

Quality Care Dorset Ltd

Quality Care Dorset Ltd

Inspection report

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15 October 2021

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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 Care Dorset Ltd is a domiciliary care agency. It provides personal care and support to people living in their own homes. Not everyone who used the service received personal care. At the time of this inspection 23 people were receiving the regulated activity of personal care from the service. 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 were protected from abuse and avoidable harm. Staff demonstrated good understanding around safeguarding procedures and processes and knew how to recognise and report abuse. People and their relatives told us they felt safe with staff, who were well trained and demonstrated kind, caring and effective care. Staff told us they were given the support and training to ensure they had the necessary skills to support and care for people safely.

Care plans were detailed and gave clear explanations for staff on how people preferred their personal care and support to be given. Staff knew people well and understood how they preferred to be supported. Risk assessments were in place that gave clear detail to staff to ensure people were supported safely.

People received care from a consistent team of care staff who knew their care and support needs well.

Medicines were managed and administered safely. Staff supported people to take their medicines safely and had received appropriate medicine administration training. There were sufficient numbers of trained, experienced staff to ensure people's needs were met. Staff were recruited safely; recruitment procedures were in place to ensure the required checks were carried out on staff before they commenced their employment.

People were involved in their care and consulted when planning and agreeing their care and support needs. People felt confident any concerns they raised would be listened to and appropriate action taken. 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 and staff spoke highly of the registered manager, stating they had an open, friendly and supportive approach. The registered manager was readily available to people, relatives and staff to offer advice and guidance when required.

The service had established good working relationships with health and social care professionals.

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

Rating at last inspection

This service was registered with us on 29/05/2020 and this is the first inspection.

Why we inspected

This was a planned inspection.

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.

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 Care Dorset 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 Care Act 2014.

Inspection team

The inspection team consisted of one 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 homes.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are 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 manager would be in the office to support the inspection.

Inspection activity started on 12 October 2021 and ended on 15 October 2021. We visited the office location on 12 and 15 October 2021.

What we did before the inspection

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

During the inspection

We spoke with eight people and their relatives who used the service, about their experience of the care provided. We spoke with six members of staff including the registered manager, the office manager and an independent consultant.

We reviewed a range of records. This included six people's support and care plans, daily monitoring charts and three people's medicine administration records. We also looked at a range of records relating to the management and monitoring of the service. These included staffing rotas, three staff recruitment, supervision and training records, spot check observation records and a range of the providers quality assurance records, compliments and policies and procedures.

After the inspection

We continued to seek clarification from the provider to validate evidence found.

Is the service safe?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives said they felt safe with staff. One person said, "I trust them implicitly." Another person told us, "I'm absolutely safe. I more or less rely on them all. A relative told us, "[Person] is extremely safe, they hold her in exactly the right position."
- Staff had received safeguarding training and spoke knowledgeably on the different types of abuse. They were clear about their responsibilities for making people safe and reporting concerns.
- Safeguarding incidents had been reported appropriately to the local authority and CQC.

Assessing risk, safety monitoring and management

- Risks for people were individually assessed and managed. Risk assessments detailed the action staff should take to minimise the chance of harm occurring to people or staff, these included environmental risks in people's homes and any risks in relation to people's support and care needs
- The provider had a business contingency plan in place. This was detailed and covered a full range of risks that could negatively affect the business from running safely. Areas covered included, severe weather, fuel shortage, information technology failures, traffic concerns and high levels of staff absence.
- Staff had received training in how to use specialist equipment safely.

Staffing and recruitment

- Staff were recruited safely. Recruitment procedures were in place to ensure the required checks were carried out on staff before they commenced their employment. This ensured staff were suitable to work with people in a care setting.
- People told us they received their care from a regular small team of care staff who knew them well. One person told us, "I don't have a problem with new people. In fact, I like someone new." Another person said, "When new people start, they double up with an existing carer...they get to know me and who I am. I do like people coming around everyday...Some of the carers are young, some are middle aged, I enjoy their company."
- Rotas showed suitable times for travelling between visits was given. Staff confirmed generally there was enough travelling time, although they had no control over traffic and this could affect their travel. A member of staff told us, "Travel time is usually all right. If we go over a bit it's no problem we let them know, traffic can be very busy." Staff confirmed they received their rotas each week. A member of staff said, "No problems at all with the rotas, all received ok." People confirmed staff telephoned them if they were going to be more than fifteen minutes late.

