Q1Care Limited

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Inspection report

1210 Parkview, Arlington Business Park
Theale
Reading
Berkshire
RG7 4TY

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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

This was an announced inspection which took place on 2 August 2018.

Q1Care Limited is a domiciliary care agency. It provides personal care to people living in their own homes. It currently provides a regulated activity to people with a range of needs.

We carried out a focussed inspection on 5 July 2017 as a result of whistle blowing concerns raised directly with us. As a result we asked the provider to take action to make improvements with safe recruitment practices and effective deployment and communication with staff. We found at this inspection that appropriate action had been taken and they had improved to good in both key questions.

There was a manager running the service who had applied to be registered. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

People and staff were protected from harm and were kept as safe as possible. Staff had been trained in safeguarding vulnerable adults and health and safety policies and procedures. Staff knew how to protect the people in their care and understood what action they needed to take if they identified any concerns. General risks and risks to individuals were identified and action was taken to reduce them. People were supported to take their medicines safely (if they needed support in this area) and medicines given were recorded accurately. People were supported by care staff whose values and attitudes were monitored and who had been safely recruited.

People's needs were met safely and effectively because there were enough staff who were given enough time to meet their identified needs. People were assisted by care staff who had been trained and supported to make sure they could meet people's varied needs. Care staff were effective in addressing people's needs as described in their care plans. The service worked closely with health and other professionals to ensure they were able to meet any specific health or social care needs.

People were assisted to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible. The policies and systems in the service supported this practice.

A caring, kind and committed staff team provide people with compassionate care. Care staff built close relationships with people and knew their preferences and requirements. The management team and care staff were aware of people's equality and diversity needs which were noted on care plans. People were encouraged to be as independent as possible.

People benefitted from a flexible service that responded quickly to individuals' current and changing needs

and preferences. People's needs were reviewed regularly to ensure the care provided was up-to-date. Care plans included information to ensure people's individual communication needs were understood.

The manager was described as supportive, well organised and caring. The manager and the staff team were committed to embracing diversity and did not tolerate any form of discrimination. The service assessed, reviewed and improved the quality of care provided regularly.

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 had improved in safe.

The service had robust recruitment procedures which were being further strengthened by the provider in light of new guidance. This ensured that staff employed were suitable to work with vulnerable people.

Is the service effective?

Good

The service had improved in effective.

The service had recruited more staff and did not accept any packages of care unless there was capacity to meet the requirements. Communication between the office based staff and care workers had improved. Care workers had been given clear guidance about what to do if they had questions or were not sure about a situation.

Is the service caring?

Good

The service continued to be caring.

Is the service responsive?

Good

The service continued to be responsive.

Is the service well-led?

Good

The service continued to be well-led.

Q1 Care Limited

Detailed findings

Background to this 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 was planned to check whether the provider is 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.

This inspection took place on 2 August 2018. It was carried out by one inspector and was announced. 48 hours' notice of the first inspection visit was given because the service is office based and we needed to be sure that the appropriate staff would be available to assist with the inspection. The inspection was delayed by seven working days due to an error in the address of the service. This had now been corrected. We were assisted on the day of our inspection by the manager, the provider and other office based staff.

We used information the provider sent us in the Provider Information Return. This had been largely completed by the current manager. We looked at all the information we have collected about the service. This included notifications the previous registered manager had sent us. A notification is information about important events which the service is required to tell us about by law.

We looked at paperwork for five people who receive a service. This included support plans, daily notes and other documentation, such as medicine procedures. In addition, we looked at records related to the running of the service. These included a sample of health and safety, quality assurance, staff recruitment and training records.

We spoke directly with two people who were being supported by the service and received nine written comments from people and/or their representatives after the inspection visit. On the day of the inspection we spent time with the manager, the chief operating officer, an administrator, the HR manager and the provider. We requested information from four external professionals closely involved with the service and received two replies. We spoke with one member of the care staff directly and received written comments from a further fifteen care staff members.

Good

Is the service safe?

