

MRDI Associates Limited

# Quality Home Care

## Inspection report

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### Ratings

|                                 |        |
|---------------------------------|--------|
| Overall rating for this service | Good ● |
| Is the service safe?            | Good ● |
| Is the service effective?       | Good ● |
| Is the service caring?          | Good ● |
| Is the service responsive?      | Good ● |
| Is the service well-led?        | Good ● |

# Summary of findings

## Overall summary

### About the service

Quality Home Care is a domiciliary care service providing personal care to 27 younger adults and older people in their own houses and flats in the community. Not everyone who used the service received personal care. The Care Quality Commission (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 harm and abuse by dedicated caring staff. Risk assessments were in place to mitigate risks and these were reviewed regularly. There was enough staff to support people and meet their needs. Recruitment processes had been improved but further improvements were required to ensure safe recruitment decisions were consistently recorded and all checks fully completed. We have made a recommendation about this.

Staff had an induction into the service and received training, supervision and appraisals to enable them to deliver effective care. Staff had not always completed Mental Capacity Act 2005 (MCA) training, the registered manager had acted to address this.

The provider completed assessments before providing a service to identify people's needs. 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. □

Relatives told us they were very happy with the care their loved ones received. Staff knew people well, including their past history and family and friends important to them, which meant they could enjoy meaningful conversations.

People had personalised care plans that promoted independence. Staff identified and met people's information and communication needs. People and relatives knew how to make a complaint and felt confident they would be listened to.

Systems had been developed to review the quality of care provision. The registered manager understood the importance of gaining people's views about the quality of the service.

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

Rating at last inspection

The last rating for this service was requires improvement (published 8 January 2019) and there were two breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

#### Why we inspected

This was a planned inspection based on the previous rating.

#### 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 Home Care

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (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 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 24 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.

#### What we did before the 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 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 of this information to plan our inspection.

#### During the inspection

We spoke with the registered manager, assistant manager and a care worker. We reviewed a range of records. This included three people's care records and multiple medication records. We looked at three staff

files in relation to recruitment and staff supervision and training. A variety of records relating to the management of the service, including policies and procedures, were reviewed.

After the inspection

We continued to validate evidence found. We spoke with two people who used the service, two relatives and two care workers who gave their views of the service.

# 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 improved to good. This meant people were safe and protected from avoidable harm.

### Staffing and recruitment

- Improvements had been made to the recruitment process to ensure suitable people were employed. Additional work was needed to ensure recruitment files were maintained in good order and assisted managers to undertake their monitoring and auditing responsibilities effectively.
- Appropriate references were not always on file. The registered manager told us these were followed up and would ensure they are recorded in future.
- Gaps in employment were not explored. This was added to the interview questions during the inspection to ensure moving forward these were discussed if required.

We recommend the provider acts to ensure their recruitment policy is consistently followed.

- We saw evidence that Disclosure and Barring Services (DBS) had been completed for new staff.
- Staffing levels were appropriate to meet the needs of people using the service. People told us they had regular carers who assisted them in a timely manner.

### Using medicines safely

At our last inspection we recommended the provider consider current guidance on administering medicines and act to update their practice. The provider had made improvements.

- People's medicines were administered safely. Staff had medication training and their competency was assessed.
- Medication audits were carried out on a monthly basis and any issues identified were dealt with immediately.

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

- Staff received training in safeguarding vulnerable adults. They were aware of the types of abuse and understood their responsibilities to protect people from the risks of harm and abuse. One staff member told us, "I would raise any concerns with the managers and I am confident they would deal with it."
- The registered manager understood their responsibility to work with the local authority to safeguarding people against abuse.

### Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people were assessed and reviewed when needed. Care plans were in place and clear guidance was available to direct staff how to manage risk. For example, a person who had bed rails had a risk

assessment in place, which staff understood and followed.

- Staff were kept up to date with changes in people's care through care plans, telephone calls and meetings.
- Accidents and incidents were recorded. The registered manager showed us where action was taken and any lessons learnt shared with staff to reduce risks in the future. Trends and patterns were monitored to identify any further action required.

Preventing and controlling infection

- People were protected from the risks of infection by staff who received training in infection prevention and control.
- Staff followed the provider's infection prevention procedures by using personal protective equipment, such as gloves and aprons.

# 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.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has improved to good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

Staff support: induction, training, skills and experience

At our last inspection the provider had failed to provide evidence staff had received appropriate training, supervision and appraisals. This was a breach of regulation 18 (Staffing) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

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

- Staff completed an induction programme which included shadowing other staff.
- A training plan was in place to ensure training was kept up to date. Records showed staff had received training and that the provider had ensured they were competent before allowing them to work independently with people. For example, staff had completed PEG feed training (feeding through a tube) to enable them to provide support for specific individuals and meet their needs.
- Staff files contained copies of training certificates and supervision. Appraisals were completed annually.
- People and their relatives told us they felt staff were well-trained and had the skills and knowledge to provide them with effective care. One person said, "[Name of staff member] is brilliant I think the staff are very well trained."
- Staff told us that if they had any concerns or questions, they knew who to contact and received the support they required.
- Staff had not always completed training in relation to Mental Capacity Act 2005 (MCA). The registered manager told us that this was provided by the local authority and had requested places for staff to attend to ensure they maintained best practice.

