

Qualis Home Care Limited

Qualis Home Care

Inspection report

Unit 120, Greens Farm
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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

Qualis Home Care is a homecare agency providing personal care to people who live in their own houses and flats. The service provides support to people who live with physical and health related support needs, some of whom also live with dementia. At the time of our inspection there were 20 people using the service.

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

People told us they felt safe with staff and received care and support which promoted their independence and helped them to keep safe and well. Staff were safely recruited, trained and competent and attended care visits as planned.

People were safely supported with their medicines, to eat and drink well and to access healthcare services when needed. Staff spent time with people chatting and doing what they liked. People and their relatives told us they felt respected and valued. Staff felt listened to and supported by the management.

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 received personalised care which met their needs, preferences and wishes. The provider was aware of their responsibilities and created a positive and supportive culture in the service. There was open and continuous communication between management, staff, people and their representatives.

The management team carried out a range of checks and audits around the quality and safety of the service. Improvements were made, for example around personalisation of people's care, people's care records and communication between the service and people's representatives. Managers also provided care to people and visited them regularly to gather their feedback.

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

Rating at last inspection

This service was registered with us on 09 March 2022 and this is the first inspection.

Why we inspected

This inspection was carried out due to the length of time since the service was registered and started supporting people with personal care.

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?

Good ●

The service was safe.

Details are in our safe findings below.

Is the service effective?

Good ●

The service was effective.

Details are in our effective findings below.

Is the service caring?

Good ●

The service was caring.

Details are in our caring findings below.

Is the service responsive?

Good ●

The service was responsive.

Details are in our responsive findings below.

Is the service well-led?

Good ●

The service was well-led.

Details are in our well-led findings below.

Qualis Home Care

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 an 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 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 reviewed information we had received about the service since the last inspection. We sought feedback from the local authority. 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 3 people and 9 relatives about their experience of the care provided. We spoke with 7 members of staff including the nominated individual, the registered manager, care coordinator and care staff. 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 6 people's care plans and medicines records for people supported with their medicines. We looked at recruitment checks and training records for 3 staff members. A variety of records relating to the management of the service, including policies and quality assurance records were also reviewed.

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.

Using medicines safely

- People were supported safely with their medicines. A relative said, "I have full confidence in carers giving [person] their medication." People's relatives told us staff ensured people always had access to their medicines and signed when supporting people to take them.
- Staff were trained in safe medicines administration and their practice was observed by the management. The Nominated Individual had completed an advanced medicines management training to be able to better support staff and, at the time of the inspection, was implementing changes to how staff competencies were assessed.
- Staff were knowledgeable about medicine risks. For example, staff told us which medicines needed to be taken and recorded at specific times. Staff also identified medicines which could cause side effects and required reporting to managers and health professionals. This information was not always clear in people's care plans. We discussed with the provider who told us they would improve people's records.

Systems and processes to safeguard people from the risk of abuse

- People were protected from abuse and neglect. All people and their relatives told us they felt safe with staff. A relative said, "I have no worries at all. I can walk out of the house and carers will be able to cope with any situation."
- Staff knew how to act on any concerns. The provider ensured staff were trained in safeguarding and had access to appropriate guidance and support. Staff told us they felt comfortable raising any concerns. A staff member said, "I would definitely voice (concerns) to the managers. I can easily go to any of them."
- The provider had a safeguarding policy in place and accessed the local multidisciplinary safeguarding policies of the local authority. Information on safeguarding was made available to people and their families from the moment they started using the service. There were no safeguarding referrals required but staff took action to protect people where concerns had been raised and shared them with social services in a timely way.