Our findings

At the last inspection we found a breach of regulation in relation to safe recruitment. The registered person had failed to obtain satisfactory evidence of staff member's conduct in previous employment relating to working with children or vulnerable adults or evidence of any previous criminal convictions. Regulation 19 (1)(a), (3)(a) and Schedule 3 (1-8). We noted that improvements had been made in the recruitment processes. The service ensured people were provided with care by staff who had been checked that they were suitable and safe to work with people. We noted that verification of written references from previous employment had been undertaken using registered business addresses. There was some discussion with regard to the recent Care Quality Commission guidance for providers in relation to using alternative methods of determining competence and performance in previous employment. This was particularly useful when inadequate or no response was received from previous employers. The HR manager undertook to explore these options when indicated in the future. The service used a number of processes to check candidate's value base and attitude. These included a robust face to face interview and additional supervision during the probationary period. Disclosure and Barring Service (DBS) checks to confirm that employees did not have a criminal conviction that prevented them from working with people were made prior to every appointment.

People were kept safe, as far as possible, from any form of abuse. Care staff were provided with safeguarding training to ensure they knew how to protect people and report any concerns appropriately. Staff fully understood their responsibilities for keeping people safe. One staff member demonstrated this by telling us, "Of course you would speak with management immediately if you thought someone was at risk of abuse." Another said, "I have never witnessed anything that would put clients at risk and of course would report it if I did". Staff were aware of the whistleblowing policy and were confident that the senior staff would take any necessary action to protect people.

People said they felt safe and were being well treated. One family member responding on behalf of a close relative and said, "I feel that my relative is safe and being treated with respect." Another told us, "Mum seems happy with the carers that visit. I am not there, but she is still able to tell me if there was a problem. So currently I would say - yes she is safe and treated with respect". A professional told us that they did feel that people were safe and were treated with respect by staff.

There had been no safeguarding concerns raised since the last inspection. All staff had received training in safeguarding vulnerable people and were able to demonstrate this in person and through written feedback received. There was a whistleblowing policy in place which was available to all staff.

Robust health and safety policies and procedures had been developed to ensure people and staff were able to receive care and work as safely as possible. Staff received training in this topic and generic health and safety, environmental and individual risk assessments were in place. Generic risk assessments covered all areas of safe working practice such as lone working and medicine management. Risk assessments were completed for each person's home and included areas such as use of cleaning products and lighting. Individual risk assessments and risk management plans were an integral part of their care plan. Risks

included nutrition and hydration, skin integrity and moving and positioning where appropriate. Information was provided to enable care staff to minimise risk and offer support in the safest way possible. Staff were provided with gloves, aprons and other protective equipment such as hand gels and trained in infection control.

There was a new system for recording accidents and incidents. The manager confirmed any accident or incident was reviewed so that lessons could be learnt and shared with the team. Actions taken as a result of some incidents included re-training staff, discussion with staff and up-dating all relevant records. Staff were now clear and aware of actions to take in an emergency and the provider had a contingency plan to assist staff in dealing with situations such as staff sickness or poor weather conditions.

People were supported to take their medicines safely when identified as part of their assessed needs. People's need to be assisted with medicines was reviewed at least annually. Only trained care staff whose competency was assessed regularly were able to administer medicines. There was some confusion over whether a person was being assisted with their medicine or the staff member was actually administering. A review of the policy made this clear and the manager undertook to ensure that staff were aware of the difference. Currently staff recorded the times and quantities of medicines given electronically. As far as could be determined the records reflected that the medicines and dosages prescribed were correctly administered. The electronic system alerted office staff if people's medicines had not been administered or not given at the right times. The manager was considering the introduction of a paper MARs record when other agencies and/or private carers shared aspects of the care package to ensure the accuracy of medicines administration.

People's needs were met safely by sufficient numbers of staff. Two staff members indicated that additional care staff would be useful, and a relative suggested more staff may be needed based on the number of cancelled calls they had experienced. The service did not accept packages of care unless there were enough staff to provide the correct amount of time and skill to meet people's needs as identified in their care package. Each person had a contracted specified number of hours of care they paid for which was documented and shared with them. The service had an on-going recruitment campaign to ensure they had staff available at all times. Appropriately trained office staff supported the care team in times of unexpected staff shortages.

Good

Is the service effective?

Our findings

The service offered people effective support. A family member indicated they felt the service met their relative's needs, "I feel that Q1 always have my mother's best interests in the forefront of everything they do." A staff member told us, "Our clients are very well looked after and their safety and that of the carers is the absolute top priority. I haven't yet seen any cause for concern." In addition a professional advised that, "I believe calls are on time, what I find impressive is that Q1 attempt, as best they are able, to ensure that there is consistency with the same staff member visiting my patient, which due to his mental health needs is important." The service identified individual's specific needs during an assessment process which included people, their families and other relevant people with their permission. An assessment form ensured that only those areas relevant to the level of care package required was recorded. People were fully involved in determining what care they wanted and needed and the way they preferred it to be delivered. People signed to say they agreed with the content of the care plan wherever possible.

