

## Quality First Care Services Ltd

# Quality First Care Services

### 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?	Outstanding ☆
Is the service responsive?	Good ●
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

### About the service

Quality First Care Services is a domiciliary care agency providing personal care to people in their own homes. 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. At the time of inspection, 26 people were receiving a regulated service.

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

People told us staff were exceptionally kind and caring. People said staff, including the registered manager, had exceeded their expectations of a care service. People and relatives had exceptionally high levels of trust in staff which had an extremely positive impact on their wellbeing. People, relatives and health professionals described staff as "outstanding," "brilliant" and "superb." Staff supported people to remain independent and promoted their dignity. People's privacy was respected and their personal information was kept securely.

People told us they felt safe. Medicines were managed effectively. Staff understood their responsibilities about keeping people safe. Risks were identified and managed well. Incidents and accidents were monitored to inform practice and make improvements to the service. Staff understood their responsibilities to prevent the spread of infection whilst working in and between people's homes.

Staff had completed training in key areas and were supported to carry out their roles. People had confidence in staff and were content with the care they received. People were supported to access health services if needed. People's dietary needs were assessed and, where required, people were supported with their meals. People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice.

People's care plans were up to date about their individual needs and preferences. People received support that met their needs. People and their relatives knew how to complain, although none we spoke with had any complaints.

The service was managed by a registered manager who had a clear vision about the quality of care they wanted to provide. Staff were aware of their roles and responsibilities. There were a number of quality assurance systems in place to monitor the quality and safety of the service. There was a focus on continuous improvement.

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

This is the first inspection of this agency which registered with CQC on 1 August 2018.

## Why we inspected

This was a planned inspection based on the date the agency first registered with CQC.

## 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 exceptionally caring.

Details are in our caring findings below.

Outstanding ☆

### 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 First Care Services

## 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 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 provider or registered manager would be in the office to support the inspection.

Inspection activity started on 18 July 2019 and ended on 23 July 2019. We visited the office location on 18 and 23 July 2019. The Expert by Experience spoke with people and relatives on the telephone on 19 July 2019.

#### What we did before the inspection

We reviewed information we had received about the service since their registration. We sought feedback from the local authority and professionals who work with the service. 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 their service, what they do well, and improvements they plan to make. This information helps support our inspections. We used all this information to plan our inspection.

#### During the inspection

We spoke with five people who used the service and ten relatives about their experience of the care provided. We spoke with seven members of staff including the nominated individual (who was the clinical lead), the registered manager, the strategic director, one senior healthcare assistant and three healthcare assistants. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

We reviewed a range of records which included five people's care records and five staff files, in relation to recruitment and staff supervision. We looked at a variety of records relating to the management of the service, including policies and procedures.

#### After the inspection

We received written feedback from six staff members and five health professionals.

# 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 told us they felt safe with the staff that supported them. One person said, "I definitely feel safe. I would put my life in their hands and not worry about anything." A relative told us, "I have faith in them looking after [family member]."
- There were effective safeguarding processes in place and staff had a good understanding of safeguarding. They understood their responsibilities for keeping people safe and the processes for reporting any concerns they had. Safeguarding records showed appropriate and prompt action had been taken.

Assessing risk, safety monitoring and management

- There were effective risk management systems in place. People's care plans included risk assessments about individual care needs such as nutrition, pressure damage and using specialist equipment. Control measures to minimise the risks identified were clearly set out for staff to refer to.
- Assessments of specific risks within people's homes had been completed and staff were provided with guidance on how to manage these risks.

Staffing and recruitment

- Safe recruitment procedures were followed although we did find gaps in two staff members' employment histories. When we mentioned this to the registered manager and strategic director they said this would be addressed immediately. Other background checks had been completed thoroughly.
- There were enough staff employed. People and their relatives told us staff arrived on time, stayed for the right amount of time and staff did not rush them.

Using medicines safely

- Medicines were managed safely, although we did find one person's pain relief had not been given with the required gap in between doses. When we discussed this with the registered manager and strategic director they said they would do a full check of 'when required' medicines. The registered manager told us they were due to introduce an electronic system for medicines administration, which they felt would reduce the risk of medicines errors in future. Other medicine records we checked had been completed accurately.
- People told us they received their medicines at the right times.

