

Your Quality Care Services Limited

# Your Quality Care Services Ltd (Debden)

## Inspection report

Saffron House, The Lodge  
Fallow Drive, Newport  
Saffron Walden  
CB11 3RP

Tel: 07948090462  
Website: [www.yourqualitycare.com](http://www.yourqualitycare.com)

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28 October 2022

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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service effective?

Good ●

Is the service caring?

Good ●

Is the service responsive?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Your Quality Care Services (Debden) is a domiciliary care agency providing care to people living within a retirement village. 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. At the time of our inspection there were four people receiving personal care support.

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

People were supported by a small and consistent staff team who knew them well and understood how they liked to be supported. The provider had processes in place to check staff were safely recruited; however, not all relevant information was documented for new applicants. We have made a recommendation about the provider's recruitment processes.

People's care was personalised. People were able to make choices about how they received their care and the provider responded flexibly to meet people's support preferences. Staff arrived at the agreed time and people had not experienced any missed care visits. 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.

Risks to people's safety were assessed and monitored and the provider had systems in place to safeguard people from the risk of abuse. Staff knew how to recognise and report any concerns about people's safety. Staff received medicines training and the provider had processes in place to monitor the safe administration of medicines. The provider ensured staff had access to appropriate personal protective equipment [PPE] and safe infection prevention and control processes were in place.

People and relatives told us the staff were kind and caring in their support. Staff received an induction when starting in their role and had completed a range of relevant training to develop their skills and knowledge. Staff told us they felt supported in their roles and were able to give feedback and discuss any issues in the service.

The provider had effective systems in place to monitor the quality and safety of the service. People's relatives spoke positively about the culture and leadership of the service. They told us the management team were approachable and quick to respond to any feedback or concerns. The provider worked alongside other healthcare professionals when appropriate in order to meet people's needs and support them to achieve good outcomes.

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 was a planned inspection as the service had not been rated since its registration.

#### 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 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 Ltd (Debden)

## **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 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 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.

Inspection activity started on 24 October 2022 and ended on 28 October 2022. We visited the location's

office on 24 October 2022.

#### What we did before the inspection

We reviewed information we had received about 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

We spoke with 1 person who used the service and 3 relatives about their experience of the care provided. We spoke with 5 members of staff including the operations manager, 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 4 people's care records, 3 staff files in relation to recruitment and a variety of records relating to the management of the service.

# 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 service since its registration. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- People were supported by a small and consistent staff team who knew them well.
- People and their relatives told us staff arrived at their preferred times and stayed for the agreed duration. People had not experienced any missed care visits.
- The provider had an electronic call monitoring system in place to review staff's arrival and departure times and to ensure care visits were completed appropriately.
- The provider had processes in place to ensure staff were safely recruited. However, not all applicants had a full employment history documented in line with guidance for the safe recruitment of staff.

We recommend the provider reviews their processes to ensure all information required to safely employ staff is in place

- Following the inspection, the provider confirmed the relevant information was now documented.

### Using medicines safely

- The provider had processes in place to manage people's medicines safely. Medicines administration records were kept in people's homes and people's care plans detailed what medicines they were taking and how they liked to be supported.
- The provider completed regular medicines audits to identify and address any administration errors. However, we identified two occasions where there was a delay between errors taking place and them being identified. The provider responded immediately; completing an internal investigation, reviewing staff training and increasing the frequency of medicines auditing.
- Staff had received medicines training and the registered manager completed competency assessments to monitor staff practice.

### Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of abuse. The provider had a safeguarding policy in place and staff had received safeguarding training.
- Staff were aware of how to report concerns. One member of staff told us, "I would report to the management to look into the case and also inform the authorities."
- People and relatives were provided with information about safeguarding processes and how to raise any concerns.

### Assessing risk, safety monitoring and management

- Risks to people's safety were assessed and monitored. People's care plans provided clear guidance about what the risks were, how to support people safely and what staff should do if they had any concerns.
- People's relatives told us the provider was quick to identify and respond to any potential risks or changes in people's needs.

#### Preventing and controlling infection

- The provider had up to date infection prevention and control and COVID-19 policies in place to provide guidance for staff.
- Staff were provided with appropriate personal protective equipment (PPE) and had completed infection prevention and control training.

#### Learning lessons when things go wrong

- The provider told us they shared learning from any accidents and incidents with staff via one to one supervisions and discussions at management and staff meetings.
- The provider had a process in place to share any learning and improvements from other services within the organisation. They told us this enabled them to ensure consistent good practices were implemented throughout the organisation.

# 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 of this service since its registration. 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 and support needs were assessed by the provider prior to them receiving care.
- People and their relatives were involved throughout the assessment process and the provider used the information gathered to develop people's care plans.
- The provider had considered people's protected characteristics including any religious and cultural support needs and documented this as part of their initial assessment.
- The provider ensured staff had access to up to date policies and guidance to support best practice. New staff were required to read and sign policies as part of their induction and the management team signposted staff to any relevant updates or changes to policy via their online care planning and communication system.

