

Quality Home Care UK Limited

Quality Home Care UK Limited

Inspection report

19 Field Lane
Alvaston
Derby
Derbyshire
DE24 0GP

Tel: 01332731731

Date of inspection visit:
18 November 2019

Date of publication:
23 December 2019

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?	Requires Improvement ●

Summary of findings

Overall summary

About the service

Quality Home Care UK Ltd is a domiciliary care agency. They provide personal care support to people living 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 the inspection, the service was supporting 27 people with personal care.

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

We found there was not always staff guidance in place for the use of 'as needed' medicines. There was also no guidance in place for where to apply creams to people. While staff had good knowledge, this record keeping concern meant staff did not always have written guidance to support them. Otherwise, medicines were managed safely.

People were not always supported to have maximum choice and control of their lives. This is because assessments had not been made on their ability to make decisions. The systems in the service did not support this practice.

People felt safe using the service. Staff were aware of how to keep people safe and had received thorough training. A clear governance system ensured that incidents that were responded to appropriately. There were enough staff to support people, and these staff followed safe infection control procedures.

Records were kept on people's physical, mental and social needs. These followed expected standards and provided sufficient guidance to staff. This enabled people to receive safe care that followed their preferences. People reported being able to feedback into their care planning and make suggestions or complaints.

People were supported to eat meals of their choice. Where people required external health and social care support, then staff recorded recommendations and followed them.

People reported receiving a high-quality service, from staff that were caring in their approach. This caring ethos resulted in person centred care that met people's needs. Where concerns were raised during

inspection, the registered manager was quick to try to resolve them. We found the service was well led.

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

Rating at last inspection

The last rating for this service was Good (published 15 November 2016).

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.

Requires Improvement ●

Quality Home Care UK Limited

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

One inspector completed this inspection.

Service and service type

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

Notice of inspection

We gave the service four days' 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 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 phoned the registered manager on 13 November 2019 to inform them of the inspection. We made phone calls to people who used the service and staff on the 14 November 2019. The inspector spoke to three people, and five relatives. These people gave their views about the service they received. The inspector also phoned four care staff to find out their experiences of working for Quality Home Care UK Ltd.

During the office visit on 18 November 2019, the inspector considered the care records of three people who used the service. We also looked at three staff recruitment files and other records relating to the management of the service. This included audits, policies and incident records. We spoke to the registered manager about the service.



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 good. At this inspection this key question has remained the same. This meant people were safe and protected from avoidable harm.

Using medicines safely

- Some medicines were prescribed to be taken 'as needed'. These medicines did not always have clear guidance in place to ensure staff knew when to provide this medicine. For example, one person used an inhaler. However, there were no records guiding staff on when this inhaler may be needed. Whilst this person usually managed inhalers independently, this put the person at risk of not receiving appropriate support if they should become breathless.
- Creams that needed applying to people's skin, did not always have appropriate guidance in place. For example, one person's cream record stated, 'to be applied as directed'. However, there was no guidance on where and how this cream should be applied to the body.
- The registered manager told us they would resolve these concerns and ensure robust guidance was in place for staff to follow. They had begun resolving this whilst we were inspecting.
- Records showed us that medicines were given as prescribed. People felt confident that medicines were given appropriately. Staff were trained in medicine administration.

Systems and processes to safeguard people from the risk of abuse

- People told us that they felt safe using the service.
- Staff told us that they had no concerns about abuse. If they were concerned, staff felt able to report these concerns to the registered manager. They felt confident that concerns would be acted upon appropriately.
- Policies were in place to ensure that people were safeguarded from abuse.

Assessing risk, safety monitoring and management

- People and relatives told us that they felt staff were pro-active in spotting risks and providing advice. A relative said, "The other day the carer noticed a rash. It turned out to be (health condition). It was so small, I don't know how they spotted it. But they are always on the look out."
- Care records were in place. These explained people's needs clearly and provided guidance to staff on how to support them. This ensured that risks were managed safely.
- Risks were monitored, and actions taken to keep people safe. For example, staff had worked with an

occupational therapist to assess the suitability of equipment used. This professional advice was then documented and followed.

Staffing and recruitment

- People told us that staff arrived on time. Staff told us that there were enough staff to support people safely.
- New staff received an induction. They were introduced to people before supporting them. A relative said, "There is a proper handover. It's not a shock to us that someone new is in the house."
- Staff were safely recruited. For example, the registered manager gathered references from previous employers to ensure staff were of good character.

Preventing and controlling infection

- People told us that staff followed infection control policies (for example wearing gloves).
- Records showed us that regular spot checks occurred, to ensure this was being followed.

Learning lessons when things go wrong

- Records showed us that when incidents occurred, prompt action was taken to review the cause and ensure that improvements were made. For example, a person was observed to be choking. A prompt referral was made for specialist advice. This was documented and the person was supported to eat a different textured diet.
- People reported that care was provided safely. A person said, "Any niggles are quickly jumped on."



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 good. At this inspection this key question has remained the same. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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.

- People's ability to make decisions had not always been assessed. The registered manager informed us that two people's medicines were locked in a safe. This was intended to prevent them accessing their medicines and taking them unsafely. While these people did not object to this, there had been no mental capacity assessment, to assess if these people could make decisions about their medicine storage.
- Despite capacity not being formally assessed. Staff had good knowledge of the Mental Capacity Act and how to support people to make decisions. People reported that staff were caring and asked for consent when completing tasks.
- The registered manager recognised our concerns about the required mental capacity assessments. They planned to complete these assessments quickly.

We have made a recommendation that the service reviews their mental capacity processes. We will review

this at our next inspection.

