

Quick View Ltd

# Quick View Ltd

## Inspection report

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Date of inspection visit:  
23 November 2022

Date of publication:  
21 December 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

Quick View Ltd is a service providing support for people in their own homes, as well as providing additional support to people living in care homes. The service was supporting 3 people at the time of the inspection.

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

People spoke positively about their experience of receiving care from this provider. They told us they had no complaints, and felt the staff treated them well.

The registered manager carried out regular audits of the service in order to identify where there were any shortfalls and ensure there was continuous improvement.

Where incidents had occurred, the provider had made the legally required notifications to CQC, and where appropriate made changes to how care services were delivered.

Staff told us they felt well supported by the provider. They said they had received a good standard of induction and told us the registered manager looked after their wellbeing.

Medicines were managed safely, with regular audits of people's medication taking place.

The provider took steps to involve people in their care and held reviews with people where they could share their views about the care they received.

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. Care took place in accordance with people's consent, people confirmed staff always asked for their consent before undertaking care tasks.

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 in December 2019 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 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 ●

# Quick View Ltd

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this performance review and assessment under Section 46 of the Health and Social Care Act 2008 (the Act). We checked whether the provider was meeting the legal requirements of the regulations associated with the Act and looked at the quality of the service to provide a rating.

Unlike our standard approach to assessing performance, we did not physically visit the office of the location. This is a new approach we have introduced to reviewing and assessing performance of some care at home providers. Instead of visiting the office location we use technology such as electronic file sharing and video or phone calls to engage with people and staff.

#### Inspection team

This inspection was carried out by 1 inspector 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 their own houses and flats.

#### Registered manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. At the time of our inspection there was a registered manager in post.

#### Notice of inspection

We gave short notice of the inspection in order for the registered manager to provide us with the documentation we needed to look at.

Inspection activity started on 22 November 2022 and ended on 12 December 2022.

#### What we did before the inspection

We reviewed information we had received about the service since it was registered. 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 had feedback from 3 staff, 1 person using the service and 1 person's representative. We reviewed 2 people's care plans and medication records, as well as other records concerning the management of the service, including audits, recruitment records and meeting minutes.

This performance review and assessment was carried out without a visit to the location's office. We used technology such as phone and video calls to enable us to engage with people and staff, and electronic file sharing to enable us to review documentation.

# 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 for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

### Preventing and controlling infection

- The provider's records showed staff had received training regarding infection control, and appropriate policies were in place to support this.
- Personal protective equipment (PPE) was available for staff to use. People confirmed staff always wore PPE as well as practising good hand hygiene. One person described their care worker saying they "always wear gloves, aprons, and masks."
- Staff told us PPE was plentiful, and confirmed they had received training in infection control and in the use of PPE.

### Using medicines safely

- People's medicines were managed safely.
- Records of medication administered were audited to ensure they were accurate
- Training records showed staff had received training in medicines management, and competency checks were carried out by senior staff to monitor staff's practice.

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

- People said they thought the service was safe, and told us they had no concerns in this regard. One person said: "I feel very safe in the presence of the care worker."
- Staff had received training in relation to safeguarding, and could describe their responsibilities in this area
- The registered manager understood their responsibilities in relation to safeguarding, although no incidents had occurred in the 12 months prior to the inspection.

### Assessing risk, safety monitoring and management

- Risks that people were vulnerable to, such as falls or malnutrition, were identified when people started using the service, and plans and strategies were implemented to manage these risks.
- The registered manager understood where people were vulnerable, and reviewed this regularly with them.
- Staff told us they referred to people's risk assessments when providing care, and understood their responsibilities in relation to reporting any safety incidents.

### Staffing and recruitment

- Staff were safely recruited.
- Pre-employment checks were completed, to ensure people recruited to the service were of good character. This included Disclosure and Barring Service (DBS) checks. DBS checks provide information

including details about convictions and cautions held on the Police National Computer. This information helps employers make safer recruitment decisions.

- Staff told us they received a thorough induction before starting work which they said equipped them well for carrying out their roles.