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

- People's needs were assessed in a personalised way and assessments included information about their individual health and care needs, their personal preferences and religious and cultural requirements.
- Care was being delivered in line with the relevant standards and legislation. People's needs had been regularly reviewed to ensure staff provided them with the care they required.
- People or their family members where appropriate had signed their care records to show that they agreed with these.

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

- People were supported to eat and drink where needed.
- Information about people's nutrition and hydration needs and preferences was included in their care plans and risk assessments.
- Where people required a PEG feed to meet their nutritional needs, there were clear PEG regimes in place that staff understood and followed. Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
- Staff liaised with, and followed the advice of, other health and social care professionals to ensure that people's needs were met. Guidance from health care professionals was included in people's care plans and risk assessments.
- Staff had contacted people's GPs where they had concerns about their wellbeing. Staff supported people to attend GP and hospital appointments where required. Where family members took the lead in managing people's health needs this was recorded in their care records.

#### 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, and whether any conditions on authorisations to deprive a person of their liberty had the appropriate legal authority and were being met.

- Despite gaps in MCA training staff demonstrated they had good awareness of MCA and told us how this was applied when supporting people to make decisions where this was needed.
- Where people did not have capacity, this was recorded in their file. Documentation identified who had the authority to make decisions on people's behalf, for example, one person's solicitor.
- People told us their consent was always sought before staff provided them with care.

# 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.

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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

- People received kind and caring support from staff who knew them well. A person told us, "The staff are very good, very willing to help me, they are lovely."
- Relationships between people and staff were based on mutual respect. Staff understood the importance of promoting equality and diversity. Staff worked with people to ensure their diverse needs and backgrounds were respected and used to inform their care.

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

- People were supported to make their own decisions regarding care. Care plans clearly showed how people preferred to receive their care.
- People told us the registered manager worked with them and their family. One person told us, "I have met the manager a few times, they pop in to check everything is okay."

Respecting and promoting people's privacy, dignity and independence

- People were supported by staff who promoted their dignity. For example, one person told us, "The staff support me with a shower, I have regular carers so I don't get embarrassed."
- People were supported by staff who promoted their independence. One staff member told us, "We always try and promote people's independence by asking them what they need help with." Another said, "I encourage them to keep moving, to be independent."
- Staff understood and respected people's privacy. One person said, "They always respect my privacy when I'm in the bathroom."

# Is the service responsive?

## Our findings

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

At the last inspection this key question was rated as good. At this inspection this key question remained the same. 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. Care plans reflected people's preferences and needs. Staff used this information during each visit, to ensure people received their care in the way they wanted. Staff treated each person as an individual, considering their personalities and previous lives.
- People's care plans were reviewed. The registered manager worked with people and their families to monitor the effectiveness of their support and updated care plans when needed.

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.

- Peoples communication needs were recorded in their care plans and shared with other agencies if required.
- Staff knew how to communicate effectively with people to aid their understanding.

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

- Staff supported people to maintain their relationships with family and friends. One staff member told us, "We encourage family involvement and getting out in the community, we offer them activities and alternatives, booked taxis for them if needed."
- Staff told us they enjoyed spending social time with people, reducing their isolation and improving their wellbeing. One staff member said, "Spending time with them is important, it stops them being lonely."

Improving care quality in response to complaints or concerns

- A complaints policy was in place and people told us they knew who to contact if they had a complaint.
- No formal complaints had been received but the registered manager told us they would investigate any complaints and feedback to the relevant parties in line with policy guidelines.

End of life care and support

- End of life was discussed with people and some had their advanced wishes recorded.
- No one was receiving end of life care at the time of the inspection, but staff told us they had worked with people, their relatives and other professionals to ensure people's end of life wishes were respected.

# 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 our last inspection the provider had failed to ensure systems and processes were in place assess, monitor and improve the quality and safety of the service. This was a breach of regulation 17 (Good Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 17.

- The registered manager understood their legal responsibilities to ensure regulations were being met.
- New quality assurance systems were in place which had been effective in driving improvements to care records. Any actions were implemented as required and lessons learnt shared with staff.
- Pre employment checks had improved. Further improvements were recommended to ensure the continued safe recruitment of staff.
- Staff were clear about their roles. People told us staff supported them with their needs in a caring and responsible way.
- Improvements had been made in recording decisions in relation to MCA and consent.

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

- The provider promoted a positive, open and person-centred approach to care.
- People and their relatives found the registered manager and staff to be approachable and they were involved in discussions about their care.
- Staff felt supported by the registered manager. They told us they enjoyed their work and felt valued.

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 understood duty of candour requirements. They understood their responsibility to apologise and give feedback if things went wrong.
- The registered manager understood their responsibilities around notifying the CQC and had submitted all the required notifications.

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

- Regular checks ensured people were safe and happy with the service they received.
- There were opportunities where people could be involved in the service. We saw people regularly had meetings and provided feedback through questionnaires about the care provided. Actions were taken where necessary.

Working in partnership with others; Continuous learning and improving care

- The provider worked closely with other professionals and services to promote positive outcomes for people.
- Staff were involved in staff meetings where they could share ideas, receive information and discuss complex cases.