Using medicines safely

- Medicines were managed safely and people were supported to take their medicines as prescribed and in ways they preferred.
- Staff received medicine training and had their competency checked to ensure they were safe and competent to administer medicines.
- A member of staff told us, "I have had medicine observations and checks done. If there is a new medicine, I always double check the person's medication administration record (MAR). If I need further guidance, I always contact the manager or the office staff, they are always available to help. Any medicine changes are always on people's MAR, it's good."

Preventing and controlling infection; Learning lessons when things go wrong

- Staff spoke knowledgeably regarding infection control processes and understood how to protect people from the risk of infection.
- Staff had access to and wore personal protective equipment such as disposable gloves and aprons. They had received training in this area. A member of staff told us, "There is enough personal protective equipment (PPE). Good supply always."
- One person told us, "They always wear gloves and masks and an apron, a plastic type." People confirmed staff wore fresh (PPE) when they arrived and safely disposed of used PPE appropriately when they left. One person told us, "[Manager] went through all the COVID-19 precautions with me, I know they are all tested each week."
- There was a procedure in place for recording accidents and incidents. Incidents were reviewed and a process in place to monitor for trends and themes.
- The manager told us any future lessons learned would be shared with staff through supervision sessions and team meetings.

Is the service effective?

Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People's care needs were fully assessed before the service started to provide them with care and support. Assessments and care plans provided guidance for care staff to follow. They reflected people's individual care and support needs to ensure their care was delivered effectively.
- Care plans were regularly reviewed and updated with the person, their family and professionals when appropriate. This meant care staff had accurate, up to date information about each person they supported.

Staff support: induction, training, skills and experience

- New staff completed an induction and were supported to attain the Care Certificate if they did not have previous experience of working in a care setting. The Care Certificate represents a nationally accepted set of standards for workers in health and social care. Staff told us their induction training had given them the necessary skills they needed to carry out their role.
- Care staff spent time shadowing existing staff in order to get to know people before they started to care and support them independently. A person explained the shadowing process to us, which they said was very good, they told us, "The new carer sits and observes and takes notes, as they become more familiar, they then help out in a hands-on way and then eventually take over."
- There was a system in place to ensure staff received their core training subjects and any specialised training they requested. Due to the COVID-19 pandemic face to face training had been suspended, staff were completing online training of all core subjects such as medicine management, Mental Capacity Act, safeguarding and how to mobilise and handle people safely. One member of staff told us, "At the moment the training is all online. We are all trained before supporting people. [Manager] is ever so good, she always checks that we are ok with everything."
- Staff were supported through regular supervision and appraisals with opportunities to discuss any concerns, how best to meet people's needs, and their own personal development. One member of staff said, "My supervision sessions have all been fine. I have had two or three, they are supportive and always listen to me and help."

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

- Staff assisted some people to eat and drink. Care plans made it clear whether people needed support from staff, and if so, what assistance was required. One person told us, "It's very well cooked, fairly well made."
- A member of staff told us, "We always give people a choice of what they want to eat. [Person] just wants sandwiches, so we try to encourage eating different meals... and encourage them to eat healthy. Some people are on soft diets and drink thickeners, we show them the packets so they can choose their flavours."

We have to be careful and make sure they are sat up safely while we support them to eat."

- People's dietary needs were known and met, including if they had allergies to certain foods or were on safe swallow plans created by speech and language therapists.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People were supported to access appropriate healthcare. Staff spoke knowledgeably about people's health needs and acted quickly if people's health conditions deteriorated.
- The service had received positive written feedback from a health professional, this said, "They are always prompt to contact us when there is a problem. [Person] seems well cared for and they have never complained to us about the carers."
- The service worked closely with other agencies, such as GP's and occupational therapists, this ensured people received effective care which improved people's quality of life.

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 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. 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.

- Staff had received training in relation to the MCA. People's consent to their care was recorded clearly in their care records.
- Staff understood the principles of the MCA, how to implement this and ensured people had the right to make their own decisions about their care unless they lacked the mental capacity to do so. Staff had identity badges that included useful prompts regarding the MCA.
- People told us staff supported them to make decisions for themselves and they were involved in their day to day care. Staff told us how they supported people to make decisions about their care and support. Where possible, people signed their care records to show that they had consented to the care and support they received.

