

Quality Community Care Ltd

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Inspection report

Rockspring Community Centre
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20 June 2023
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22 June 2023

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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

Quality Community Care Ltd is a domiciliary care service providing the regulated activity of personal care to older people, younger adults, people living with dementia and people with a physical disability. At the time of our inspection there were 49 people receiving support with personal care needs.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided.

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

People felt safe with the service they received and with the staff who supported them. Staff had been trained how to recognise and report any concerns. The provider followed safe procedures for the recruitment of staff. Staff were allocated sufficient time to meet people's needs and spend quality time with them. People received their medicines from staff who were trained and competent to carry out the role. Risks to people were assessed and there were plans in place to mitigate risks. The provider followed best practice in relation to infection control and prevention and management of risks relating to COVID-19.

People were supported by staff who were trained and competent to carry out their role. People were assessed to ensure their needs and aspirations could be met. People were supported to have maximum choice and control of their lives. Staff supported them in the least restrictive way possible and in their best interests; the provider's policies and procedures supported this practice. People saw healthcare professionals when they needed.

People were supported by kind and caring staff who respected their wishes and treated them with respect. People were supported to live their lives as they chose and were regularly consulted about the care they received. People were supported to be as independent as they could be.

People told us staff knew them well and what was important to them. People's communication needs were assessed and understood by staff. People and their relatives did not raise any concerns about the care they received but felt confident action would be taken to address any concerns they may have. There were systems in place to ensure people's needs and preferences would be understood and met during their final days.

Systems to monitor and improve the quality of the service were effective in driving improvements. The registered manager worked in partnership with other professionals to ensure good outcomes for people. They were aware of their legal responsibilities and of their responsibility to be open and honest when things go wrong. People were supported by a registered manager and staff team who were highly motivated and committed to providing the best possible care and support. Staff morale was good, and staff told us they felt well supported. Staff received the supervision and support needed to carry out their role effectively. The

views of people were sought and valued.

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

Rating at last inspection

The last rating for the service at the previous premises was good (published 7 September 2017).

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 until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Quality Community Care Ltd on our website at www.cqc.org.uk.

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 ●

Quality Community Care Ltd

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 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 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 we needed to be sure that the registered manager would be in the office to support the inspection.

Inspection activity started on 20 June 2023 when the Expert by Experience made telephone calls to people and their relatives and ended on 22 June 2023. We visited the location's office on 21 June 2023.

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 and professionals who work with the service. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. 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 5 people who used the service and 5 relatives. We spoke with 3 members of staff which included the registered manager, care manager and administrator. We sought feedback from 6 members of staff which included senior carers and care staff. We looked at 7 care plans and multiple medication administration records. We looked at staff recruitment and training records and records relating to health and safety and the management of the agency.

Is the service safe?

Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and their relatives told us they felt safe with the care they received and with the staff who supported them. One person said, "We feel 100% safe with them [staff] all. They always make sure our house is secure when they leave us." A relative told us, "I have no concerns at all about my [relative's] safety with the carers."
- People received support from staff who knew them well. They told us they knew who would be visiting them. One person said, "I get a weekly rota on a Monday with the times on, so we know who and when they are coming. They have never not arrived."
- Staff had been trained about how to recognise and report any signs of abuse and were confident action would be taken to protect people.

Assessing risk, safety monitoring and management

- People's needs, and any associated risks were assessed, monitored, and regularly reviewed. The registered manager and staff had a proactive approach in ensuring people retained their independence where possible and managed their own risks.
- Care and risk management plans provided staff with the information they needed to support people in a safe manner.
- People's care records provided additional information about their health care needs and how these should be managed and met. This helped staff to have a clear understanding of the impact of people's conditions.

Staffing and recruitment

- There were sufficient staff to meet people's needs. People and their relatives told us staff always turned up and stayed for the allocated time. One person said, "I have not ever had a missed call and occasionally they may run a little late but only if they have had a major incident and then they always inform me about it." A relative told us, "They [staff] all wear their badges and uniforms. They come on time, and we have never had a missed visit."
- People were protected from the risk of harm because the provider followed safe recruitment procedures.
- References and a DBS check were obtained before staff started working alone with people. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

Using medicines safely

- People told us they received their medicines when they needed them. One person said, "They [staff] pop

out my pills for me as I can't manage to do that for myself, and they always write it on the app [computer system] on their phones."

- The registered manager told us how staff went above and beyond to ensure people had sufficient supplies of their prescribed medicines, often collecting and delivering medicines to people in their own time.
- People's medicines were administered by staff who were trained and competent to carry out the task. Regular assessments of staff's competency were carried out to ensure they remained safe to administer people's medicines.
- There were protocols in place to ensure staff followed a consistent approach for medicines which were prescribed on an 'as required' basis such as pain relief. This helped to ensure people received their medicines when they needed them.

