

A1 Quality Home Care Limited

# Quality Homecare

## 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

Quality Homecare is a domiciliary care agency. At the time of our inspection they provided personal care to 456 people living in their own homes. It provided a service to people with dementia, physical disability, ill health related to age and some younger adults with a physical or learning disability.

Not everyone using Quality Homecare received the regulated activity. CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do, we also take into account any wider social care provided.

At our last inspection in May 2017, the service was rated 'Requires Improvement' because the provider had not always acted on feedback given to them and the systems that monitored the quality of the service had not identified this. At this inspection we found the provider had taken the right action and the service was now rated 'Good'.

The service had a registered manager. 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.

As far as possible, people were protected from harm and abuse. Staff knew how to recognise the signs of abuse and what they should do if they thought someone was a risk. There were enough staff to support people to stay safe and meet their needs. Staff knew how to report incidents and accidents, and if these did occur, they were properly investigated. Risk assessment and risk management practices were robust.

People were supported to express their choices and preferences and they experienced care that met their needs. People were supported by kind, caring staff. People had their privacy and dignity respected, and staff knew what to do to make sure people's independence was promoted. People experienced person centred care and were supported to make their end of life care wishes known.

People were supported to eat and drink enough and were able to access the healthcare they needed to remain well. Medicines were safely managed. People had their care needs regularly assessed, and people were involved in their care reviews. People experienced care and support that was in line with current guidance and standards.

Staff were supported with training, supervision and appraisals to make sure they had the skills they needed to provide good quality care. Specialist training had been arranged where needed, for example, in caring for people who lived with dementia. Staff recruitment procedures ensured checks were made that staff were safe to work with people.

People were asked for their consent before any care was given, and staff made sure they always acted in

people's best interests. The registered manager and staff understood their responsibilities under the Mental Capacity Act 2005 (MCA) and any decisions were made in people's best interests.

People had access to a complaints process, and said they would be happy to raise a complaint if they ever needed to. The registered manager and staff knew what action to take if a complaint were made, and complaints were properly investigated and resolved.

The service was well-led and staff felt supported. People's views were sought and acted on to improve the service. Regular checks and audits were carried out to make sure people experienced good quality care and staff provided good support. The service had met all the fundamental standards and the registered manager and staff had improved the service so it was now good.

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?

The service was safe. As far as possible, people were protected from the risks of harm, abuse or discrimination. Risk assessments and risk management plans were in place which helped to keep people safe.

People's medicines were safely managed and there were enough staff on duty to meet people's needs. Incidents and accidents were managed well.

There were enough suitable staff and appropriate checks were completed before staff began work at the service.

Good ●

### Is the service effective?

The service was effective. People were cared for by staff that had received training and had the skills to meet their needs. People's nutrition and hydration needs were met.

Staff asked for people's consent before providing care and had a good understanding of the Mental Capacity Act 2005 (MCA).

People's health and well-being needs were met. People were supported to have access to healthcare services when they needed them.

Good ●

### Is the service caring?

The service was caring. People were supported by staff who were kind and caring and people were treated in a kind and compassionate way.

People's privacy and dignity were respected and their independence was promoted.

People were supported to make their own decisions and choices about their care.

Good ●

### Is the service responsive?

Good ●

The service was responsive. People's care plans provided staff with information about their preferences and support needs and people were involved in planning their own care.

People were asked for their feedback about the service and this was acted on. There was a complaints procedure in place. Complaints and concerns raised had been investigated and action taken to put things right.

People were supported with end of life care.

### **Is the service well-led?**

The service was well-led.

There was clear leadership and staff understood their roles and responsibilities.

Systems and processes for monitoring quality of service had been improved and were effective in driving improvements. People and staff were engaged and involved in the running of the service.

**Good** ●

# Quality Homecare

## 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. The inspection was announced and we gave the provider 48 hours notice, to make sure the right people were available on the day of our visit.

The inspection team consisted of one inspector and two experts 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. Before the inspection we looked at and reviewed all the current information we held about the service. This included notifications that we received. Notifications are events that the provider is required by law to inform us of. We also reviewed the 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

On the first day of the inspection we visited the provider's head office. We spoke with the registered manager, and four care workers. We reviewed the care records and risk assessments for three people who use the service, the recruitment records for 10 staff, quality monitoring records, policies and other records relating to the management of the service. We spoke with two care co-ordinators by telephone after we visited the head office. On the second and third day of the inspection we spoke with 18 people who used the service and 11 relatives by telephone. Before and after the inspection we spoke with the local authority who commission care from the service.

# Is the service safe?

## Our findings

People were safe and told us they felt safe. Comments from people included, "Yes, I definitely feel safe and very well supported," and, "Staff support me well. Look after me and keep me safe, lock the doors, windows, turn lights off, that kind of thing". A relative told us they felt their family member was, "safe in their hands" when being supported by staff.

As far as possible, people were protected from this risk of abuse. Staff knew about the different types of abuse and what to do if they thought a person was at risk. This included reporting any concerns to senior staff, the registered manager or the local authority of they needed to.

Risks to people's safety were managed properly. Risk assessment and risk management practices were good. Staff understood what risks might affect a person and knew what they needed to do to protect people, while promoting their independence, for example, when supporting a person to move. One person said, "I am unstable on my feet sometimes and they help me when this happens. I always feel safe and looked after". A relative told us about staff using a hoist to support their family member. They commented staff, "seem knowledgeable around the equipment and how to use it, also about which coloured sling needs to be used for different tasks they are doing". Other risk management plans were also in place, including supporting people with more complex healthcare needs such as diabetes and epilepsy.

