stated, "Brush [Person's] teeth, pea sized toothpaste, using circular motions for 2 minutes. Please clean all three surfaces of the teeth."

Good

Is the service caring?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection the rating has remained 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
• Some people's care plans lacked personal information about their background and interest and were largely task-based, detailing what staff needed to do or what someone's medical history was. The care plans did not represent the caring approach we found at the service. We discussed this with the manager who assured us they would ensure all care plans were written in a more person-centred manner.
• When we spoke to staff about people, their faces lit up and they told us how a person gave them a hug when they had last visited. The relative of the person confirmed the person had a warm relationship with a small consistent group of care staff.
• Care was unrushed. Staff told us they were given time to get to know people. A member of staff told us, "We have time to care for people, the rotas work fine."
• The registered manager had a passion for providing personalised care, focused on the person's needs. A member of staff had been recruited from a specific nationality so that a person could receive care in line with their cultural and language needs.

Respecting and promoting people's privacy, dignity and independence
• Staff spoke about people with respect and families confirmed staff provided dignified care. Care plans did not include advice to staff about how to promote a person's privacy when providing personal care. There was room to improve this written guidance as part of the actions being taken by the registered manager to make care plans more person-centred.
• The registered manager and care staff promoted people's care in a holistic way. For example, a person's care plan spoke about all the different reasons they might be in pain. Alongside other guidance, staff were advised consider any underlying causes such as "psychological/spiritual and offer reassurance."
• Staff supported people to remain independent where possible. Care plans stated which tasks people could complete independently.

Supporting people to express their views and be involved in making decisions about their care
• Staff involved a person to express their views, giving them the time they needed to make decision about their care. Care plan gave staff advice about how to do this.
• Staff shared information with people to ensure they were involved in decisions about their care. A member of staff described how they worked with a person who did not want to complete am important personal care task and how they involved the relative of the person and patiently worked with a person until they agreed to receive care.

Good

Is the service responsive?

Our findings

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

At our last inspection we rated this key question requires improvement. At this inspection the rating has changed to 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; End of life care and support

- Relatives told us they were involved in the care of their family member, as appropriate, and staff communicated well with them. A member of staff described how they worked closely with a relative to support a person with their care.
- We found tasks were well defined in the care plan of a person with complex needs who had been with the service for a considerable period of time. This helped ensure there were no gaps and staff were clear what their role was in supporting people, alongside family and other care providers.
- Care was regularly reviewed as required. People and their relatives were involved in reviewing and adapting care when people's needs changed.
- The service provided support with people at end of life. This tended to be additional to other care agencies and professionals. A health professional confirmed the service was responsive in their support for people requiring end of life care and they had no concerns with the care provided.
- Staff spoke to us knowledgeably about people's end of life needs. The registered manager was sourcing additional specialist training to develop staff skills in this area.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Staff communicated with people in ways they understood. Staff were able to describe how they communicated with a person who had specific needs around communication, and this was confirmed by their relatives.
- Care plans outlined people's needs in relation to communication, following discussions with people and their representatives.

Improving care quality in response to complaints or concerns

- Prior to our inspection we had a concern raised with us. We looked at the records relating to this concern which showed how the registered manager had discussed the concern with the person's family. The registered manager discussed the concern with openness and compassion. They demonstrated they had tried to address the concerns raised and had adjusted the care going forward.
- Relatives told us they would contact the registered manager directly if they had concerns and were assured these concerns would be dealt with.

Good

Is the service well-led?

Our findings

Well-led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to 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; Continuous learning and improving care
At our last inspection, the registered provider had failed to operate effective systems and processes to assess, monitor and improve the quality of the service. This was a breach of regulation 17 (Good governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

• Throughout the inspection we were impressed by the registered manager's commitment to learning lessons. After the last inspection they invested in a consultant to advise them, around improving the formal systems at the service. This demonstrated a commitment to accept feedback positively and use it to drive improvements.
• As part of the improvements, the registered manager had introduced a high number of governance tools and quality checks, given the size of the service. We found however these were not always used to their full potential to improve care. The registered manager largely drove improvements by their detailed knowledge of the service and their commitment to the people supported. The registered manager assured us they would review how the quality checks were used as the service grew.
• The registered manager had set clear tasks and had high expectations for each member of staff. This helped staff understand what their roles and responsibilities were, such as ensuring staff were up to date with their training.
• The registered manager was experienced in the care field and understood the importance of managing risk. This was demonstrated in their cautiousness in taking on new work, to make sure they could grow in a sustainable manner.
• The registered manager and other senior staff were from a healthcare background and used their knowledge and experience to support staff and improve the service.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people
• The registered manager was committed to providing a person-centred service which helped people achieve good outcomes. We had positive feedback about how the service supported hospital discharge, enabling people to be able to be cared for at home, in line with their wishes.
• Families gave us positive feedback about the registered manager. A relative told us, "They are doing a

fantastic job. The registered manager is a brilliant person" and another relative said, "The registered manager helped me out with the discharge and without their help I couldn't have managed."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; Working in partnership with others

• Staff were engaged and morale was good. Staff told us, "The registered manager is approachable, a good listener and genuine. I feel well supported and the service is well-organised" and "I would myself prefer to be supported by QCM when the time comes." There were regular team meetings where the registered manager shared information and which were used as an opportunity to drive improvement, such as reminding staff of the need to continue wearing masks.

• The registered manager and care staff engaged well with people. The registered manager understood the duty of candour, and ensured people and families were communicated with openly during investigations of incidents and accidents.

• The registered manager communicated well with us during the inspection and was committed to developing positive networks with external commissioners and professionals as the service grew.