Quality Home Care Anglia Limited

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Inspection report

Unit 10 Espace North
Wisbech Road, Littleport
Ely
CB6 1RA

Tel: 01353865348
Website: WWW.QUALITYHOMECARE.CARE

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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

Quality Home Care Anglia Limited is a domiciliary care agency. It provides personal care to people living in their own houses and flats in Huntingdon, Cambridge, Bury St Edmunds, Haverhill and Saffron Walden. It provides a service to both older and younger adults.

This is the first inspection of this service since the agency office moved in June 2018. This announced inspection took place on 10 and 11 January 2019. There were 80 people receiving the regulated activity of personal care during this inspection.

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

People were protected from avoidable harm by a staff team trained and confident to recognise and report any concerns. Staff assessed and minimised potential risks to people. Staff were only employed after satisfactory pre-employment checks had been obtained. There were enough staff to ensure people's needs were met safely and in a timely manner.

People were supported to manage their prescribed medicines by staff who were trained and had been assessed as competent to administer medicines. Staff followed the provider's procedures to prevent the spread of infection and reduce the risk of cross contamination.

Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were trained and well supported to meet people's assessed needs. Staff had the skills and knowledge to meet people's assessed needs.

People were supported by staff to have enough to eat and drink. People were assisted to have access to external healthcare services to help maintain their health and well-being. Staff followed guidance put in place by external healthcare professionals to improve people's physical health.

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 were fully involved in making decisions about their care and support. People and their relatives were involved in the setting up and review of their or their family member's individual support and care plans.

Staff treated people kindly and made people feel that they mattered. Staff respected and promoted people's privacy, dignity and independence.

Staff assessed people's individual needs and used this information to deliver personalised care that met

that met people's needs. Staff supported people to have the most comfortable, dignified, and pain-free a death as possible. Staff worked in partnership with other professionals to ensure that people received care that met their needs.

Staff liked working for the service. They were clear about their role to provide people with a high-quality service.

People's suggestions and complaints were listened to, investigated, and acted upon to reduce the risk of recurrence. The registered manager sought people's feedback about the quality of the service they provided. Audits and quality monitoring checks were carried out and help to drive forward improvements.

Further information is in the detailed findings below.

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.

People were protected from avoidable harm by a staff team who were trained and confident to recognise and report any concerns. Staff assessed and minimised potential risks to people.

Staff were only employed after satisfactory pre-employment checks had been obtained. There were sufficient staff to ensure people's needs were met safely.

People were supported to manage their prescribed medicines safely.

Is the service effective?

Good

The service was effective.

Staff knew the people they cared for well and understood, and met, their needs. People received care from staff who were trained and well supported to meet people's assessed needs.

Staff supported people with their eating and drinking requirements. Staff assisted people to access healthcare services when needed.

Staff worked within and across organisations to deliver effective care and support. People had maximum choice and control of their lives.

Is the service caring?

Good

The service was caring.

Staff treated people kindly and made people feel that they mattered.

People were fully involved in making decisions about their care and support.

Staff treated people with respect. They promoted and maintained people's privacy dignity and independence.

Is the service responsive?

Good

The service was responsive.

People's individual needs were assessed and staff used this information to deliver personalised care that met people's needs.

People's suggestions and complaints were listened to and acted upon to reduce the risk of recurrence.

Staff supported people to have the most comfortable, dignified, and pain-free a death as possible.

Is the service well-led?

Good

The service was well-led.

The registered manager provided good leadership.

People, their relatives and staff were encouraged to feed back on the quality of care provided. Audits and quality monitoring checks were carried out to help drive forward improvements.

Staff worked in partnership with other professionals to ensure that people received care that met their needs.

Quality Home Care Anglia Ltd

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This announced inspection visit took place on 10 January 2019. We informed the registered manager of the inspection four days before we visited the office. This was to give them time to contact people using the service, their relatives, and staff, to inform them that we may contact them by telephone for feedback on the service. The inspection was carried out by one inspector.

Before the inspection, the provider completed a Provider Information Return (PIR). This is a form that asks the provider to give some key information about the service, what the service does well and improvements they plan to make. We used this information to assist with planning the inspection but took into account that this information was a year old.