The service was effective in meeting people's health and well-being needs as specified within individual care plans. Care plans included areas such as mobility requirements, dressing and undressing, personal care and any other particular support needs. A summary of daily routines and tasks to be completed formed a part of the care plans. The service worked with other professionals in the community such as district nurses and GPs, as necessary. A care staff member commented, "The main priority of all Q1 staff is to ensure each individual has what they need, what they'd like and that their personal and individual preferences, are adhered to as much as possible, this creates such a wonderful homely feel to the work as well."

The service used a computerised system to ensure people received their support visits at the correct time and for the agreed length of time. One staff member commented, "The quick messaging system we use is wonderfully efficient and kept updated. If we notice any changes that need to be logged we can quickly call these in and the updates are rapidly reviewed and implemented." The system alerted office staff if visits were not recorded within a short period of the specified time. People were told if there was the possibility of staff arriving late. A relative commented, "Generally, calls are on time and do meet her needs. If there is a delay, I will be kept informed." The last client survey was conducted in October 2016. Generally, overall feedback from clients was positive. There was a new system of collecting information about satisfaction with the service in the process of implementation. This was independent from the service and was planned to provide feedback which would enable the service to improve in areas identified as needing attention.

People were provided with assistance for eating and drinking and other nutritional requirements if this formed part of their identified needs. Records for food and fluid intake were kept where required. Staff were instructed to inform senior staff via the electronic monitoring system or to telephone if there were any concerns or questions of any nature.

People were supported by care staff who were trained to enable them to meet people's diverse individual needs. Staff members told us they had very good training opportunities. They told us they were trained in areas to meet individuals' specific needs, such as moving and positioning and medication where necessary. We reviewed the staff training matrix and saw the majority of staff were in date for all required training. The

new manager had noted that some of the pass rates for online training were unacceptably low. As a result, those staff concerned had been required to retake the relevant training to ensure that overall pass rates were improved. A complete review of all the training including the induction requirements was in progress. Already improvements had been made to the induction processes which now prevented staff from working alone until they were signed off by appropriate senior personnel and were confident in working on their own. Care staff were required to complete the care standards certificate (a nationally recognised induction system which ensures staff meet the required standards for care workers). It was considered that the current training provision relied too heavily on online training and that a mix of face to face training would enhance the experience for staff and lead to greater understanding of training topics. All staff who responded were satisfied with the overall training with some commenting favourably on the planned improvements.

People were assisted by care staff who were supported by the management team of the service to deliver effective care. One staff member commented, "If I ever have a problem I can contact the office and they will go above and beyond to help and I can contact them anytime and they are always there to help me." Senior staff observed new staff's competence and confidence and assessed this on an on going basis. Care staff completed a one to one (supervision) meeting with senior staff every year alternating every six months with a full annual appraisal. In addition, all staff were now subject to six spot checks carried out whilst they were in people's homes each year.

Staff meetings were scheduled to be held periodically. We were told that there had been a staff meeting in December 2017 and March 2018 but the minutes of these meetings could not be located. The new manager told us that a staff team meeting would be scheduled at the earliest opportunity. However, in the interim he had been communicating with staff on a regular basis through emails and telephone discussions whenever possible. There were regular visits to people during staff presence by the assistant manager. There had been two recent appointments to senior carer posts and it was planned that they would take over some of the staff oversight and line management duties in due course. Staff told us that overall this system was very supportive. A staff member commented, "We are supported within our role not always through meetings but senior members of staff are always available to talk to either through email or telephone which makes us feel supported whenever we need this either during office hours or out of hours through the on call system that Q1 have in place." Staff told us they felt they were given support to progress and develop their skills within the company.

People's rights were upheld by a staff team who understood the issues of consent and decision making. A new consent form had been introduced which enabled people to consent to only those areas relevant to their care package. Care plans noted if others were legally entitled to make decisions on behalf of people.