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

- Before people started to use the service. Their physical, mental and social needs were holistically assessed to ensure effective support could be provided.
- Care plan guidance was then put in place for staff to follow. One person said, "They don't need to ask me. They know my routine. They know what I need."
- Care followed current expected standards. Staff were well trained and understood standards and regulation that guided their work.

Staff support: induction, training, skills and experience

- People told us that staff were skilled. A relative said, "They understood the diagnosis really well and prepared me for the symptoms before it happened. It wasn't so much of a shock then."
- Records showed us that staff had received training. Staff told us that they felt the training they received was good quality.

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

- Where people required support to eat and drink, staff were given guidance on how to support this need. For example, if a person required a certain type of diet then professional advice was documented.
- Records showed us that people's food and drink preferences were recorded. Staff then supported people to eat food and drink of their choosing.

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

- People told us that staff were quick to recognise changes in their health, then contact relevant health professionals as needed. A person said "[health professional] comes over twice a week. The staff stay in touch with them and if they notice something is not right they contact them."
- Where professional advice was given, this was clearly documented to ensure that all staff supported people appropriately.

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 has 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

- All people and relatives we spoke with, reported that staff were very caring. One person said, "All staff are really friendly. They really care."
- People told us that staff took their time to provide person-centred care. A relative said, "They read cross words to [person] and wait for them to answer. It can take a while for [person] to mull it over. But they always give the time."
- When people started to use the service, their individual diversity needs were assessed. This ensured that diverse needs (for example, religion) could be appropriately supported.
- The service had an equality policy in place, to ensure that people's diverse needs were met in line with legal standards.

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

- People told us that they could express their views and that their preferences were then met.
- People were regularly involved with reviewing their care and were able to make suggestions for changes. People's preferences were documented and followed.
- People told us that they were able to make decisions about their care and staff asked for consent.

Respecting and promoting people's privacy, dignity and independence

- People told us that staff respected and promoted their independence.
- People told us that they were treated with dignity. A person said, "They wash and dry her hair. But they also use her curling togs. Because that's how she likes it. I can tell they care that she looks nice."
- Staff used electronic devices at the service. These were password protected, to ensure people's care records were kept private.

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 has 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 were introduced to new staff by staff that they already knew well, this ensured that new staff were aware of people's needs and preferences.
- People reflected that this was very important to them. One person said, "When I have new carers, they explain to them what needs doing. That's important because my communication isn't always as it should be. I need them to know what they are doing when they arrive."
- People's daily care needs were supported in a flexible way. People could request preferred staff to support them, and request changes in call times to meet their preferences.
- People were involved in regular reviews of their care.

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 registered manager was aware of the Accessible Information Standard and ensured people were given information in a way they could understand.
- One person experienced some confusion, so photos of staff were provided. This meant they could understand who was coming to support them.
- Information was available in larger fonts as required, to ensure that people could read and understand information given to them

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

- Records clearly documented people's social relationships. Care visits were arranged around people's social activities and family visits.
- Where people required support to access the community. This support was given. A relative described

going into the community with a person. They said, "The carer came with me. Mum wanted to stay out, so the carer just stayed longer with us. She was really encouraging to mum."

Improving care quality in response to complaints or concerns

- People told us that they had no reason to make a complaint. No formal complaints had been recorded.
- People felt confident that if they needed to make a complaint, it would be responded to appropriately.
- The provider has a complaints policy to follow, should someone make a complaint.

End of life care and support

- No one had received planned end of life care since our last inspection.
- People using the service were not approaching the end of their life, so limited discussions had been had around people's preferences.
- The registered manager told us that they would discuss end of life care as required and when suitable.

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 good. At this inspection this key question has deteriorated to requires improvement. This meant the service management and leadership was inconsistent. Leaders and the culture they created did not always support the delivery of high-quality, person-centred care.

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

- We identified that medicine guidance was not always in place for staff (reported in safe). We also identified that people's mental capacity had not always been assessed in line with the Mental Capacity Act (reported in effective). This had not effected people's safety but meant the service was not following expected quality standards.
- The registered manager recognised our concerns and advised they would resolve these concerns promptly. They had begun resolving these issues before we left the inspection. We will review the impact of this at our next inspection.
- Other than the above record keeping issue, the registered manager had followed regulatory requirements. Which resulted in an otherwise good quality service.

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

- The registered manager promoted a positive culture. Every person, relative and staff member we spoke to, reported a high-quality service.
- One relative said, "It is a good, efficiently run company. It started because of a family situation and wanting high quality care. I think that makes their intent right. They care for the people they look after." A staff member said, "They are amazing to work for. Because they actually care for the clients."
- People received high quality care. This resulted in good outcomes for them.

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 provider investigated incidents that occurred and was open about areas for improvement.

- The provider recognised their legal responsibility to be open and honest when things went wrong
- The provider has a legal duty to notify us of events that occurred at the service. We had been notified of events as required.

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

- People and staff told us that they felt engaged with, to ensure improvements were made at the service. Records showed us that people's preferences were recorded.
- Questionnaires had been sent to people at the service. We reviewed the outcomes of these and saw that 97% of feedback was positive.

Continuous learning and improving care

- The registered manager was keen to continue to improve the quality of the service. For example, they were considering a more reliable training provider after some training had been cancelled.
- The registered manager explained how they kept up to date with expected standards. They said "We have a really good relationship with other health and social care professionals. They are always advising us."

Working in partnership with others

- People told us that the service was quick to refer to other health and social care professionals as needed. Records supported this. For example, a person was supported to access GP support. The GP's feedback was then followed by staff.
- The registered manager had good knowledge of health and social care advice. They ensured that staff followed advice given.
- Partnership working ensured high quality care was provided.