

AQT London Limited

# AQT Home Care Services

## Inspection report

198 Chingford Mount Road  
Chingford  
London  
E4 8JR

Tel: 02085315239

Website: [www.aqthomecare.co.uk](http://www.aqthomecare.co.uk)

Date of inspection visit:  
14 October 2019

Date of publication:  
29 October 2019

## 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

AQT Home Care Services is a domiciliary care service registered to provide personal care support to people with a learning disability, autism spectrum disorder, sensory impairment, people with an eating disorder, mental health, older people, physical disability, and younger adults. 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 the inspection three people were receiving personal care support.

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

People told us they felt safe with the staff. People were supported by enough and suitable staff who knew how to keep them safe from the risk of harm and abuse. People told us their medicine management needs were met. People were protected from the risk of infection. People's accidents and incidents were recorded.

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.

People's healthcare associated risks were identified and assessed. Risk assessments included mitigating factors to ensure safe care. People's needs were assessed before they received a service. People's needs were met by staff who were well trained and received regular support and supervision. People's dietary needs were met effectively.

People told us staff were caring and treated them with respect and dignity. People told us they were very happy with the service. People were involved in making decisions regarding their care. People were supported to remain as independent as possible.

Care records were up to date, person centred and comprehensive. People's cultural and religious needs were respected when planning and delivering care. Discussions with the registered manager and staff showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people could feel accepted and welcomed in the service. The provider had a complaints procedure in place and people knew how to make a complaint.

People and staff told us the registered manager was approachable and available. Staff told us they felt well supported. The service worked well with other organisations to improve people's experiences.

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

The last rating for this service was good (Published 16 May 2017).

#### Why we inspected

This was a planned inspection based on the previous rating.

#### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

## 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 ●

# AQT Home Care Services

## 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 Care Act 2014.

#### 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.

The service had a manager registered with the Care Quality Commission. 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.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. Inspection activity started on 14 October 2019 and ended on 14 October 2019.

#### What we did before the inspection

We reviewed information we had received about the service since its registration. 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.

#### During the inspection

We spoke with the registered manager, the nominated individual, the care coordinator, and three care

workers. We spoke with two people who used the service. We reviewed three people's care records, three staff personnel files, staff training documents, and other records about the management of the service.

After the inspection

We spoke with one health and social care professional.

# 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 good. At this inspection this key question has now remained the same. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt the service was safe. One person said, "Yes, the [staff member] is very safe."
- The provider had systems in place to ensure people were safeguarded from the risk of abuse.
- Staff had received training in safeguarding people and knew how to report concerns.
- Staff we spoke with had a good understanding of their responsibilities. One member of staff said, "I report it to the manager. If the manager does nothing I would go higher like CQC."

Assessing risk, safety monitoring and management

- People had risk assessments in place. Risk assessments were reviewed regularly. Each person had an environmental risk assessment as well as individualised risk assessments relevant to each of their needs.
- Risks covered included personal hygiene, medicines, physical health, mental health, communication impairments, dietary needs, behaviours, wandering, moving and handling, falls, equipment and pressure sores.
- Information sheets were included in people's records who were at high risk of specific health conditions to enable staff to meet their needs safely. For example, staff were provided with information on multiple sclerosis and progressive supranuclear palsy. Multiple sclerosis is a condition that affects a person's brain and spinal cord. Progressive supranuclear palsy is a rare progressive condition that can cause problems with balance, movement, vision, speech and swallowing.

Using medicines safely

- One person was supported with medicines. They had a medicines administration record (MAR). We found these were accurately completed and showed that people received their medicines as prescribed.
- Staff received training in the safe administration of medicines. One staff member said, "[Registered manager] always does a [medicines] competency assessment every month. He comes to observe. He gives you a new MAR chart and checks the old chart."
- There were systems in place to check the competency of staff while they were supporting people with medicines.
- This meant the provider had appropriate systems in place to ensure safe management of medicines.

Staffing and recruitment

- People told us staff were mostly punctual. One person said, "Their work schedule is very good. Who the carer will be and what time they will be with you. They are very good." Another person commented, "Sometimes [staff] are late because of rain, but generally always [on] time."
- There were sufficient staff in place to meet people's needs safely. People and staff confirmed this. One

staff member said, "There is always cover. Enough time to do everything."

- The service had a robust recruitment process and checks were in place. This ensured staff were suitable and had the required skills and knowledge needed to care for people.
- Staff files contained appropriate checks, such as references, health screening and a Disclosure and Barring Service (DBS) check. The DBS checks people's criminal record history and their suitability to work with people in a care setting. Full employment histories were required and recorded on application forms.