The manager understood the Mental Capacity Act 2005 (MCA). The 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. In the community people can only be deprived of liberties if agreed by the Court of Protection. The service did retain documentation for anyone whose liberty needed to be restricted.

Good

Is the service caring?

Our findings

People were offered individual support and care by a caring and committed staff team. The provider operated within and promoted a caring environment where people and staff felt cared for. People told us they were very pleased with the care offered. A relative told us, "My husband is extremely happy with all the care he has received. Whilst initially reluctant to accept help he now adores the carer who visits regularly." A person commented, "Overall I am pretty happy with the service provided." Another said, "I cannot fault the service I am very happy and would highly recommend Q1 care."

People were provided with care by staff who established relationships with people. A team of care staff were usually allocated to individuals and visited the same people as often as possible. This enabled care staff to get to know people and their needs. Due to some turnover of staff and following the departure of the previous registered manager, some people had experienced changes of their care worker but this had been kept to a minimum as far as possible. The current and active recruitment initiative was designed to stabilise the consistency of staff and develop the business. People told us they were treated with respect and they usually had the same carers. This had resulted in them making strong relationships with staff. A staff member commented, "Care from Q1 is quality - we go above and beyond in our care for our clients - we really do make a difference."

People's privacy and dignity was preserved by care staff. A relative commented, "We are always treated with the utmost respect whether by the care staff or office based staff." Another said, "Staff are very concerned that it is a family home for them to respect." People's diversity was recognised and wherever possible staff with similar cultural backgrounds or interests were actively sought to meet people's individual preferences. For example the service had matched staff's gender, background and interests to people's to better meet their needs. People's individual needs whether religious, cultural or lifestyle choices were noted in care plans relevant to the care package they were receiving. The service had an equality and diversity policy which included people and care staff. The policy noted that equal opportunities were about accepting and embracing people's differences and creating an environment where individuals could thrive. The service adhered to these principles. Staff completed equality and diversity training as part of their induction. A recent equality and diversity audit of staff had been completed in order to identify any deficits in staff representation which could be addressed through targeted recruitment.

People were encouraged and supported to be as independent as possible. How people should be supported with their independence was documented in care plans. Risk assessments assisted care staff to help people retain and develop as much independence as appropriate, as safely as possible.

People's methods of communication were noted on care plans. They enabled staff to communicate with people in the way they needed and preferred. The service would provide staff who used the person's first language, whenever possible. People were encouraged to give their views of the service in various ways. These included the management team completing observations and 'spot checks' on care staff where people were asked their views of the staff and care provided. In addition, telephone quality reviews were completed with people and care reviews were held regularly.

People's personal information was kept securely and confidentially in the services office. Information was kept in both electronic and paper form to which only the appropriate people had access. The service was currently in the process of transferring all paper documentation to the electronic systems in order to become a paperless organisation. The provider had a confidentiality policy which care staff signed prior to commencing work demonstrating their understanding and requirement to follow. One relative indicated that they would like to have access to their family member's records. We were told by the manager that once the electronic transfer was complete it would be possible for appropriate people to have access to relevant records.

Good

Is the service responsive?

Our findings

People were provided with a responsive and flexible service. People's changing care needs and their requests and preferences were responded to in a timely way. Care plans included the necessary information for staff to offer people responsive care. A staff member commented, "Yes there is sufficient information within the documentation supplied to provide appropriate and quality of care." Another said, "Documentation has and continues to change and adapt over the years to include more detailed care plans and safety measures and every plan is specific to that person with certain generic areas that need to be covered for everyone like skin integrity and emotional wellbeing etc".

The assessment, care planning and review process was inclusive of people and those who they chose to be involved. Care plans noted people's involvement and were detailed and provided enough information to enable staff to meet their needs. It was acknowledged that there was further work to be undertaken to ensure the consistency of care plans and the optimum level of information which was included in staff instructions. Considerable work had been undertaken with staff to support them with detailing sufficient information in the electronic record following each care call. Daily notes mostly demonstrated that care was person centred. These daily entries were regularly monitored by a member of the office staff and any omissions or feedback required about content was brought to the attention of the relevant staff. Care plans were up-dated regularly and reviews were held a minimum of annually and whenever people's needs changed or there were any concerns about an individual's well-being. People and/or their relatives told us they were fully involved in the care planning process.