Preventing and controlling infection

- Actions were taken to reduce the risks of cross infection. Personal protective equipment such as gloves were available to staff to reduce the risks of infections spreading.

Learning lessons when things go wrong

- The registered manager communicated openly with people if improvements to care were needed. A log of incidents was kept and analysed to prevent further incidents happening.
- The registered manager and strategic director told us they felt they were continually learning lessons since opening the service.

# 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 needs were assessed before the service began to provide support. Where people lived and the impact on staffing capacity were considered before a decision was reached about whether the provider could meet a person's needs. We saw this in practice during our inspection.
- Following the initial assessment, all risk assessments and individual support plans were developed with the person and their representative where appropriate.
- People's needs were planned and reviewed regularly to ensure they received support that met their changing needs.

Staff support: induction, training, skills and experience

- People and relatives we spoke with said they felt staff had the right skills to provide the care and support they needed. One person said, "Staff know how to care for me."
- Staff training in key areas was up to date. Staff we spoke with felt they had received enough training for their role. One staff member told us, "We get plenty of training and support which is great."
- Staff practice was assessed through regular spot checks of the care they provided.
- New staff had completed an appropriate induction to the service.
- Staff received regular supervisions and an annual appraisal.
- Some staff had completed or were working towards additional qualifications in health and social care.

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

- People received support with eating and drinking, where people had needs in this area.
- Eating and drinking care plans were personalised and included details of people's preferred way of being supported, such as what food people liked and how they liked to eat it.

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

- People received ongoing health care support. Referrals were appropriately made to health care services when people's needs changed. People said care staff contacted health professionals with their permission when people's health had declined.
- Records showed staff worked with a range of external professionals to maintain and promote people's health.

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 with appropriate legal authority. 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.

- At the time of the inspection no one currently using the service was subject to any restriction of their liberty under the Court of Protection, in line with MCA legislation.
- Staff had a good understanding of the MCA. They knew not to deprive a person of their liberty unless it was legally authorised and they understood the importance of gaining a person's consent before providing any care and support. One person told us, "Staff always ask me what I want and listen to me."

## 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 outstanding. This meant people were truly respected and valued as individuals; and empowered as partners in their care in an exceptional service.

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

- People and their relatives told us how exceptionally kind and compassionate staff were. They told us their experiences of receiving care from staff had an immensely positive impact on their wellbeing.
- One person told us, "I would rate them as outstanding. I would recommend them to anybody. These carers are absolutely brilliant. I would say that they are very caring, they make you feel better in yourself. They talk to you and if you feel a bit down, they will try and cheer you up. The care is spot on, excellent". Another person said, "I am proud to tell friends that I have been able to join this company. I would tell them I am so thrilled with this service and I am over the moon to be with them now. They take time with people, they listen and they ask, they are just fantastic, honestly. I am giving this company 100% as there is no room for improvement. They are at the top of the tree."
- A relative told us, "The standard of care is superb." Another relative said, "I think they are outstanding as they really do care." A health professional told us, "I have worked closely with this agency and feel they provide outstanding care."
- People told us how the senior management team covered care calls and how much they valued them working on the front line and getting to know them.
- Staff had real empathy for the people they cared for and people told us staff regularly exceeded their expectations. For example, the registered manager had posted an appeal on social media for domestic items to support a person who used the service, and was willing to collect them. For another person, staff had moved furniture in a person's home so there was room for additional medical equipment so they could return home from hospital sooner.
- Staff spoke with deep affection and understanding of working with people and their whole family, particularly when providing end of life care and support. Staff were highly sensitive to people's needs. Relatives told us how their quality of life and that of their family members had improved as a direct result of using this service.
- People and relatives had exceptionally high levels of trust in staff. One person told us, "Since this company took over my care I have improved. I have put weight on and I am less on edge now." One relative commented, "They are worth everything and more for me because I have faith in them to look after [family member], because they are very vulnerable, I have to have people with [family member] that I trust implicitly."
- Staff understood the importance of treating people as individuals with rights. Staff were aware of equality and diversity issues and recognised that each person was unique with their own lifestyle and needs. Staff were given the time, training and support they needed to provide care and support in a compassionate and personal way.