Assessing risk, safety monitoring and management

- People were safely supported around their individual risks. People's relatives gave us examples of how staff achieved this, "The carer always stays with [person] to keep them safe while they have a shower in case [of a specific health condition symptom occurring]. "; "The carers always make sure [person] is comfortable, check [the parts of the care equipment]. They always check every step of the way."
- Staff were able to recognise changes in people's individual circumstances and took appropriate action to ensure people's comfort and safety. One relative told us, "Carers are very attentive and have good understanding of [person's] health problems." Another relative told us staff knew about a past health problem and supported the person in a way to prevent it happening again, adding, "Carers just know what

he needs."

- People's individual risks and needs were clearly addressed in their care documentation. This included risks around personal care, eating, drinking, continence, mobility, or specific health needs. There were specific risk assessments for people's home environments to ensure their and staff's safety when care was provided.

Staffing and recruitment

- There were enough skilled staff to provide people with care as planned. People and their relatives told us staff were on time, stayed for agreed duration of a visit and no visits were ever missed. One person told us, "Carers don't rush. They are more concerned that I am okay before they leave." Relatives' comments included, "Carers always let me know if they are running late."; "They are always on time, very regular, and don't rush at all. They give him time to say what they want to do, whatever he needs, there is never a problem, very accommodating."
- People were supported by a consistent team of staff. This supported their well-being and the quality of the care they received. The managers always introduced new staff to people before they started supporting them. One relative told us, "We have had 4 regular carers, same ones since day 1." A staff member commented, "We are always introduced to clients."
- The management team had effective systems in place to monitor staff attendance at care visits. They audited and analysed any lateness and were acting to promptly resolve any issues. There was always a manager on call to support staff in case of any unexpected events.
- New staff were recruited safely. Staff underwent an application and interview process. They also completed recruitment checks, such as a review of employment history, right to work, proof of identity and professional references. All staff completed a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Preventing and controlling infection

- People were protected from spread of infections. Staff were trained in infection prevention and control and helped people to maintain good personal hygiene and cleanliness of their home environment when required.
- Staff had access to personal protective equipment (PPE) and used it appropriately. One relative told us, "Carers always wear fresh aprons and gloves at every visit, still asks if we want them to wear (face) mask."
- The provider had a system in place to ensure staff had ongoing access to PPE. Staff practice around infection prevention and control was observed by the managers during spot checks in people's homes.

Learning lessons when things go wrong

- The provider analysed incidents and accidents in the service and identified actions and lessons learnt. For example, they advised people on additional support, equipment and adaptations which could minimise risks to them and supported people to contact other services when needed.
- The provider learnt lessons from feedback. They improved systems they used to communicate with people's representatives to ensure people always received seamless and well-coordinated care.

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.

Staff support: induction, training, skills and experience

- Staff were competent for their roles and knew how to support people safely. One person said, "Carers are friendly and experienced. Trainees comes with one of the regular carer's before they start on their own." A relative of a person told us, "Staff are extremely well trained. They know what they are doing."
- The provider ensured staff completed training in line with the Care Certificate. 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's competencies around moving and handling, medicines were observed and assessed.
- Staff knew people well and were experienced in care roles. Everyone told us staff knew how to meet their needs. This included needs of people living with dementia, specific personal care needs or health conditions. Training specific to people's needs not had been fully completed by all staff at the time of the inspection. We raised this with the provider who reviewed their training programme and enrolled staff on specific courses immediately after the inspection.
- Staff were supported in their roles. One staff member said, "It is the best company I have worked for as far as their personal assistance to me as a carer. I feel very, very supported by the management and they work with high standards." Staff were in regular communication with the management and received spot checks of practice.

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.

- People's rights were protected and the provider worked in line with the MCA. However, this was not always

fully reflected in people's care records. Following our feedback, the provider took immediate action to review how they recorded people's consent and information around their legal representation where needed. They provided with evidence of reviewed recording process shortly after the inspection and sought additional management training in MCA.