Preventing and controlling infection

- People told us staff always wore personal protective equipment (PPE) when supporting them. One person said, "They [staff] were wearing masks long after everyone else had stopped wearing them. They all wear gloves and aprons when attending to my personal care."
- The provider's COVID-19 protocol was reflective of current government guidelines.
- Staff confirmed they had access to sufficient stock of PPE to help keep them and the people they supported safe.
- Staff had completed training in infection, prevention and control. Their competencies were regularly assessed to ensure practices remained in line with current guidance.
- The registered manager told us how staff went above and beyond to keep people safe during the COVID-19 pandemic. They said, "Cleaning products were put in all clients houses free of charge for the staff and clients to use. Shopping calls were implemented for clients that have no family and we organised food parcels for clients in rural areas."

Learning lessons when things go wrong

- There had been very few accidents and incidents but when they had occurred, these were regularly reviewed to help identify any trends and consider action to reduce the risk of reoccurrence.
- Where required, care plans were updated following an incident to help reduce the risk of repeat incidents. Changes to people's care and risk management plans were communicated to staff in a timely manner.

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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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 were assessed before a package of care was agreed. This helped to ensure the agency could meet people's needs, preferences and aspirations.
- People's care plans showed their diverse needs such as religion and sexual preferences were discussed with them. These were understood and respected by staff.
- People's care was planned and delivered in accordance with best practice and current guidance. For example, the provider liaised with and followed the guidance of healthcare professionals.

Staff support: induction, training, skills and experience

- People and their relatives spoke highly about the staff who supported them. One person said, "They [staff] are all well trained and they all know what things I like to talk about and they are always there to listen to me when I need them to. I have a care plan here and they follow what it says in there." A relative told us, "They all seem to know what they are doing and appear well trained and know how to deal with [relative's] problems."
- Staff told us they received a period of induction which provided them with the skills and training they needed to carry out their role. This also included shadowing more experienced staff. A member of staff said, "I found the induction extremely helpful, and it gave me a good insight into the job. The shadow calls I did were a great way to see the other carers in action and I felt comfortable asking any questions."
- Staff with no previous experience in care completed 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.

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

- Where required people were supported to plan and cook their meals. One person said, "The carers help with my meals, and they always offer me choices." A relative told us, "They [staff] do [relative's] meals and I know they always offer some variety and will try to encourage them as they don't always eat very much."
- People's care plans were person centred and provided staff with information about any risks, preferences and how to promote people's independence.
- Where there were concerns about a person's intake, this was recorded and shared with health care professionals such as the person's GP.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live

healthier lives, access healthcare services and support

- The registered manager and staff team worked in partnership with other professionals to ensure people's healthcare needs were understood and met. These included GP's, district nurses and occupational therapists, and speech and language therapists.
- People's care plans showed that they were supported to see healthcare professionals when needed. We also saw any recommendations were acted upon in a timely manner.

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 told us staff supported them in the least restrictive way. One person said, "They [staff] have not ever tried to restrict me in any way" A relative told us, "I don't ever recall any time when they have restricted my [relative] in any way."
- Assessments of people's capacity to consent to their care and treatment and make certain decisions had been completed. Where required best interest discussions had taken place to ensure any decisions were made in the person's best interests.
- Staff had been trained in the principles of the MCA and understood the importance of ensuring people's rights were respected.

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 our last inspection we rated this key question good. The rating for this key question has remained 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 their relatives spoke positively about the staff team. One person said, "They [staff] are all caring to me, and I just love having them here. They make me feel better. They never rush me and always have time to sit and chat with me especially when I am feeling down." A relative told us, "They [staff] are all really friendly and chatty with [relative] and they never rush them at all. [Relative] really likes them I know, and they spend time with them; it's not just an in and out visit."
- Where people needed support with general repairs, staff contacted the provider's handyman who provided a free service to people. The registered manager told us this reduced the stress of people having to organise things themselves and ensured they remained 'happy and safe in their homes'.
- People were able to choose whether they wanted male or female staff to assist them, and their wishes were respected. One person said, "I have a male carer sometimes and I was asked if I minded, and I said as long as he doesn't come for the first visit of the day as that is very much personal care so I didn't feel that I would be comfortable and they have obeyed my wish."
- Staff had received training in equality and diversity and were aware of the importance of treating people fairly and with respect.
- Staff took time to get to know what was important to people. Care plans considered people's protected characteristics such as religious preferences.

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

- People and their relatives told us staff listened to them and involved them in decisions about their care. One person said, "They [staff] know what things are important to us and they are always chatty and sociable to us. We have a copy of our care plan here and they do follow that. We are both very happy with them, we are lucky. They [staff] discuss things with us and ask us about how we would like our care. We have no complaints."
- The registered manager welcomed feedback from people to help them monitor the quality of care being provided. For example, through regular reviews of people's care and feedback forms.