Staff support: induction, training, skills and experience

- New staff received an induction when starting in their role. This included completing their training and shadowing more experienced staff until they felt confident lone working.
- Staff completed a range of training courses to develop their skills and support their understanding of people's needs. The management team monitored staff training to ensure it remained up to date.
- The provider had a process in place for monitoring how often staff received supervisions. Staff told us they felt supported and able to discuss any concerns.

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

- People's care plans detailed what they liked to eat and drink and what support they required at each care visit. Any risks relating to people's eating and drinking needs were identified, with guidance in place for staff to follow.
- Staff supported people to make choices about what they would like to eat, considering their preferences and dietary requirements.

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

- People were supported to access healthcare support when appropriate. The provider had identified and responded to people's changing health needs, seeking medical advice when necessary.
- People's care plans provided information about their healthcare needs and which healthcare professionals were involved in their care.

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

- The provider had recorded people's capacity to consent as part of their initial assessment process alongside the details of anyone involved in supporting their decision-making.
- People had not always signed their care plans to document their involvement and consent. However, clear guidance was in place for staff about how to support people to make decisions.
- Following the inspection, the provider confirmed people's consent was now documented.
- Staff had received training in understanding the principles of the MCA.

# 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 of this service since its registration. 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

- People and relatives told us the staff were kind and caring and spoke positively about the support received. Comments included, "The carers are lovely," "They're very good," and "We feel we've struck gold with Your Quality Care Services."
- People's care plans detailed the importance of staff taking their time when supporting people and not rushing their care. The provider told us this enabled staff to build relationships with people and better understand their support preferences.
- Staff had completed equality and diversity training to support their understanding of how to respect and promote people's individual rights and needs.

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

- People were supported to make decisions about their care. The provider regularly asked people and their relatives for feedback and adapted how care was provided in response.
- People's care plans contained a detailed breakdown of what support they required at each visit including how to support them in making choices.

Respecting and promoting people's privacy, dignity and independence

- Staff were respectful of people's dignity and privacy. The provider ensured staff completed dignity in care training prior to supporting people and people's care plans contained clear guidance about how to provide personal care whilst maintaining dignity.
- People and their relatives confirmed staff were consistently respectful in all aspects of care. One relative told us, "They're [staff] always very respectful."
- People were supported to maintain their independence. There was clear guidance in place for staff about what people were able to do for themselves and what areas they required support with.
- People's care plans noted the importance of recognising people's needs can change daily and how staff should reassess and respond to these changing needs to ensure people remained as independent as possible.

# 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 of this service since its registration. 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

- People received personalised care which reflected their needs and preferences. People were supported by staff who understood how they liked to be supported.
- People were able to make decisions about how they wanted to receive their care. People's relatives told us the provider had a flexible approach and adapted the timing and structure of care visits to adapt to people's preferences. One relative said, "We've worked hand in hand with them [the provider] to get the right care in place, they're very person-centred."
- People and relatives were involved in reviewing care plans to ensure they accurately reflected people's current support needs. One relative told us, "We are very involved in reviewing the care plan, [registered manager] sits with [person] and us and we go through it. It's done after a year or if there's been any changes."

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 provider considered people's communication and sensory needs and preferences as part of the initial assessment of their needs. Information about how people communicated and any sensory aids used was recorded in people's care plans.

Improving care quality in response to complaints or concerns

- The provider had not received any complaints at the time of the inspection. However, there was a complaints policy and process in place to follow if needed.
- People and relatives confirmed they would feel comfortable raising any issues with the provider. One relative told us, "[Registered manager] is amazing at dealing with any issues and they're always very easy to get hold of."

End of life care and support

- The provider was not supporting anybody with end of life care at the time of the inspection.
- The provider told us people's end of life care needs were considered during the initial assessment of their needs and, where appropriate, people's wishes were documented within their care plan.

# 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 of this service since its registration. 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- People and relatives spoke positively about the culture and management of the service. One relative said, "We've been really impressed. [Registered manager] is approachable and any niggles are sorted quickly. I would recommend them to anyone."
- The provider encouraged people and relatives to feedback both formally and informally through regular phone calls, emails and by dropping into the office. The provider also sent out satisfaction surveys to identify what was working well and any areas for development.
- Staff told us they felt involved in the service and were able to feedback to the management team. One member of staff said, "They [management team] are all approachable and supportive."

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 provider had effective systems in place to monitor the safety and quality of the service.
- The registered manager completed regular audits in key areas of people's support such as care planning, call monitoring, medicines management and staff training.
- The provider understood their regulatory responsibility to submit relevant notifications to CQC and their duty to be open and honest with people when incidents occurred.

Continuous learning and improving care; Working in partnership with others

- The provider worked in partnership with a number of different health and social care professionals. Staff understood the importance of liaising with other healthcare professionals such as the GP and pharmacy in order to meet people's needs.
- The provider had a service tracker in place which enabled them to monitor and analyse key areas of people's care and highlight any areas for improvement. The provider told us the tracker was updated on a weekly basis and this helped them to promptly identify and action any learning and development needed.