- People and their relatives told us staff asked for their choices and consent before providing care. One person said, "They always ask what I would like to do, and always ask if there is anything else they can do for me, so refreshing." A relative said, "Carers know him well. I hear them ask: shall we ...? Do you want me to ...? Would you like...?"
- Staff knew the importance of the MCA and were able to explain to us how they encouraged and supported people to make their own choices and decisions. One staff said, "A lot of patience, a lot of love in voice tone (works for the person to help them to express their preference). For instance, I gave them choice between (flavours of ice cream). They said 'berry' and I knew what they wanted then."

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

- People's needs and wishes were robustly assessed before the provider started supporting them. Relatives told us the registered manager and the Nominated Individual visited them at first to discuss any specific needs with people. Comments included, "It felt personable, going through their needs and how carers could assist them."; "Very thorough assessment, covering his needs and risks around our home." One person said, "Both owners of the company came, both care about the service they provide, and we talked about my needs and how they could help. I was impressed with the assessment."
- Initial needs assessments were robust and completed for all people. Where relevant, information from other professionals, such as social services or healthcare professionals, was also reviewed to better inform people's care. The provider ensured people were matched with staff who were able to meet their needs and preferences.

Supporting people to eat and drink enough to maintain a balanced diet; 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 eat and drink when needed. People's care plans included guidance for staff on what support was required around nutrition and hydration and what drinks and meals people preferred.
- Staff encouraged people to drink enough and to eat well. One relative told us, "[Staff] are quite flexible with their time. [Person] comes first. Their fluid intake is poor, so [staff] stay with them and encourage them to drink." Staff supported one person to get an adapted water bottle so they could be independent in ensuring good hydration and could see if they had enough to drink throughout the day.
- Staff helped people to eat well, have regular meals and to take oral nutritional supplements when needed.
- People received support to access healthcare services when needed. One relative said, "[Staff] are ready to listen and talk things through, one of the carers came with us to the doctors, they knew what to ask." Another relative said, "(The care) is never rushed. When carers noticed [specific health issue] they spoke to us and reported back to the office for [a healthcare professional] to visit."
- People's relatives told us staff helped them to arrange diagnostic tests. Staff discussed with people and their representatives when they noticed any changes in people's physical or mental health and advised them where to seek help.

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; Respecting and promoting people's privacy, dignity and independence

- Staff treated people well. All people and their relatives told us staff were kind, caring and attentive and they were happy with the care they received. Comments we heard included, "Brilliant, they all know me on a personal level, I feel comfortable with them, they always have a smile on their face."; "Very caring and they genuinely do care."; "Carers are very gentle and sympathetic as well, pleasure to have around."
- Staff were compassionate and understanding. One person said, "My carers know me very well, they sit down and chat with me, they are a bit like a counsellor for me." A relative complimented staff, "Brilliant, friendly, not just here do a job. It's all very relaxed, he is always laughing with them, it's good to hear."
- Staff respected people's privacy and dignity. One person told us, "Carers are very respectful. If I am in the bathroom, they wait outside the door until I call them to help me dress." A relative said, "Absolutely, we are treated with respect, there is no embarrassment at all."
- Staff encouraged people to be as independent as possible. One relative told us how staff supported them to adapt their home environment to improve the person's quality of life and to enable them to reach different parts of their home and garden. Another relative said, "Staff are very good, excellent. They are about [person] and encourage them a lot."

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

- People were asked for their wishes and preferences and supported accordingly. One relative told us how staff supported them to re-arrange their living environment to ensure the person was able to spend more time with their family. Another relative said, "[Person] initially didn't want any help, it's gradually built up and it's now working well. The manager checks with me if we need more assistance."
- Another person told us staff re-adjusted their support as per their feedback to enable them to do what they liked when their needs had changed. People were regularly asked for their views on the care they received. There was evidence of people and their relatives being involved in the creation and review of their care plans.