Respecting and promoting people's privacy, dignity and independence

- People and their relatives told us staff always treated them with dignity and respect. One person said, "They [staff] always treat me with respect and dignity and they also go that extra bit."
- People were supported to maintain a level of independence. One person said, "They [staff] always let us go at our own pace and they never try to rush us. They always ensure we are warm enough in the bathroom and treat us very nicely. The staff are just lovely and very caring people." A relative told us, "They [staff]

encourage [relative] to get their own breakfast which [relative] likes to do so they leave them to it. They really look forward to them [staff] coming."

Is the service responsive?

Our findings

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

At our last inspection we rated this key question good. The rating for this key question has remained 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 care and support which was tailored to meet their needs and preferences. One person told us, "The carers are all well trained and know me well, especially my regular ones. They know what sort of things are important to me and my care plan was discussed with me when I started having them."
- People's care plans reflected their needs and preferences. This meant staff had the information needed to support people in accordance with their wishes.
- People were able to voice their opinions about the care they received and were fully involved in planning and reviewing the care they received.

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.

- Care plans detailed the support people needed to access written or verbal information. For example, whether a person wore spectacles or hearing aids and how to effectively communicate with people.
- Information could be provided in accessible formats, such as large print, for people where required.

Improving care quality in response to complaints or concerns

- People and their relatives were very positive about the service provided and knew how to raise concerns if needed. One person said, "I have no complaints at all. I have a copy of the complaints procedure and I feel that if ever I did need to complain they would deal with it correctly." A relative told us, "I have never had to complain but I do have a copy of the complaints procedure."
- Records showed that concerns were responded to within agreed timescales.

End of life care and support

- People could be assured their wishes and preferences during their final days and following death would be understood and respected by staff.
- Staff had received training about caring for people who were nearing the end of their life and people's care plans detailed their wishes.
- The registered manager told us staff had received additional training from district nurses to ensure people received high quality care during their final days. Staff pulled together as a team to ensure people and their

families received additional support where required.

- ReSPECT forms had been completed which detailed people's wishes for life saving or emergency treatment. ReSPECT stands for Recommended Summary Plan for Emergency Care and Treatment. The ReSPECT process creates a summary of personalised recommendations for a person's clinical care in a future emergency in which they do not have capacity to make or express choices.

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 our last inspection we rated this key question good. The rating for this key question has remained 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 their relatives were very positive about the service they received. One person said, "[Name of registered manager] is ever so easy to talk to. They are all like extended family to me. I have all the numbers to contact the office if I need them for anything including the out of hours numbers." A relative told us, "They are the most amazing company ever and we have no complaints at all. They treated [relatives] like one of their own. Please give them an A plus!"
- Staff had organised local fundraising events for people in their own time. They had engaged with local businesses who provided donations and the most recent raised over £2000.
- People received a regular newsletter which kept them up to date with changes in the service, local events, poems, quizzes and pictures drawn by staff members children. Staff also provided people with homemade gifts to celebrate special holidays. The registered manager told us staff had, in their own time, taken people out for drinks and to see the tree and lights at Christmas time.
- People's diverse needs such as religious preferences were recorded in their plan of care.
- People benefited from a staff team who were proud and motivated to provide a high standard of care. One member of staff told us, "I feel the company is well accommodating towards staff and service users, and management will go above and beyond. I feel all the staff have a brilliant rapport with service users and I would be happy to leave one of my relatives in their caring hands."
- There were opportunities for people and their relatives to comment on the service provided through regular surveys. Results of the last survey had been very positive.
- Staff were very positive about the support they received from the registered manager and care manager. A member of staff said, "I feel extremely supported in my role and my managers are always available if I need them."
- There were regular meetings for staff to seek their views and provide updates and information about the people who used the service, current guidance and health and safety matters.

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

- Effective audits and checks were in place to monitor the quality of care being provided, staff development, training and the punctuality of people's care calls. Action plans were developed to address any shortfalls, and these were addressed in a timely manner. Learning was shared with staff to help drive improvements.
- The care practices of staff were regularly checked through spot checks and competency assessments.

- Staff training, skills and competence were regularly monitored through supervisions, appraisals and regular refresher training.
- Staff understood the whistleblowing policy and were confident to raise any concerns where needed.
- The provider was aware of their legal requirements to inform relevant agencies and CQC of any concerns.

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 was keen to explore the reasons when things went wrong, and they were open and honest with all parties concerned. For example, apologies and explanations had been shared with people and their relatives in response to complaints or safeguarding concerns.

- Working in partnership with others

The registered manager and staff team worked in partnership with health and social care professionals to achieve good outcomes for the people. These included the local authority, GP's, district nurses and specialist health professionals.