

Your Quality Care Services Limited

# Your Quality Care Services Limited (Thamesfield)

## Inspection report

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Date of inspection visit:  
29 September 2022

Date of publication:  
18 October 2022

## 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

### About the service

Your Quality Care Services (Thamesfield) is a domiciliary care agency providing personal care to people living within a retirement village. The service provides support to younger people and older adults who may also suffer from a sensory impairment, physical disability or dementia. At the time of our inspection there were five 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.

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

People's risks assessments were clearly written and easy to follow, providing staff with clear guidance for managing risks to people. The provider recruited staff in accordance with regulations and ensured only staff suitable to support people living in their own home were appointed. People told us they felt safe. Staff understood their responsibilities to raise concerns and report incidents or allegations of abuse. People and their relatives said people were treated with care, respect, and kindness by the staff visiting them.

People told us they felt staff were caring. The service supported people to be as independent as possible. People felt involved in their care and care plans were reviewed regularly to meet the needs of the person.

People's communication needs were assessed, and staff were aware if a person required further support with their communication. People and relatives told us they were aware of how to raise a complaint with the service. 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.

The provider had systems in place to oversee the service and ensure compliance with the fundamental standards. The service had an open and transparent way of working to ensure the safety of the people using the service. Staff knew people they supported well and cared about their wellbeing.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

### Rating at last inspection

This service was registered with us on 17 August 2021 and this is the first inspection.

### Why we inspected

This inspection was prompted by a review of the information we held about this service.

### 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 responsive findings below.

Good 

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good 

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good 

### Is the service responsive?

The service was responsive.

Details are in our responsive findings below.

Good 

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good 

# Your Quality Care Services Limited (Thamesfield)

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. 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 was carried out by two inspectors and an 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.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in specialist housing.

#### 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 48 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.

#### What we did before the inspection

We looked at all the information we held about the service including notifications. A notification is information about events that the registered persons are required, by law, to tell us about. We checked information held by Companies House and we looked at online reviews and relevant social media posts. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

#### During the inspection

We spoke with two people who use the service and two relatives about their experience of the care provided. We spoke to the registered manager, operations director, care coordinator, three care staff and the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We reviewed a range of records. This included two people's care records and a medicine administration record. We looked at four staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

#### After the inspection

We continued to seek clarification from the provider to validate evidence found.

# Is the service safe?

## Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- At the time of our inspection there had been no safeguarding investigations. The management team were aware of and explained their responsibility to safeguard people who use the service. This included reporting concerns to external professionals such as the local authority safeguarding team, police and the Care Quality Commission.
- People and their relatives told us they felt safe with staff and liked the staff who supported them. One person told us, "I feel very safe at all times" and a relative said, "We know our [relative] is safe and if she is happy with the carers so are we."
- Staff knew how to protect people from the risk of abuse. Staff told us how they would report concerns and were confident the management team would act on any concerns identified to ensure people's safety.

Assessing risk, safety monitoring and management

- Risk assessments were consistent and clear and guidance for staff to mitigate risks for people was accurately recorded.
- Risk assessments were individualised. People's care plans included risk assessments for moving and positioning, environmental risks and developing pressure sores.
- One person was at risk of developing pressure sores. In their risk assessment staff had written, "Pressure relieving cushions and mattress have been placed in [person's] wheelchair and bed...care staff to check pressure areas and report any concerns to senior staff".
- The service had a business contingency plan which included COVID-19 safety precautions in place to meet the support needs of people.
- The registered manager was in the process of introducing an online alert system to notify the management team of any late or missed calls.

Staffing and recruitment

- The provider had taken over the business from a different provider and had retained all staff. The nominated individual reviewed all original documents including staff's application forms and evidence of conduct to ensure staff were suitable.
- The registered manager and nominated individual had completed new Disclosure and Barring Service (DBS) checks for all staff to ensure they were still safe to provide care to people. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.
- Both staff and people felt that there were enough staff on a day to day basis to support people's needs. Staffing numbers were also regularly reviewed by the management team. One person told us, "We have

never had any issues with non-attendance".

#### Using medicines safely

- People received their prescribed medicines safely from staff who had completed the required training and been assessed as competent to do so.
- Staff followed the provider's policy and procedures to manage people's medicines. The management team completed regular observations to ensure staff administered medicines safely in practice, in accordance with their training, current guidance and regulations.
- One person was prescribed a cream to be applied daily. Records confirmed staff applied the cream each day. However, there was no medicine administration chart in place to record the cream being applied, in line with best practice guidance. This was raised with the registered manager who rectified this immediately.

#### Preventing and controlling infection

- We were assured that the provider was using PPE effectively and safely.
- We were assured that the provider's infection prevention and control policy was up to date.

#### Learning lessons when things go wrong

- There was a policy in place for recording accidents and incidents and this was up to date.
- The registered manager explained how incidents and accidents would be investigated and how learning identified was shared with staff in order to prevent recurrence.

# Is the service effective?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care plans were person centred and contained information covering their likes and dislikes and a summary of daily routines, including how the person would like the care to be carried out.
- Care plans were, were well written and clear. Information in care plans indicated that people were supported to access healthcare services and professionals when required.

Staff support: induction, training, skills and experience

- The provider's training records demonstrated staff had completed a comprehensive training programme, in accordance with the Care Certificate standards. 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.
- Staff received yearly mandatory training to ensure they had the skills and knowledge to support people effectively. When required, specialist training had been provided to ensure staff supported people safely. Records indicated that staff training was up to date.
- The supervision and annual appraisals matrix indicated that all staff received their supervision and appraisal regularly.
- Staff told us they felt they had enough training to provide appropriate and safe care to people. People confirmed this. One person said, "The carers are skilled, caring and well trained and there were no aspects of care that were a concern".