Learning lessons when things go wrong

- Staff knew to report any untoward incidents to their line manager, and also which outside bodies they should report issues to if relevant.

- The registered manager told us they had systems in place to review people's care and make changes should anything go wrong, although at the time of the inspection they had not had to make any such changes.

# 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.

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 Act 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.

- People told us staff obtained consent before carrying out any care tasks. Care records showed people's consent to their care was formally recorded when their care package was developed.
- People's care plans showed assessments of their mental capacity were carried out and appropriate action taken where needed.
- Staff told us they gained verbal consent from people when carrying out care tasks, and said they would refer to people's care plans if they lacked capacity.

Staff support: induction, training, skills and experience

- Staff told us they had a good level of training, which was a mix of face to face and online training. They told us they felt well-equipped to carry out their roles.
- People told us they thought staff were well trained. They confirmed staff knew how to use any equipment they needed. One person said: "I think they are professional."
- The provider's training records showed a wide range of training was offered across topics including moving and handling, dementia, health and safety, and infection control.

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

- The registered manager told us they met with each person receiving care on a monthly basis to ensure the care provided was in accordance with people's needs and choices. One person described the care they received as "very excellent."
- Records showed the management team monitored care to ensure it was in line with current guidance.



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

- There were details in each person's care file showing that their needs in relation to nutrition and hydration had been assessed.
- People told us staff prepared food that they liked. One said: "The care worker gives me meals...very good she is."

Staff working with other agencies to provide consistent, effective, timely care

- Records showed staff worked with external professionals to ensure people's needs were met.
- The provider took into account the views of other professionals when devising people's care packages.

# 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.

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

- People had been involved in their care where they could. One said: "I am very happy with the service I am getting."
- Records showed people's views and decisions about care were incorporated in the way they were cared for.
- Staff told us they checked people's preferences when carrying out care tasks, and told us encouraging people to share their views was important.

Ensuring people are well treated and supported; equality and diversity

- People and their representatives told us they were well treated by staff. One person's representative said: "[The person] can't express her feeling but she looks satisfied with them."
- Care plans we checked showed information about people's cultural needs.

Respecting and promoting people's privacy, dignity and independence

- The registered manager told us staff received training around dignity and privacy, and gave us examples of steps staff took to uphold people's dignity, such as ensuring curtains were closed when providing personal care, and promoting independence.
- Staff confirmed what the registered manager told us, again giving us examples of how they promoted dignity and privacy.
- People told us staff respected their wishes, and valued the independence the service gave them.

# 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 requires good. This meant people's needs were met through good organisation and delivery.

### Meeting people's communication needs

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- The provider had appropriate arrangements in place to provide information in accessible formats, and understood their responsibilities in this area.

### Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each care record we looked at held information about people's individual preferences and interests.
- Staff understood people's preference, with one telling us about how they chatted about interests when carrying out care tasks.
- Records of care visits showed people's choices were respected and promoted.

### Improving care quality in response to complaints or concerns

- The provider's policies and procedures relating to the receiving and management of complaints were clear and set out steps people should take if they wished to make a complaint.
- People told us they were confident to complain if they needed to, but stressed they felt they had nothing to complain about at that time.
- The provider told us they had received 2 complaints in the 12 months prior to completing their Provider Information Return (PIR) and described the steps they had taken to address each one.

# 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.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- Staff told us they had regular supervisions with their line manager, and told us this helped them develop and learn in their roles.
- The provider's systems enabled the registered manager to monitor and improve the quality of the service.
- We checked care notes, and found they were regularly monitored to ensure quality care was being delivered.
- We checked records of incidents, and found CQC had been notified, as required by law, of any notifiable incidents.

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

- People and their representatives told us care met their needs so that good outcomes were achieved. One person described management as "very helpful."
- Staff told us they were engaged within the day to day operations of the service, by way of regular team meetings and accessible management.
- The provider's records showed that if things went wrong, they were open and honest with people.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The provider worked in partnership with others to ensure people's needs were met.
- There was regular contact with people using the service and staff, to ensure positive engagement underpinned care delivery.