Is the service caring?

Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people were supported and treated with dignity and respect and, involved as partners in their care.

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

- The provider had an equality and diversity policy and staff received training in equality and diversity. People received person centred care that respected their individual needs.
- People and relatives described staff as, "Very good, absolutely exceptional, very helpful, friendly, excellent, caring and kind." One person told us, "I think the most important thing is that they care." Another person told us, "They are extremely good. I didn't anticipate how good this agency would be... they go above and beyond what you would expect, everyone has been introduced, we know them all. They're very friendly, it's unbelievable, the carers are excellent."
- Staff supported people in a kind, calm and patient way. They responded to requests respectfully and promptly. Staff demonstrated they knew people well, how they preferred to receive their care and support and what interactions worked best for each person.
- Support plans and records reflected the differing needs of people using the service, including those related to gender, ethnicity, disability and faith.

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

- People, relatives, staff and health professionals were all involved in decisions regarding ongoing care and support. One person told us, "They will do anything I ask, sometimes get me a bite to eat, it doesn't matter... they're very helpful. They charge my phone and microwave meal if necessary, as far as I can see they are doing all they can... I'm grateful to them for what they do."
- A relative told us, "The care, it's 100%, I can't fault them. If there's an issue they're always ringing me up. They'll ring the doctors or social workers on my behalf. [Person] gets on with them great. They love them, they look forward to them turning up."
- People and relatives told us they were kept well informed and felt fully involved in their care and support. One person told us, "It's the sense of warmth that they really care. They are very friendly, there's laughter and joking. I like the way they treat us with kindness and they're quick to help out."
- People were encouraged and supported to maintain contact with those important to them including family and friends.

Respecting and promoting people's privacy, dignity and independence

- Staff understood the importance of respecting people's privacy and dignity in all their interactions. People and relatives told us staff spoke with them respectfully and were attentive to their wishes.
- One member of staff told us, "We respect their privacy and dignity. When mobilising people I make sure they are covered with towels. If they take a phone call I will step out of the room to respect their privacy." Another member of staff told us, "It is all about respecting them and their dignity, asking for their consent and making sure they feel safe with their choices and making sure they are safe."

- Care and support plans reflected people's preferences and choices and encouraged people's independence.
- People's personal information was kept secure. Staff understood the importance of maintaining secure documents and care records to ensure people's confidentiality was maintained.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People received person-centred care. Their needs, abilities, background and preferences were documented, known and supported by staff. Care plans were regularly reviewed to ensure they remained up to date and provided accurate information about how to meet the people's needs.
- Without exception, people and relatives described having a small team of consistent staff who knew how they preferred their care and support to be delivered. People received a weekly rota that was e-mailed to them. One person told us, "If at times the rota did not arrive, all they had to do was contact the office and they sent it straight away."
- Another person told us, care staff were occasionally late but they were always apologetic and called ahead if they knew they were running late.
- Staff used an independent electronic messaging application to ensure they were kept up to date with any changes to people's care. A member of staff said, "We all communicate on [application]. It's brilliant, it's such a good idea. With it we can all pick up immediate information and that really helps."

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 a disability, impairment or sensory loss and in some circumstances to their carers.

- People were supported to communicate in ways that were meaningful to them. Staff took the time to understand people and checked this understanding back with people.
- There were clear communication systems. One member of staff told us, "The communication here is brilliant. Any changes are told to us straight away."
- One person had impaired hearing, staff described how they used appropriate touch to alert the person of their presence and used written communication to explain how they were going to support them with their care.

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

- People were supported and encouraged to pursue interests and participate in the local community. Care staff told us about how they took people to places they enjoyed which included shopping trips to town and visits to the beach. They made special meals for them such as Fish and Chip Fridays and cream tea's with scones and jam which was a favourite with many people. The service celebrated people's birthdays with

birthday cards and flowers for people on their special day.