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

- Information about people's dietary needs had been recorded in their care files. This included special dietary requirements such as pureed food and the level of support with eating and drinking required.
- The care plans also explained how meals are to be prepared and where the person likes to eat their food. One person's care plan stated, "I like to have a cup of Darjeeling tea left for me in the morning".

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

- Staff worked with professionals from health and social care to support people's health and wellbeing needs.
- The registered manager and staff also worked with other professionals such as occupational therapists and GPs to ensure people had the right support to meet their needs.
- People's care plans documented their goals and outcomes. For example, one person's care plan said, "[Person] to remain as independent as possible in [their] home and while carrying out activities of daily

living".□

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.

- Within people's care plans, staff had recorded if people had capacity to consent to having care and support and if they required support in order to make decisions.
- All staff completed training in the MCA.
- Evidence of people with Lasting Power of Attorney's was requested, viewed and a record of the document obtained by the provider.

# Is the service caring?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- Feedback from people and relatives showed people benefitted from being supported by a caring team. Comments from people included, "The carers are respectful, kind, caring and as a family we are very happy that our relative is being well looked after".
- Staff told us the new management team had created a culture that promoted a caring approach. One staff member said, "The management team goes above and beyond. They really care about the people and staff members."
- Due to the small staff team, people experienced good continuity and consistency of care from regular staff. People reported staff were focussed on caring for them and not completing tasks.

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

- People and relatives told us they were involved in decisions about people's care and support and their opinions were valued by staff.
- Care plans were created and amended with people, their relatives and relevant professionals.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of promoting people's independence. A staff member told us, "We talk to the individual and make sure that we are giving them what they need. We sit with them and write the care plans and update them when we are reviewing the care plans. We always ensure they are given choice and support them with their independence."
- Care plans contained guidance for staff to help support people's independence and relatives confirmed staff supported people with this.
- One relative told us, "Our [relative]? still wants to retain as much independence as possible and the carers support this 100%."
- People's personal, confidential information was protected. All documents were stored on an online system which was only accessible by staff who provided care and by the management team.
- People told us they were treated with dignity and respect by staff. One person said, "My carers are the best, they are also friends as well and treat me with dignity and respect."

# Is the service responsive?

## Our findings

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

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

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

- Care documentation was individualised and contained up to date information about people and the care they required.
- Care plans were updated whenever there was a change in a person's needs such as a change in their prescribed medicines.. People and their relatives were also included in care plan reviews.
- Changes to care plans were communicated between staff during team meetings.

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.

- The service recorded people's communication preferences and any support needs related to communication.
- There was guidance in people care plan regarding how to communicate with people in a manner they could understand and staff were aware and able to state peoples needs.
- The registered manager understood the requirements set out in the AIS standard. They were aware of different methods that could be used to ensure people received information in a way they understood.

Improving care quality in response to complaints or concerns

- People and their relatives told us they knew how to make a complaint.
- At the time of inspection, the service had not received any complaints. However, there was a complaints procedure and management system in place and the registered manager explained how complaints would be investigated and resolved.

End of life care and support

- No one was receiving end of life care at this inspection; however the registered manager was able to explain actions staff would take to support people in their last days.
- People's care plans included an assessment of their needs and preferences for support at the end of their lives.

# Is the service well-led?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- Feedback from people showed their care was at the centre of the service delivery. People told us the service was very well managed and that they received excellent support.
- Staff told us they were involved in the service and listened to. One staff member told us, "I had a concern with [person] who was calling the bell and when I arrived, they could not remember what for. I told [registered manager] I was concerned and [person] may have an infection. [Registered manager] took a sample and sent it to the GP but it was all OK".
- Staff knew people they supported well and people reported having friendly and person-centred conversations with people.

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

- The Care Quality Commission (CQC) sets out specific requirements that providers must follow when things go wrong. This includes informing people and their relatives about the incident, providing reasonable support, providing truthful information and an apology when things go wrong. The provider was aware of their responsibilities in relation to this standard.
- The registered manager understood the importance of transparency when investigating circumstances where something had gone wrong.

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

- The registered manager had quality assurance systems in place. The audit system identified shortfalls and areas of improvement in service records. This included regular audits of medicine administration records and care plans.
- The registered manager submitted notifications to us when required. Notifications are events that the registered person is required by law to inform us of.
- The registered manager completed a monthly analysis of audits to identify themes and trends.
- The registered manager held regular team meetings. Meetings provided opportunities for staff to give feedback or express concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Continuous learning and improving care

- The service had multiple trackers in place to monitor areas of learning and improvement. This included trackers for incidents and accidents, compliments and complaints and medicines. The trackers were reviewed on a regular basis to support continuous service development.
- The senior team supported people and their relatives to provide feedback and had an 'open door' policy.
- Senior staff supported other staff through one to one meetings and team meetings. Staff supervision files were reviewed, and through supervision, staff were provided opportunities to raise any concerns.
- Staff commented positively on teamwork, staff morale and communication within the team. One staff member said, "We are a good little team. Staff morale is good. We are all happy doing what we do".

#### Working in partnership with others

- The service worked in active partnership with professionals such as GPs and community nurses to meet people's health and wellbeing needs.
- Staff recorded actions needed following contact with professionals clearly in people's care plans.