#### Preventing and controlling infection

- The service followed safe infection control practices to ensure people and staff were protected against the risk of the spread of infection.
- The service had infection control policies in place. Staff had received training in infection control.
- Staff were clear on their responsibilities with regards to infection prevention and control, and this contributed to keeping people safe.
- Staff had access to supplies of Personal Protective Equipment (PPE).

#### Learning lessons when things go wrong

- There were clear accidents and incidents records in place that showed appropriate and timely actions were taken when things went wrong.
- The provider did not record lessons learnt. We discussed this with the registered manager who told us they would review, and record lessons learnt moving forward.

# 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 Good. At this inspection this key question has remained the same. 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 needs and choices were assessed before they started using the service which enabled the service to plan their care effectively.
- The registered manager carried out an initial assessment before the service began. This included the person who used the service and relatives being involved. Records confirmed this.
- People told us staff knew their needs and provided individualised care. One person said, "[Registered manager] asked my needs and what my requirements are and what I am able to do."

Staff support: induction, training, skills and experience

- People were supported by staff who were suitably trained. When new staff joined the service, they completed an induction programme which included shadowing more experienced staff. Records showed staff completed the Care Certificate. The Care Certificate is a set of standards that social care and health workers use in their daily working life.
- Training was provided in subjects such as infection control, safeguarding adults, moving and handling, medicines, first aid, health and safety, food hygiene, health and safety, and The Mental Capacity Act 2005. Records showed additional training was provided to staff who were supporting people with specific health conditions. These included people at risk of choking, PEG feeding, and end of life care. Percutaneous endoscopic gastrostomy (PEG) is a medical procedure in which a tube (PEG tube) is passed into a patient's stomach through the abdominal wall, most commonly to provide a means of feeding when oral intake is not adequate.
- Staff told us training was offered on a regular basis. A staff member said, "They give us classroom training and we watch videos. We go through questions and answers. We forget a lot of things so good to get training." Another staff member told us, "[Training] does help. They give us all the trainings."
- Staff were provided with regular supervision. Records confirmed this.
- Staff told us, and records confirmed they received an annual appraisal.

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

- People told us staff supported them with their meals. People who had support told us that staff offered them choice and gave them the food and drink they wanted.
- One person said, "[Staff] ask me what I have in the fridge and then prepare food for me to eat." Another person told us, "[Staff] will heat up the food. In the morning I have toast. [Staff member] makes me a cup of coffee. She will fill out a form when she is finished. She offers me water or juice."
- Care plan's recorded people's dietary needs and food likes and dislikes.

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

- The service worked with other agencies and health professionals to ensure people received effective care.
- Staff were able to recognise when people's health had deteriorated and ensured appropriate medical advice was sought.
- Records showed the service worked with other agencies to promote people's health such as district nurses, occupational therapists and dieticians.

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 asked for their permission before providing support. One person said, "[Staff member] will ask me [before helping]."
- Staff understood they should seek consent before giving care and encouraged people to make choices for themselves. Staff told us they asked people for their consent before giving personal care or support.
- The registered manager and staff had an understanding of MCA.
- Capacity and consent forms were completed when there was any question of a person's capacity to independently make important decisions.
- Records confirmed the service had information on Lasting Power of Attorney documents when people had appointed legal representatives to act on their behalf should they be unable to make their own decisions.

## 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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People told us staff were caring. One person said, "[Staff member] does care for me. [Staff member] is very nice." Another person told us, "[Staff] really care."
- Staff showed a good awareness of people's individual needs and preferences. Staff talked about people in a caring and respectful way. One staff member said, "[Person] says I am the best person because I am concerned about her health." Another staff member told us, "We are close."
- Discussions with the registered manager and staff members showed that they respected people's sexual orientation so that lesbian, gay, bisexual, and transgender people (LGBT) could feel accepted and welcomed in the service. The registered manager told us, "We don't discriminate anyone. Everyone needs care no matter their sexual orientation." A staff member said, "For me it wouldn't be any different as long as [LGBT person] is comfortable with me."
- People's care records reflected their needs in relation to their protected characteristics including religion, culture, language, and gender. This enabled staff to provide person-centred care.
- The Equality Act 2010 introduced the term "protected characteristics" to refer to groups that are protected under the Act. It is unlawful to treat people with discrimination because of who they are.

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

- People were supported to express their views and to be involved, as far as possible, in making decisions about the care and support they received.
- Records showed people who used the service and relatives were involved in care planning and reviews. One person said, "Yes [I'm] involved in the care plan."

