

Callquest For Care Limited

Callquest For Care

Inspection report

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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

Callquest For Care is a domiciliary care service registered to provide personal care for older people, younger adults, people who live with dementia and people who have physical adaptive needs.

The registered provider was also the registered manager.

At the time of this inspection one person was receiving care. The person who lived in a residential care setting had chosen to have care calls to add to the assistance they received from residential care staff. The care staff in the residential setting provided all the care the person needed. However, the person had chosen to receive extra support by means of the care calls.

The service did not employ any care staff with care being delivered by the registered provider themselves.

The Care Quality Commission (CQC) only inspects the service being received by people provided with personal care, where they do we also take into account any wider social care provided.

People's experience of using the service

The person using the service and their relative were positive about the care provided. Three people had used the service since it was registered but no longer did so at the time of the inspection visit. A 'thank-you' card from one of these people said, "I want to thank you sincerely for the care you are giving to me and for the obvious affection with which you help."

People had been safeguarded from the risk of abuse. Safe care and treatment had been provided in line with national guidance from the registered provider who had the knowledge and skills they needed. Care calls had been reliably completed and safe recruitment practices were in place. There were arrangements to support people to take medicines safely and to learn lessons if things went wrong. Good standards of hygiene were maintained. There were arrangements to help people quickly receive medical attention when necessary.

People had been supported to have maximum choice and control of their lives and the registered provider had supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

The person using the service experienced care that promoted their dignity and respected their privacy. They were supported to express their views about things important to them. Confidential information was kept private.

People had been consulted about the assistance they wanted to receive and had been given information in an accessible way. There were arrangements to help people maintain relationships, quickly resolve

complaints and to treat people with compassion at the end of their lives so they had a dignified death.

Quality checks were completed and people had been consulted about the development of the service. There were systems and processes to promote good team work. Regulatory requirements had been met and joint working was promoted.

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

Rating at last inspection

The service was registered with us on 3 October 2018 and this is the first inspection.

Why we inspected

This was a scheduled inspection based on the timescale for unrated services.

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.

Good ●

Is the service effective?

The service was effective.

Good ●

Is the service caring?

The service was caring.

Good ●

Is the service responsive?

The service was responsive.

Good ●

Is the service well-led?

The service was well-led.

Good ●

Callquest For 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 as part of our regulatory functions. This inspection checked whether the registered provider was meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection was completed by one inspector.

Service and service type

Callquest For Care is a domiciliary care registered to provide personal care to people living in their own homes.

The service had a manager registered with the Care Quality Commission. The registered manager was also the registered provider. The registered provider is 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 it is a small service and we needed to be sure that the registered provider would be in the office to support the inspection.

What we did before the inspection

We spoke by telephone with a relative of the person who used the service.

We reviewed information we had received about the service since it was registered. We sought feedback from the local authority and professionals who work with the service. We used information the registered provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well and improvements they plan to make. This information helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with the registered provider at the service's office and reviewed records describing how care had been provided both for the person using the service and for the people who no longer did so. We examined documents and records relating to how the service was run including health and safety, the management of medicines, learning lessons when things had gone wrong, obtaining consent and staff training.

After this we visited the residential care setting and spoke with the person using Callquest For Care.

Is the service safe?

Our findings

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

This was our first inspection since the service was registered with us. This key question has been rated as Good. This meant people were safe and protected from avoidable harm.

Systems and processes to support staff to keep people safe from harm and abuse

- There were suitable arrangements to safeguard people from situations in which they may be at risk of experiencing abuse. The registered provider had received training and knew what to do if they were concerned a person was at risk.
- There were systems and processes to quickly act upon any concerns including notifying the local safeguarding of adults authority and the Care Quality Commission. This helps to ensure the right action is taken to keep people safe.

Assessing risk, safety monitoring and management

- Risks to people's safety had been assessed, monitored and managed so they were supported to stay safe while their freedom was respected. The person using the service received care calls to assist them to take a shower. The registered provider had assessed how to safely complete this task including the suitability of the equipment available to use.
- The person using the service had been helped to avoid preventable risks to their health and safety. The hot water used when showering was temperature-controlled to reduce the risk of scalds. The registered provider ensured that the floor of the shower area had been dried after use to reduce the risk of the person slipping.
- Other arrangements had enabled the registered provider to provide safe care. This included supporting people who no longer used the service to keep their skin healthy, promoting their continence and managing medical conditions.