We also reviewed information that we held about the service. We had not received any notifications since the location was added to the provider's registration. Notifications are reports of events that happen in the service that the provider is required to tell us about. We also contacted commissioners who had a contract with the service and Healthwatch Cambridge.

During our inspection visit we spoke to the registered manager, two care managers, an area manager, a care assessor and a care worker. We looked three people's care records, and records relevant to the running of the service. These included quality assurance audits, staff training and recruitment information and arrangements for managing complaints.

On 11 January 2019 we spoke on the telephone with four people who use the service, three people's

relatives and two care workers. On 15 January 2019 we received feedback via email from a commissioner and an external healthcare professional.

Good

Is the service safe?

Our findings

People and relatives told us that they or their family member felt safe receiving care from the service and that they trusted the staff. A person described the staff who cared for them as, "Good people." Another person said they felt safe when staff used equipment to help them to move because they knew what they were doing and, "Worked as one."

Staff had received training and understood the procedures they needed to follow to help maintain each person's safety. Staff members told us that if they had any concerns they would contact a manager straight away. They were all confident that any concerns would be addressed. They were also aware they could escalate their concerns to external agencies. One staff member told us, "If I thought I wasn't getting a response I'd go to social service, the police or CQC." This showed us there was a process in place to safeguard people from harm.

There were systems in place to identify and reduce risks to people who used the service. People had comprehensive, individual risk assessments and care plans which staff had reviewed and updated. The information in people's care records was held securely within the office and within people's own homes. Staff involved people in assessing and evaluating a range of risks. These assessments covered risks such as assisting people to move, poor skin integrity and the environment. Appropriate measures were in place to minimise and support people with these risks. For example, guidance on safe moving and handling techniques and the use of equipment to help prevent pressure ulcers. Staff were aware of people's risk assessments and any actions they should take to ensure that the risks to people were minimised.

The provider had a robust recruitment system in place to ensure as far as possible, they only employed suitable staff. Records showed the required checks were carried out before staff started working with people. These included written references, proof of recent photographic identity, and a criminal records check. However, references on the two staff files we looked at showed different employment dates to those provided by the staff member on their application forms. The registered manager told us they would follow this up.

There were enough staff employed to meet people's care and support needs. People told us the staff were reliable and usually arrived within 30 minutes of the time they had specified. Staff travel time was incorporated into staff rotas to help ensure people received care for the time agreed. One staff member told us, "I have the time to talk to people and listen to them. It's why I came into care and why I stay [with this provider]." The registered manager told us they reviewed staffing capacity frequently, to ensure there was always sufficient staff to meet people's needs. All the office staff provided care as and when the need arose, for example, to cover unexpected staff absence. A staff member told us, "[The registered manager] did care calls when it snowed. It's quite rare for a managing director to do that."

The provider had appropriate systems in place to ensure people received their medicines safely. People were satisfied with the way staff supported them to take their prescribed medicines and said they received these at the right times. Staff were proactive in ensuring people took their prescribed medicines. For

example, one person frequently refused to take their medicines. Staff liaised with the person's GP who changed the administration time. This resulted in the person accepting their medicine. Care plans told staff what support people needed with their medicines. Staff had completed records showing they had administered people's medicines appropriately. Staff had received training and senior staff checked their competency to make sure their knowledge and skills were up to date. Office staff regularly audited medicines records and had taken action where these needed to improve. For example, by providing staff with additional supervision and / or training.

People described how staff used personal protective equipment (PPE) appropriately, for example, when carrying out personal care. Staff told us that they had enough PPE available and they had received training in the prevention of cross contamination, infection control and food hygiene.

Staff were aware of the provider's reporting procedures in relation to accidents and incidents. Accidents and incidents were recorded and acted upon. Lessons were learned and improvements were made when things went wrong or the potential for things going wrong was identified.

Good

Is the service effective?

Our findings

Senior staff assessed people's needs before they received the service. This helped to ensure staff could meet people's needs. Staff used these assessments to help form people's care plans and provide appropriate care.

Staff supported people's care needs in line with good practice guidance and current legislation. Staff told us they liaised with other care professionals, including social workers, district nurses and occupational therapists. These professionals worked with the registered manager and staff to support and promote people's well-being. In addition, the registered manager received updates from professional organisations such as Skills for Care, the local authority and CQC. This information was reflected within people's care records and guided staff when providing care.