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; Supporting people to develop and maintain relationships to avoid social isolation; support to follow interests and to take part in activities that are socially and culturally relevant to them

- People received personalised care tailored to their individual needs and wishes. One relative told us, "We now feel that carers are part of the family, they go above and beyond." Another relative said, "Staff have taken the trouble to know us and what's important to us both. They go above and beyond to help." The relative explained the person's support was very quickly adjusted to suit their needs when their situation had changed.
- Staff suggested solutions and additional support available to ensure people's individual needs were met. One person told us how staff helped them to get home equipment which supported them to be more independent with house task they enjoyed doing. They also told us how staff helped them to access additional support which positively influenced their life. They commented, "Thanks to them I am so much better off, I have a much better quality of life."
- Staff spent quality time with people when they were visiting to provide care. Staff helped people to go out for a walk, read with people, chatted, played games. One relative complimented staff naming a few very personal things staff knew and respected about this person's preferences.
- Staff appreciated people as individuals. One staff member told us, "I talk with [person] in nice, slow, kind way and absolutely not talking over them. Every person is a complete book on their own, you have to learn about every person. The care plan is absolutely detailed."

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 (AIS). 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 was aware of their responsibilities around the AIS and had appropriate guidance for staff in place. People's communication and support needs were clearly addressed in their care plans.
- People and their relatives told us staff communicated with them well. Staff knew what aids and adaptations people need and how to support them to use them effectively. One relative said, "Carers treat [person] respectfully like a human being. They talk to them about [person's likes], communication is really good."

Improving care quality in response to complaints or concerns

- The provider had a clear process for managing and responding to complaints. People and their relatives received information on how to complain and what to expect from the provider. They were also informed where to escalate their complaints if needed.
- People and their relatives told us they knew how to and felt confident raising complaints and issues if needed. One relative said, "I'd speak to manager if I had a concern, 100 % know he would sort it out." Another relative said, "I have conversations with managers quite regularly. I have not had any issues, but they gave me a complete brochure of everything (including how to make a complaint)."
- There were no formal complaints since the agency was registered.

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

- The culture of the service was positive and supportive which brought good outcomes to people. One person told us, "I am very happy, best care company I have been with, lovely girls."
- A relative said, "Overall the care is very good, has enabled [person] to stay at home as long as possible. The carers have very good support from the managers."
- Staff felt supported, valued and enabled to provide people with good, person-centred care. One staff member said, "We make it happen. I do feel supported. The managers are very approachable. If I am overwhelmed, I can just go to them and talk it through. We are a bit like family."

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; Continuous learning and improving care

- The registered manager and the Nominated Individual worked together to provide management oversight and leadership in the service. They were supported by a care coordinator based in the office. They monitored staff attendance on the care visits and day to day provision of care to people. Any issues or changes were actioned quickly and effectively.
- The management team carried out a range of checks and made strategic plans for the service to ensure people received safe and quality care. For example, the managers monitored staff competencies and practice via spot checks, checked and reviewed people's care records, incidents and accidents and made plans for staff recruitment.
- The provider was striving to continuously improve the service. They discussed care with people on a regular basis and were making changes and suggestions to improve people's individual experience. They also improved how they assessed and recorded people's care plans to use more person-centred language.
- The provider understood their responsibilities under the duty of candour and to work in an open and transparent way and communicated well with people and their representatives.

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

- People and their representatives were actively asked for their feedback and listened to. One relative said, "Manager makes unannounced visits to check that we are happy with the care we are getting." One person said, "The company is run very efficiently; the managers are the end of the phone if I have an issue."

- The provider maintained a good communication with people and their relatives. Relatives told us, "Management are the end of the phone 24/7 if I have a problem, very understanding."; "I am able to raise any issue with staff. The phone is always answered promptly. There is good communication between us." The provider recently asked people to provide their feedback via a survey and we saw responses received before the inspection were positive.
- Staff felt engaged and supported. One staff member said, "It is always possible to get hold of somebody in the office. Information is shared daily. You do get a response. The care coordinator is a star, always there on hand."
- The provider worked with other healthcare and social care professionals, including therapist, doctors, nurses and social workers.