Using medicines safely

- People had been helped in the right way to use medicines safely. This included ordering, storing and administering medicines.
- The registered provider had completed training and knew how to correctly administer medicines so people were offered the right medicines at the right times.
- There was a policy and procedure for new care staff appointed in the future to follow when administering medicines. There was information about the importance of keeping accurate records of each occasion when a person was offered a medicine. There were also arrangements for care staff to promptly notify the registered provider if they made a mistake so medical advice could quickly be obtained.

Staffing and recruitment

- The registered provider worked enough time to ensure planned care calls were reliably completed. We were told the service would only accept new people if there were enough care staff to provide the care calls they needed and wanted to receive.
- Safe recruitment and selection procedures were in place. These required applicants to provide a full

account of previous jobs they had done so assurances could be obtained about their previous good conduct.

- They also required references from past employers to be obtained and disclosures from the Disclosure and Barring Service. These disclosures establish if an applicant has a relevant criminal conviction or has been included on a barring list due to professional misconduct. All these checks help to ensure only suitable people are employed.

Preventing and controlling infection

- The registered provider had completed training in the prevention and control of infection. They understood the importance of preventing and controlling infection.
- There was a policy and procedure that described for care staff the steps to follow to promote good standards of hygiene including thorough hand-washing.
- There was an adequate supply of personal protective equipment such as disposable gloves and aprons for use when close personal care was provided.

Learning lessons when things go wrong

- There had been no accidents or other incidents since the service was registered.
- There were systems and processes to analyse accidents and incidents so lessons could be learned and improvements made. This included establishing what had gone wrong and what needed to be done to reduce the likelihood of the same thing reoccurring.

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 was our first inspection since the service was registered with us. This key question has been rated as Good. This meant the person's outcomes were consistently good and their feedback confirmed this.

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

- The registered provider had completed an assessment before each person received their first care call. This had been done to establish what care calls they wanted to receive. The assessment had considered risks to the person's health and safety so action could be taken to reduce them.
- The assessment also considered the person's protected characteristics under the Equality Act 2010 were considered. An example was respecting a person's cultural or ethnic heritage by enabling them to choose the gender of the care staff who provided their close personal care.

Staff support: induction, training, skills and experience

- The person using the service and their relative were confident the registered provider had the knowledge and skills they needed. The registered provider had completed training and knew how to provide safe care. Examples were knowing how to correctly use hoists and how to support people who lived with dementia if they became distressed and needed reassurance.
- There were arrangements to provide care staff with introductory training before they provided people with assistance. This was equivalent to the Care Certificate that is a nationally recognised system to ensure that care staff know how to care for people in the right way.
- There was also provision for care staff to receive refresher training to keep their knowledge and skills up to date. The subjects covered included how to safely support people who experienced reduced mobility and first aid. They also included how to help people manage healthcare conditions such as diabetes and epilepsy.
- The registered provider said care staff would meet regularly with her to review their performance, the training they had received and to promote their professional development.

Supporting people to eat and drink enough with choice in a balanced diet

- The person using the service was not being assisted to eat and drink.
- There were suitable systems for supporting new people to eat and drink enough to promote their health. This included care staff assisting people to go shopping for food and/or arranging home deliveries.
- There were arrangements for care staff to help people prepare meals and wash up afterwards. Also, people could be assisted to eat and drink if they experienced difficulties using cutlery and holding drinks.
- A policy and procedure described how care staff would support new people who were at risk of choking. This include consulting with speech and language therapists helping to modify food and drink so they were easier to swallow.

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

healthier lives, access healthcare services and support

- The registered provider had liaised with people's relatives so they knew how the care calls were progressing and about their family member's health.
- People had been provided with coordinated care when they used or moved between different services. This included passing on important information to health and social care professionals about the care the person was receiving. This was done so other parts of the person's care could be provided in an effective way.
- People had been supported to access healthcare professionals in the community including family doctors, mental health specialists, dentists and opticians.

