

Mrs Kelly Marie Murray

# Quality Care @ Home

## Inspection report

Unit 4 & 5 Pineapple Place  
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## Ratings

Overall rating for this service

Good ●

Is the service safe?

Good ●

Is the service well-led?

Good ●

# Summary of findings

## Overall summary

### About the service

Quality Care @ Home is a domiciliary care service that provides personal care and support to people in their own homes. The service is registered to provide support to younger adults and older people, living with dementia, mental health support needs, physical disabilities and sensory impairments. At the time of our inspection 64 people were using the service.

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

Since our last inspection the provider had further developed their systems for the management of medicines and their processes and systems to ensure relevant agencies were notified of any significant events.

People were protected from the risk of abuse by staff who had a good understanding of how to keep people safe. Staff recognised the signs of abuse and how to report it.

Risks to people's health had been identified, assessed and monitored. Staff were knowledgeable and knew the risks to people and helped make sure they stayed safe.

Recruitment was undertaken safely, with appropriate background checks before staff started work.

There was sufficient supplies of PPE and people and their relatives confirmed staff wore this. Staff had received appropriate training in infection control.

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

People were supported by a staff team that were kind and compassionate with whom they had developed positive relationships.

People and staff told us the service was well led and managed. Staff told us they felt supported, the team worked well together, and staff morale was good. The provider had systems in place to identify improvements and drive good care.

For more details, please see the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection and update: The last rating for this service was requires improvement (published 17

June 2019). The provider showed us what action they had taken after the last inspection to show how they had improved. At this inspection we found improvements had been made and the provider was no longer in breach of regulation 18.

#### Why we inspected

We undertook this focused inspection to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Quality Care @ Home on our website at [www.cqc.org.uk](http://www.cqc.org.uk).

#### 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?**

**Good** ●

The service was safe.

Details are in our safe findings below.

### **Is the service well-led?**

**Good** ●

The service was well-led.

Details are in our well-led findings below.

# Quality Care @ Home

## **Detailed findings**

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service is not required to have a registered manager with the care quality commission, as the provider is an individual. The provider is legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

This inspection was announced.

We gave the service 48 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

Inspection activity started on 26 May 2021 and ended on 02 June 2021. We visited the office location on 27 May 2021.

#### What we did before 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. We also requested feedback from Healthwatch to obtain their views of the service. Healthwatch is an independent consumer champion that

gathers and represents the views of the public about health and social care services in England.

The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection

We spoke with three people who used the service and two relatives about their experience of the care provided. We spoke with seven members of staff including the provider, career development officer, senior care workers and care workers.

We reviewed a range of records. This included seven people's care records and multiple medication records. We looked at six staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We looked at the providers policies and procedures, training data and quality assurance records.

# Is the service safe?

## Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

### Using medicines safely

- The provider had improved their practices in relation to the administration of topical creams. There were clear written directions for staff to follow. Information included where and when to apply creams. Medicine Administration Record (MAR) charts were accurately completed, and stock checks were carried out after administering any medicines.
- People and their relatives told us they received their medicines on time and as prescribed.
- Staff received training and regularly had their competencies checked during spot checks.

### Systems and processes to safeguard people from the risk of abuse

- Those we spoke with said they felt safe when receiving support. One person said, "I feel safe with them [staff]." A relative said, "I feel they [staff] keep [relative] safe, their [staff] very good."
- Staff were trained and understood how to recognise and report abuse. One staff member told us, "If I identified any concerns, I would address it immediately and tell [name] provider."
- The provider had systems and processes in place to ensure relevant agencies had been notified of any abuse concerns. For example, the CQC and the local authority.

### Assessing risk, safety monitoring and management

- People's needs were assessed before they began to use the service. Care plans included ways to minimise risks for people, for example, in relation to the use of equipment and to prevent pressure sores. Assessments consisted of clear information and guidance that was reviewed regularly.
- People were cared for by trained staff. Staff knew people well and understood how to recognise and report any concerns they had for people's safety.
- Systems were in place to alert and inform staff to any changes in people's needs.
- The provider was visible to people and staff and would provide hands on support. For example, to cover staff absence.

### Staffing and recruitment

- There were enough staff to support people. People told us staff were consistent and they knew who would be coming to support them as they were provided with a rota.
- People and their relatives told us staff were usually on time and always stayed the right amount of time. Telling us staff would let them know if they were going to be late for example, delayed in traffic.
- The provider followed safe recruitment processes when employing new staff. Staff files contained relevant pre-employment checks which included up to date criminal record checks, at least two satisfactory references and photographic proof of identity.

### Preventing and controlling infection

- We were assured that the provider was using personal protective equipment (PPE) effectively and safely.
- We were assured that the provider was accessing testing for staff.
- We were assured that the provider was promoting safety through the layout and hygiene practices of their office.
- We were assured that the providers infection prevention and control policy was up to date.

### Learning lessons when things go wrong

- Staff understood their responsibility to raise any concerns and to report any incidents.
- Systems were in place to record, review and analyse any accidents and incidents. The provider monitored these so any trends and themes could be identified and acted on.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

At the last comprehensive inspection, the provider had failed to notify the CQC of two safeguarding issues involving the people who used the service in line with their registration with us. This was a breach of regulation 18 (Notification of other incidents) of the Care Quality Commission (Registration) Regulations 2009.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 18.

- At this inspection we found the provider had developed their processes and systems to ensure relevant agencies were notified of any significant events as required by law. This included notifying the CQC.
- Staff understood their roles and responsibilities. The provider monitored staff performance through supervisions and spot checks on their practice.

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

- There was a positive culture at the service. Staff comments included, "It's a brilliant company to work for. All staff are approachable, welcoming and kind." "[Provider] is lovely and supportive."
- People and their relatives were positive about how the service was managed. Comments included, "Staff I've met are quite remarkable." Another said, "[Staff names] in the office are very good."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong; continuous learning and improving care

- The provider understood the need to be open and transparent with people of any accidents or incidents under their duty of candour responsibilities.
- The provider keeps up to date by receiving legislative updates, working with other agencies, attending webinars.
- Audits were in place which meant any shortfalls were identified and used to drive improvements.

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

- People and their relatives were asked for feedback in the form of a questionnaire on how to improve and develop the service. All comments we saw were positive and people were happy with the care and service being provided.
- The provider told us they had good relationships with health professionals. For example, GP practices and district nurse teams.
- The provider attended regular meetings with the local authority to keep up to date with the latest COVID-19 guidance which was shared with staff.