People and relatives told us that staff knew what they were doing and that they looked after them well. A healthcare professional said staff were, "Highly trained" and, "They are competent in practical care and are highly skilled."

Staff completed training to help ensure that they had the right skills and knowledge to provide the care and support people needed. Staff told us that they were regularly trained in the subjects deemed mandatory by the provider such as moving and handling, safeguarding people from harm and diversity. Staff were well supported to give care that met people's needs and preferences. Staff received annual appraisal and regular 'spot checks' and formal supervision at least three monthly. They said that this was useful and described their managers as "Brilliant," and, "Great."

People and relatives told us staff supported them and their family members to eat and drink enough where they required this support. Staff were aware of people's dietary needs.

Staff worked with external organisations to make sure people received a good standard of care. For example, community nurses and occupational therapists. Staff supported people to access health services when their needs changed. For example, GP services. Staff followed guidance that external professionals put in place. An external healthcare professional wrote that staff had, 'Encouraged [person] to practice exercises from physio' and that had strengthened the person's muscles and meant they were able to support in a wheelchair.

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. The application procedures for this in care homes and hospitals are

called the Deprivation of Liberty Safeguards (DoLS). For people in the supported living service, an external agency would make the DoL application to the Court of Protection.

We found the service was working within the principles of the MCA. Staff had received training in the MCA and showed they understood their responsibilities in relation to this. The registered manager had seen evidence of the relevant authorisations where relatives had the legal authority to make decisions on behalf of people who lacked mental capacity. People told us that staff always obtained their consent before providing care.

Good

Is the service caring?

Our findings

Staff treated people kindly and made people feel that they mattered. People and relatives were happy with the care and described good relationships with staff. One person responded to the provider's survey saying that their care workers were, 'Always laughing and smiling with me which is a good start to my day….I have grown a rapport with [them] and feel comfortable [with them].' A person told us staff were, "All jolly and help me." A relative told us they and their family member, "Had a good old laugh" with staff.

A healthcare professional had written to the registered manager praising staff for the, 'Highly person-centred care' they had provided with, 'Sensitivity, humour, kindness and professionalism.' They said this had resulted in positive outcomes for the person and that this was due to the, 'Excellent rapport and trust that [the staff members] have established with [the person].'

People told us that staff treated them with respect and promoted their privacy, dignity and independence. A relative told us staff were, "Polite, kind and very helpful." Care records had clear prompts to remind staff to respect people's privacy and dignity.

In the review of complaints received during 2018, the registered manager wrote, 'Character matching people with the appropriate support workers is something [the service] currently does and will continue to do… continuity plays an important part in the smooth running of the care that is delivered.' People confirmed the same care workers provided their care. One person said, "They send me all the same [staff members]. That suits me." This was clearly successful and meant they got to know people's needs and preferences well. One person said about staff, "They're lovely people. They understand me."

People were fully involved in making decisions about their care and support. Staff encouraged people to make their own choices and express their views. A healthcare professional told us, "[Person] is in control of [their] life but I've observed carers make helpful suggestions in such a way as they are accepted."

Each person's care plan contained detailed guidance for staff on how to meet people's needs in the way they preferred. For example, about exactly where and how they wanted staff to support them with cleaning their teeth. People received information about their care in formats that suited them. For example, via telephone, email or with additional support.

People had access to information on advocacy services. Advocates are people who are independent of the service and who support people to decide what they want and communicate their wishes.

Good

Is the service responsive?

Our findings

People, relatives and care professionals made positive comments about the service. They said how staff supported people in a person-centred way focusing on their individual needs and achieving good outcomes. One person said, "[Staff] get me up in the mornings. They help me wash. They do that very well." Another person told us staff met their needs and, "[staff] do everything I need and more. There is nothing they could do better." An external care professional wrote that they were 'impressed by [staff members] attention to detail.' They said staff had provided, 'Exemplary care' to a person and enabled the person to improve their personal hygiene, leave their home and expand their social circle.