Respecting and promoting people's privacy, dignity and independence

- People told us their privacy and dignity were respected. One person said, "Yes [staff member] does [respect my dignity]. [Staff member] doesn't touch anything [in the home]. If I want anything I will tell her."
- Staff we spoke with gave examples about how they respected people's privacy. One staff member told us, "We close the door and the curtain. We ask if [person] needs privacy if she wants to remove her clothes. It is up to her." Another staff member said, "I make sure when giving personal care it is private and doing it in a respectful manner."
- Care plans instructed staff how to encourage people's independence. For example, one care plan stated, "Let [person] brush his teeth and wash his face. Also encourage him to wash his top half."
- Staff promoted and encouraged people's independence. One person said, "[Staff member] takes me out for little walks for exercise."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported with their personal needs and as per their wishes. One person told us, "I am very grateful. [Staff member] helps me so much. Like this morning she came to the surgery with me. This evening I have an appointment and she said she would come with me."
- People's care records were very person centred, detailed and specific to the individual and their needs. They had been written and reviewed with full involvement of people and those important to them. For example, one care plan stated, "When feeding [person] take your time. Always ask if he is ready to eat and drink before feeding. Give him time to swallow and get his ok to continue."
- The provider reviewed people's care plans regularly to ensure people's changing needs were identified and reviewed, and care plans updated accordingly. Records confirmed this.

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.

- Each person had their communication needs identified in their care plan which detailed how they wished or needed to communicate.
- Records showed people's communication needs had been assessed and were known to staff. For example, one care plan stated, "[Person] can communicate verbally, however his speech is slow and quiet. Care staff to read body language and understand his non-verbal cues."

Improving care quality in response to complaints or concerns

- People knew how to make a complaint and the service had a policy and procedure in place. Everyone we spoke with felt comfortable to speak to the office staff about any concerns.
- The provider had a complaints policy and processes in place to record, and investigate complaints.
- The registered manager told us there had been no complaints since the last inspection.

End of life care and support

- The provider had an end of life care policy and systems in place to support people with end of life care and palliative care needs.
- The registered manager told us the service was not supporting anybody who was end of life at the time of our inspection.

# 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 Good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- The service was providing person-centred care to people and this was evident from care records and from speaking with people who used the service.
- People were positive about the registered manager. One person said, "[Registered manager] is good because he listens." Another person told us, "[Registered manager] is a nice gentleman. I really like him."
- Staff told us they enjoyed working for the service. One staff member said, "It is a good experience. [Senior management] are very friendly and they help us. I really enjoy this work." Another staff member told us, "It's been great. You get to meet different [staff members] and [people who used the service]."
- Staff spoke positively of the registered manager and the support they received from them. One staff member said, "[Registered manager] is very good. When you have a problem, he will try and help you to resolve the problem." Another staff member told us, "[Registered manager] is friendly and he can solve any problems. He will never disclose anything."

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 registered manager understood their responsibilities in relation to duty of candour. They said, "It is being open and honest when something goes wrong. Not to put blame on someone else and when you apologise you do it in person and you state what action you are going to put in place, so it doesn't happen again."

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

- The registered manager and staff were clear about their roles in providing care that met the Health and Social Care Act 2008 (Regulated Activity) Regulations 2014.
- The registered manager was aware of the statutory notifications they needed to submit to us by law.
- The provider had policies and procedures in place relevant to the service, and to ensure the safety and quality of the service. There were records of internal audits of medicines, care plans and risk assessments and daily records.
- There were also records of unannounced spot checks and staff observation visits. One staff member told us, "Spot checks about once to two months. [Registered manager] checks timing, and make sure the work is done properly." Another staff member said, "[Registered manager] will come and watch what we are doing."
- This meant the provider had a good oversight of the service and monitored it so that improvements could be made where required.

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

- The provider engaged with people, relatives and staff on an ongoing basis to keep them updated and informed on any changes.
- The quality of the service was also monitored through the use of a survey to get the views of people who used the service and their relatives. The last survey was sent out in August 2019. Overall the results were positive. The registered manager told us the next survey was to be sent out in November 2019.
- Staff meetings were held on a regular basis. Topics included the care certificate, training, people who used the service, medicines, employee recognition and supporting people in severe weather conditions.
- The registered manager told us, "We always looking at ways to improve. We are looking at ways to be more person-centred when delivering care. Making sure our carers are trained in different subjects."

Working in partnership with others

- The registered manager worked in partnership with the local authority, health and social care professionals and other local care agencies. A health and social care professional told us the service will contact them when people's needs have changed.