Ensuring consent to care and treatment in line with law and guidance

The Mental Capacity Act 2005 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 make particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people may need to be deprived of their liberty in order to receive care and treatment in their own homes, the DoLS cannot be used. Instead an application can be made to the Court of Protection who can authorise deprivations of liberty.

We checked whether the service was working within the principles of the Act and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- The person using the service had been supported to make decisions for themselves. The person said this included when they wanted to be assisted to shower and the clothes they wanted to wear. Records showed the people who no longer used the service had also been supported to make decisions for themselves.
- There was a policy and procedure for care staff to follow when new people did not have mental capacity and needed assistance to make more significant decisions. This included decisions such as accepting care calls and managing personal finances. The guidance correctly required the service to liaise with relatives and healthcare professionals. This was to ensure important decisions were made in people's best interests and were the least restrictive possible.
- There were no deprivation of their liberty authorisations in place at the time of this inspection.

Is the service caring?

Our findings

Caring – this means we looked for evidence that people were supported and treated with dignity and respect.

This was our first inspection since the service was registered with us. This key question has been rated as Good. This meant the person using the service was supported and treated with dignity and respect; and involved as a partner in their care.

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

- The person using the service and their relative was positive about the care they received. They said the registered provider was courteous, polite and helpful.
- The person received compassionate care. They said the registered provider chatted with them about subjects of interest and was genuinely interested in what they had to say.
- The registered provider noted if the person was running low on toiletries and let the relative know so more supplies could be purchased. When doing this the registered provider asked the person about the particular toiletries they wanted to use to help them avoid developing sensitive skin.

Respecting and promoting people's privacy, dignity and independence

- The right of the person using the service to privacy was respected and promoted. The person described how the registered provider made sure the bathroom door was closed when they were showering. They also said the registered provider covered them up as much as possible when they were undressed.
- There was a policy and procedure emphasising to care staff the importance of providing assistance in ways that promoted people's equality and diversity. There were plans for care staff to receive training in respecting the choices people made about their identities and lifestyles. An example was supporting people who wore clothes that expressed and respected their cultural heritage.

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

- The person using the service had been supported to express their views and be actively involved in making decisions about their care as far as possible. They said this included how often they wanted to receive a care call and how long they wanted it to last. Records showed the people who no longer used the service had also been supported in this way.
- Both the person using the service and those who no longer did so had been supported to express their preferences by their relatives, friends and representatives. In addition, links had been developed with lay advocacy services. Lay advocates are independent of the service and can help people to weigh up information, make decisions and communicate their wishes.
- Private information was kept confidential. The registered provider asked to see our inspector's identification badge before disclosing information to us. There was a policy and procedure for care staff to follow when managing confidential information. This included securely storing sensitive written records and only sharing information with authorised people.

Is the service responsive?

Our findings

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

This was our first inspection since the service was registered with us. This key question has been rated as Good. This meant people's needs were met through good organisation and delivery.

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

- The person using the service and their relative told us they had been regularly asked about the care they wanted to be provided. There was a care plan describing the assistance they had agreed to be delivered during care calls. The care plan had been regularly reviewed so it accurately reflected the person's changing needs and wishes.
- There was a policy and procedure describing how the service adjusted care calls to reflect people's changing circumstances. An example of this was additional care calls quickly being provided to a person who no longer used the service when they had become unwell and needed extra help.

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 adaptive needs and in some circumstances to their carers.

- The person using the service had been supported to access information about their care. This included the registered provider quietly explaining to them parts of the care they had agreed to receive. There was a handbook containing useful information about the service and how to contact senior staff. Care plans presented information in a user-friendly way using larger print when necessary.
- Important documents presented information in an accessible way. There was a leaflet that explained the role of the local safeguarding of adults authority and which gave the authority's contact details. Another example was a leaflet that explained people's rights to have their liberty protected under the Mental Health Act 2005.
- The complaints procedure presented information in an easy-read style. It informed people about their right to make a complaint and reassured them their concerns would be listened to and addressed.