- Staff knew people well, what their interests and hobbies were, what things were important to them and what events and hobbies they enjoyed. Staff worked well together to ensure people were given the opportunities to take part in activities they enjoyed and maintained their independence.
- Staff often went the extra mile to ensure people were supported with individual tasks to provide additional help and support with tasks they may find difficult. For example, one person told us how a carer had used their own mobile telephone to order some dry wipes for the person's computer on their behalf. The person told us, "This was above and beyond."

Improving care quality in response to complaints or concerns

- The provider had a complaints policy and had received one complaint since the previous inspection. This had been actioned as per the provider's complaint process. People and relatives were confident that if they had any concerns or worries, they would be listened to and action would be taken to rectify their concerns.
- One person said they had not had to make a complaint, they told us, "They have a great standard and quality of care. I have no reason, no reason at all to criticise."

End of life care and support

- During the inspection the service was not supporting anyone who was anticipated to be close to the end of their life.
- The registered manager gave us examples of how staff had supported people when they had been at the end stages of their lives. One relative told us, "It's very good, for me they are just as good as Marie Curie, they wash her hair, they clean her teeth, give her a meal if she wants one. They are very good, generally really, really good."
- The service had received positive feedback from relatives where staff had recently supported and cared for a person at the end stages of their life. The testimonial included, "To receive such outstanding support at such a difficult time was invaluable... Our experience of Quality Care Dorset is of a team that delivers excellence, exemplifies the values of care in their practice, and we would recommend them to anyone."

Is the service well-led?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service management and leadership 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; Continuous learning and improving care

- The service had started to support and care for people during May 2020 and had had the challenge of establishing itself during the COVID-19 pandemic. A system of audits and quality assurance processes had been implemented and were in the process of becoming fully established.
- The services of an independent consultant had been obtained to support and guide the management team on promoting a culture of continual improvement and quality performance.
- The registered manager and staff team had a commitment to learning and making improvements to the service people received. Regular spot checks and observations were conducted on staff to ensure they were following their training and meeting people's needs.
- People and relatives expressed confidence that the service was well-led. One person told us, "[Manager] is a very capable person. [Manager] has a team of people who [manager] introduces to me, they deserve to succeed. They have a great standard and quality of care." Another person told us, "I'm quite happy the manager is also a carer so [manager] can see first-hand."
- Staff, people and relatives told us communication within the service was effective. People received their rotas each week and staff were fully informed of any changes to people's health or care needs in a timely way.

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

- There was a friendly, open and supportive culture amongst the management team and the care staff.
- We asked a person how approachable the registered manager was, they replied, "Oh my goodness she's really easy to talk to, very good. What I like about them is they go above what you ask them to do."
- A relative told us, "They're always in touch if there's something wrong with [person]. I've got to be honest; I couldn't wish for anything better." Another relative said, "If I ever have to have a break, they will cover meals and put [person] to bed, even if it's short notice. They will cover at the drop of a hat."
- Staff told us they felt well supported, told us they loved their jobs and felt valued by the management team. A member of staff said, "We all learn every day. I still learn every day. We work well as a team, we are supported well and we are all working for the client, it's a lovely team." Another member of staff told us, "The support is 100% for you. We treat everyone like family members. It's a very good supportive team."

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 aware of their responsibilities under the duty of candour and promoted an open and honest culture. The duty of candour is a legal obligation to act in an open and transparent way in relation to care and treatment.
- Providers are required to notify CQC of significant incidents and events. The registered manager understood the requirement to notify CQC of significant incidents and events and appropriate notifications had been submitted as required.

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

- The service had sent out quality assurance surveys to people, relatives and health professionals. We reviewed a selection of these which had been positively completed. People and relatives had also provided written feedback, comments included, "We are really sorry that we only experienced your good care for a very short time and we are extremely grateful for all you have done for [person] in the last few weeks."
- Staff completed training in equality and diversity and described how they respected and promoted people's rights, choices and differences. Staff demonstrated a good understanding of equality issues and valued people as individuals ensuring they received individualised, person-centred care.
- A schedule of staff meetings was in the process of being implemented. These would ensure information was shared and minutes made available for all staff. Staff told us they fully understood what their roles and responsibilities were.
- All staff said that they felt well supported by the management and were encouraged to get in touch, at any time if required.
- The service had established good working relationships with health and social care professionals. This enabled the service to ensure the best possible outcomes for the people they supported.