People generally benefitted by the service's use of IT systems. There were currently two systems in operation either of which could effectively be replaced by the other. The manager was currently leading work on establishing which system was the most useful in order to reduce duplication of work and effort. People's changing needs were communicated to and from staff via the electronic reporting systems. Office staff could be informed immediately if there were any concerns or issues about a person's care. The requirement to use this tool had been reinforced to staff by the current manager. This information was then communicated without delay to other relevant parties. Care staff were also texted, e-mailed and/or telephoned if they were required to change their work pattern and/or an individual's care plan to meet people's immediate changing needs. The majority of people and staff told us communication between the office, care staff and people who use the service was improving and overall was good.

People's communication needs were met and the service was able to produce information in different formats if necessary. Individual communication plans were developed if people had specific communication needs. The communication systems reflected the requirements of the Accessible Information Standard. The Accessible Information Standard is a framework put in place from August 2016 making it a legal requirement for all providers to ensure people with a disability or sensory loss can access and understand information they are given.

People and their relatives were encouraged to give their views and feedback on the service. They knew how to make a complaint if necessary and were confident concerns would be dealt with effectively if raised. We

reviewed the complaints record and found that entries were not complete or no record had been made of the action taken. Since the new manager had been in post a new system for capturing all complaints and incidents/accidents, and the action taken had been implemented. It was planned that this system would provide an accessible audit trail of the action taken and any lessons learnt could be shared with all staff without delay. A local authority commissioner told us that they had not recently received any concerns about the service from any professionals or family members.

Good

Is the service well-led?

Our findings

People benefitted from a well-led service. The current manager had been in post since May 2018. Their original appointment had been made to support the registered manager with the implementation of robust operational systems within the service. However, the registered manager had been absent from the service for a short time before the inspection and had decided not to return. As a result the appointment to manager had been agreed and he had already submitted his application for registration.

One relative told us, "The service is well managed, and management staff usually accessible." Another advised, "I feel that it is very well managed and I am kept informed at all times." A professional commented, "I believe the service is well managed, they communicate well, management have been accessible when I have needed to speak to them." A staff member summarised their feelings about the service, "I would like to just say a little about [provider name] as I feel that that is important as she creates the ethos and atmosphere of the company and that passes down to us. She has a passion for what she does and wants to do it well. I have never had a boss who so welcomes input and suggestions or even criticism. She is forever wanting to make the company better for clients and for her staff and she is always available if there are any problems or concerns. This makes an atmosphere of openness and truthfulness and trust".

There was an open and empowering culture in the service that was person-centred. The staff team were happy, enthusiastic and committed to their work. They understood and embedded the values of the service which were modelled by the management team. People and staff were encouraged to tell the service what they thought about the care provided. People told us they felt comfortable sharing their views with the service, one relative said they were in continual contact with the service who always listened and valued their views. Staff members who contacted us said they felt valued and involved in the development of the service. The service was in the process of arranging staff meetings to which all staff would be encouraged to attend. Staff told us they felt comfortable to raise any issues or concerns they had and to put forward ideas for improving practice. One commented, "The management and office staff are very approachable, we all talk as concerned friends really, and they're always there to lend an ear or a hand."

People benefitted from a service which was working towards good governance. A number of quality assurance systems were in place and were being used to review all areas of the service. The audit had identified some areas where governance could be improved and plans were in place to complete this work. A branch improvement action plan had been implemented and included areas such as care plan audits, supervision/appraisals, training, spot checks and scheduling of calls. The plan detailed the action that needed to take place such as introduction of relevant policies, establishing appropriate systems for surveys and an initial assessment review. Appropriate actions were now recorded and a range of auditing and quality assurance processes had already been implemented. Actions taken so far included additional staff training in a range of areas where compliance with on line training had returned results which were below the standard required.

People were provided with good care because the service worked with other professionals to ensure people's needs were met. The service engaged with relevant community professionals. However, these

contacts were generally low in number due to the prevalence of self-funding people. People's individual needs were recorded in up-to-date care plans which informed staff how to provide care according to people's specific choices, preferences and requirements. Records relating to other aspects of the running of the service such as audits and staffing records were accurate and up-to-date. All current records were well-kept and easily accessible. It was planned that once development and introduction of robust systems were in place all records would be easy to access, update and review.

The manager kept up-to-date with all legislation and good care guidance. For example, he fully understood when statutory notifications had to be sent to the Care Quality Commission, the Accessible Information Standard and the duty of candour.