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

- There was a policy and procedure emphasising to care staff the importance of supporting people to maintain relationships and pursuing their hobbies and interests.
- The registered provider said care staff would also receive training in how to identify and meet people's wishes. This included helping people to contact relatives by post, telephone and the internet. It also included helping people to enjoy activities important to them such as reading and gardening.
- People could receive care calls so they could be accompanied by care staff to go out into the community.

Improving the quality of care in response to people's concerns and complaints

- The service had not received any complaints since it was registered with us. The person using the service and their relative told us they were confident complaints would be investigated and sorted out as soon as possible.
- There was a policy and procedure for care staff to follow when responding to complaints. This required them to immediately notify the registered person so action could be taken to put things right. There was also a procedure for the registered provider to follow when managing complaints. This included clarifying what had gone wrong and what the complainant wanted to be done about it. The procedure said that no complaint would be considered as closed until the complainant was satisfied with the response they had received.

End of life care and support

- There were arrangements to support people at the end of their life to have a comfortable and dignified death. People had been asked how they wished to be supported at the end of their lives.
- The registered provider said they would liaise with healthcare professionals if a person needed special medical attention to keep them comfortable and safe at home.

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 was our first inspection since the service was registered with us. This key question has been rated as Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- Suitable arrangements had been made to operate, monitor and evaluate the running of the service. There were some quality checks to ensure people received safe care to meet their needs and expectations.
- These quality checks included auditing records of the time and duration of care calls. Also, the records of the care provided to ensure people were receiving the assistance they needed. Other quality checks included the management of medicines, the steps taken to reduce the risk of accidents and the prevention and control of infection.
- The registered provider said spot checks would be completed by a senior member of staff at people's homes as soon as care staff were employed. This was to make sure that care was being provided in line with each person's care plan.

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

- There were arrangements to enable care staff to meet regulatory requirements. There were policies and procedures to help them consistently provide people with the right assistance. These had been regularly updated so care staff would be provided with comprehensive guidance.
- The registered provider received updated advice from the Department of Health about the correct use of equipment, medical devices and medicines.
- There was provision for care staff to attend staff meetings with the registered provider to develop their ability to work together as a team. The registered provider said that they would also correspond with care staff by email and text to advise them about changes in how the service was run.
- There was a whistleblowing policy and procedure committing the service to a 'no tolerance approach' to any member of staff who did not treat people in the right way. The registered provider said care staff would also receive training emphasising their duty to immediately report any concerns.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The person using the service and their relative considered it to be well-led and reliable.
- People had been invited to give feedback by completing regular questionnaires. These questionnaires showed people and their relatives had been consistently positive about their experience of receiving care from the service.

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility.

- Documents such as the handbook given to people who used the service and policies and procedures emphasised the importance of providing people with person-centred care. The information emphasised the service was committed to respecting their wishes and enabling them to enjoy their home.
- The registered provider was aware of the duty of candour requirement to be honest with people and their representatives when things had not gone well. They had consulted guidance published by the Care Quality Commission and knew what steps to take to meet the requirement to tell people the truth if something goes wrong.
- It is a legal requirement that a service's latest Care Quality Commission inspection report rating is displayed at the service where a rating has been given. This is so that people, visitors and those seeking information about the service can be informed of our judgements. The registered provider was aware of this requirement and said the rating from this inspection would be conspicuously displayed both in the service's office and on the website.
- Services that provide health and social care to people are required to inform the Care Quality Commission of important events that happen in the service. This is so that we can check that appropriate action has been taken. No significant events had occurred in the service since it was registered by us. There was a policy and procedure to be followed by care staff to ensure the registered provider was quickly informed about notifiable events so the necessary information could be passed on to us straight away.

Working in partnership with others

- The registered provider recognised the importance of working in partnership with other agencies so people received 'joined-up' support. This included liaising with care managers (social workers) and with commissioners who purchased some of the care provided.
- The registered provider had used some professional publications and websites relevant to the provision of domiciliary care services. This had resulted in the service being ready to introduce national changes being made to the authorisation of deprivation of liberty safeguards (DoLS).