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

- Staff were exceptional at helping people to express their views so that staff and managers at all levels understood their views, preferences and choices. One person said, "The manager who did the care plan came on a Sunday when it was convenient for us and went into absolutely everything. We just came to a general agreement about the best times to call and he was very open to suggestions." A relative told us, "We had discussions when the manager came out. They took all that I had to say on board and you can see that in the care package."
- For people who could not make day to day decisions advocacy services were available if needed. This meant people had someone who could speak up on their behalf.

Respecting and promoting people's privacy, dignity and independence

- Without exception, people and relatives told us that staff were excellent at upholding their dignity. This meant that people felt respected and were comfortable with staff entering their homes.
- People were promoted to be as independent as they were able and wished to be, without compromising safety. A relative told us, "The care staff are doing a lot of cooking with [family member] to help develop their motor functions. It's all integrated, everybody talks to everybody. The care staff are a part of the process with the occupational therapist and the physiotherapist. Care staff help [family member] with their exercises."
- Staff could describe to us in great detail people's likes and dislikes. They knew people extremely well.

# 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; 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

- Care plans were person centred, up to date and reviewed regularly. They were well written and contained detailed information about people's daily routines and specific care and support needs.
- Staff we spoke with knew people's needs and preferences well.
- Staff were responsive to people's changing needs. People said staff were observant and helped them recognise when changes needed to be made to their level of support.
- People were supported by staff to participate in activities which were meaningful to them.

### 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.

- The service identified people's information and communication needs during pre-assessment and complied with the Accessible Information Standard.

### Improving care quality in response to complaints or concerns

- People and relatives knew how to complain. People told us if they had any concerns they would speak to staff based in the office.
- People who used the service were given a copy of the provider's complaints policy when they started using the service. This contained clear information about how to raise any concerns and how they would be managed.
- People and relatives told us when they had raised concerns about anything this was dealt with quickly and to their satisfaction.

### End of life care and support

- Care was being provided to several people nearing the end of their lives. The senior management team worked responsively with people, relatives and other stakeholders to meet people's changing needs during their last days, enabling them to stay in their homes as they wished.
- Staff we spoke with told us how they respected people's wishes at this difficult time, for example by supporting them to wear their favourite clothes and toiletries. Staff we spoke described supporting people and their families at such a time as 'a privilege.'
- Staff had completed training in end of life care, but more in-depth training was planned as the registered

manager wanted staff to specialise in this area.

- A health professional told us, "The staff appear to have a very good knowledge of palliative care and the dying process which is a comfort for relatives. Staff are not scared to discuss dying with the family."

# 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 was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; 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 senior management team had previous experience of working in a care setting. Because of this experience they had developed a clear vision and strategy for the service. Staff understood the primary aim of the service was to deliver the best care possible.
- People and relatives told us Quality First Care Services consistently provided high quality care.
- The service had a clear aim of providing personalised care and support, which ensured people remained in control of their lives. Staff recognised that each person was unique with their own lifestyle and needs.
- People and relatives told us the registered manager was kind, caring and professional.
- The registered manager was aware of their responsibility to be open in communications with people and others involved in their care.
- There was an open and transparent culture at the service. Staff felt able to raise issues or concerns and felt supported by the management team. Staff said they felt valued and respected.

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

- The management team were clear about their roles and responsibilities and led the service well.
- There were effective systems to monitor the quality and safety of the service. Audits had been effective in identifying areas for improvement; appropriate and timely action had been taken to address issues.
- The registered manager understood their regulatory responsibilities to inform CQC about significant events at the service.

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

- People's feedback was sought regularly and acted upon.
- Staff had opportunities to provide feedback via supervisions, team meetings and an annual survey. Staff told us they were able to raise issues at any time.

Continuous learning and improving care

- The registered manager recognised that the service had only been open for a year and were open to learning opportunities. They had developed a culture of continuous learning and had made changes, for

example to care documentation, to make improvements.

#### Working in partnership with others

- The service had developed good links with healthcare professionals. We received excellent feedback from healthcare professionals about the service. Comments included, "I have found all my contact with Quality First to be a positive experience" and "They always offer a high standard of care."