People's care and support needs were assessed prior to them using the service to make sure that staff had the skills and knowledge to meet people's needs and wishes. These assessments were as a basis for people's care plans. People confirmed they were involved in the assessment and care planning and review processes. People's care plans were detailed and contained a lot of information to guide staff in how to meet people's needs. They included comprehensive information about the person and what they could do for themselves and about what was important to them. For example, one person's care plan advised that a person liked to 'soak' their feet on alternate days and how they liked to do this. Care plans included, where relevant, information on people's spiritual and cultural needs, communication, medication, nutrition, emotional well-being and any health issues. Staff completed daily notes that reflected the support they had provided to the person at each care call. This showed that staff had comprehensive information to guide them in providing care that met each person's needs.

Staff provided a flexible service and, in an emergency, at very short notice. Records showed that a person had returned home from hospital and needed assistance from two staff. The service responded and provided care within two hours of the initial request.

People and their relatives said that staff listened to them and that they knew who to speak to if they had any concerns. Staff had provided people with information about how to complain about the service, should they wish to. One person told us, "[The] number's in the [care folder]. I would ring them." Another person said they were aware there was a "form" in the information staff had given them, that they could use if they wanted to complain about the service. People were confident the registered manager or another member of staff would listen to them and address any issues they raised. Records showed staff had investigated complaints, taken swift action to reduce the risk of repetition and resolved complaints to the complainant's satisfaction wherever possible. Records showed that staff had engaged in joint visits to a person with a social care professional to resolve concerns that a person raised.

The service continued to support people if they developed end of life care needs. The registered manager told us that staff worked with healthcare professionals, such as specialist and community nurses, and followed any guidance they put in place to meet people's end of life care needs. Staff had received basic training in how to meet these needs as part of their induction and updated training. This enabled staff to support people to have the most comfortable, dignified, and pain-free a death as possible.

Good

Is the service well-led?

Our findings

Everyone we spoke with expressed satisfaction with the service they received. People said they were, "Very happy," and that the service was, "Brilliant," and, "Very good." People told us that they could speak to the senior staff should they wish to do so. Senior staff provided care to people, so visited them regularly. They told us this meant they received frequent, informal feedback on the service staff provided.

People and their relatives were given opportunities to comment on the service provided. Senior staff regularly telephoned and visited people, and recorded their views of the service. Senior staff viewed all responses and followed up on any concerns or dissatisfaction that people raised. For example, one person raised that a care worker 'rushed' their care. Senior staff carried out spot checks and supervision to evaluate the staff member's work. The registered manager told us these views were collated annually to identify any themes, and that this was planned for the week after our inspection.

The provider had systems in place to monitor the quality of the service staff delivered to people. Senior staff and the registered manager undertook audits of aspects of the service to ensure that, where needed, improvements were made. Audits covered various areas including medication, health and safety and care records to ensure the service was operating to a satisfactory standard. A key part of the monitoring process were staff 'spot checks' and formal supervision meetings where a senior staff member observed the care staff providing care, tested their knowledge and gained feedback from people receiving care.

The registered manager and other managers regularly communicated with staff via email, text and social media and ensured they had up to date information. For example, they sent emails to staff advising them of any legislation updates or issues they needed to be aware of such as, weather forecasts that may affect their travel arrangements or the need to remind people to drink plenty and keep cool.

Staff made positive comments about the service. One staff member said, "It's the best company I've ever worked for." They said this was because their managers, "care about" the people who received the service and were always available to support them and offer advice. External care professionals also made positive comments about the service. One professional described the culture of the service as, "Professional, non-judgmental, high standards of care, attention to detail and individuality."

There was a registered manager at the service. Records we held about the service, and looked at during our inspection, showed that the registered manager had not sent all the required notifications to the Care Quality Commission(CQC). A notification is information about important events that the provider is required by law to notify us about. However, the registered manager had recognised this and assured us they would notify the of CQC of future recent events appropriately.

The registered manager had promoted links with the local community. For example they had promoted fund raising for a person who lived locally and who lived with a health conditions and wished to fund their own treatment. They provided information to the community through social media by posting information about conditions people lived with such as dementia and mental health.

Staff worked in partnership with other professionals to help ensure that people received care that met their needs. These professionals included GPs, community nurses, and any other professionals involved in a person's care. External care professionals made positive comments about the service. One care professional told us, senior staff were, "very helpful and knowledgeable" and always tried to help in "difficult situations." This showed that the service worked in partnership with other professionals and service providers.