There were enough suitable staff to keep people safe and meet their needs. People told us they never had any missed calls, and staff were usually on time when they visited. One person said the care visits were, "More or less on time. Sometimes they are late but its normally traffic or the previous call that's held them up". A relative told us staff, "Arrive on time and for the allocated amount, but they often stay longer". Recruitment practices were robust and all of the relevant checks had been completed before staff began work.

People were supported to take their medicines in a safe way. One person said staff, "Always give me my medicine at the correct times. I've never had a call missed so always have what I need when I need it". Not everyone using the service was supported to take medicines, but staff still made sure people got help if they needed it. One person told us they took their medicines on their own, "but my carer always checks I have enough". Staff were well supported with medicines training and had their competency to administer medicines regularly assessed, to make sure their practice remained safe.

People were protected from the risks of infection, because staff understood what they needed to do to prevent this. This included the correct use of personal protective equipment (PPE), such as gloves and aprons. Staff also described how they made sure they washed their hands and managed food hygiene properly in people's home's.

Incidents and accidents continued to be managed properly. Staff knew how to report them, and incidents were recorded, investigated and action taken if needed. Incidents were used as a learning opportunity, and where appropriate staff were supported with additional training if needed. For example, if there had been a

medicines error, staff were offered supervision and had their competency to administer medicines reassessed to make sure they were safe before they supported people with their medicines again.

## Is the service effective?

### Our findings

People continued to experience effective care. Their needs and choices were properly assessed, and care was provided in a way that achieved effective outcomes. Before starting with the service people had an assessment with senior staff and people and those that were important to them were involved. People could make their choices and preferences known, and these were incorporated in their person-centred care plan. If people's health needs changed, staff and the registered manager took the right action, such as reviewing the person's care plan. People's care needs and care plans were regularly reviewed and updated to make sure each person experienced care that was right for them, and met their identified needs. One person told us, "I helped with the manager to write it. It's done a few times a year but can be done again if I asked". A relative said, "Yes there is a care plan, it is reviewed yearly but just recently it was done early because there was a change to (name's) needs. I was involved in the plan as was (name)".

The service made sure staff had the right skills and knowledge to support people effectively and people said staff were well trained. Comments included, "They are very well trained. The way they go about their job tells me," and, "Staff are very well trained. I can ask a question and they can answer me. The way they speak to us is very good". Feedback from staff about the quality of the training was also positive. One member of staff said they felt confident in their role because of the "excellent training". Staff were also supported to complete further training such as the level three diploma in health and social care.

Some people who used the service were supported by staff with their nutrition and hydration needs. Staff understood the importance of good nutrition and hydration and made sure all of the people they visited were supported to meet these needs. Where staff did prepare food and drinks feedback was positive. One person said, "My food is done properly and always cooked. They leave me bits to eat and drink through the day". Another person told us, "I get help with breakfast and I'm asked what it is I want. I struggle to carry hot drinks, so they make me a hot drink when they are here and then leave a flask of hot water by my chair, so I can make a drink without having to carry it". People were offered choice about their meals, and one person commented, "The other carer did lunch today, fish & chips from the freezer which I fancied. She does my tea too. It's my choice. She'll ask me and I'll say 'see what there is'." Staff knew what to do if they were concerned a person wasn't eating or drinking enough, such as contacting a family member or GP.

Staff worked with staff from other organisations to make sure people had the support they needed, such as the local authority safeguarding team. People were also supported to work with other healthcare professionals so they maintained good health, such as the GP or district nurse. People's health needs were monitored by staff who took prompt action if people became unwell or their health needs changed. One person told us staff had, "Called my doctor when I've been unwell. They called my family after asking if they could". A relative described how if their family member "isn't well while I am out they call me, and I come straight home. They would call a GP if they had too." Another person said, "On Friday I missed when I went to sit on my chair and fell on the floor, so staff phoned 999 and they came quickly but said I was ok."

People were asked for their consent before staff provided any care. Comments included, "I always get asked what I want to do first, such as get washed and dressed first or have some breakfast," and, "They always

explain what they are doing and ask if its ok they do it". Staff understood the Mental Capacity Act and how it related to the people they supported. The Mental Capacity Act 2005 (MCA) provides a legal framework for making specific 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 specific decisions, any made on their behalf must be in their best interests and as least restrictive as possible. People had their capacity to make decisions about their care and day to day life assessed and any decisions were made in a person's best interests. The provider had recorded who had an active lasting power of attorney and this was considered when decisions about care were made.

## Is the service caring?

### Our findings

The service was caring and people were treated with kindness and compassion. People made comments such as, "I have a regular carer I trust, and we get on great. They never leave promptly but always stay and talk and laugh. I've made friends," and, "I get on OK with the carers, they are very kind and very thoughtful". When we asked a relative what they thought about the care their family member experienced they said "I can't fault it, they are trustworthy, caring, patient and considerate of (name's) needs and mine. They go above and beyond their call of duty by putting my washing out, brining it in if it rains. They look after the dog. They are just lovely people and I have nothing to worry about".

Staff described how they protected people's privacy and dignity. One example they gave included making sure a person was kept covered when being supported with intimate personal care. They member of staff said, "Just how I would like it myself". People also gave examples of how their privacy was protected and one person told us, "They always knock on my bathroom door and ask if I need help". Another person said, "They always think about my dignity and do respect me." A relative said, "They absolutely treat him with dignity and respect, especially when he wants to go to toilet. He was always a proud man. They tell him not to worry it's their job. They understand and deal with that very well".

People were supported to make their views about their care known and were involved in making decisions about their care. People were listened to and were encouraged to make choices about their everyday life, as well as about their specific care needs. People were supported by staff to meet their choices. For example, one person told us, "I get asked if I would prefer a shower or just a strip wash and they never mind when I want a shower. Another person said, "They generally know my likes and preferences. They ask for my preference and listen." One person said, "Everything is good. They are all caring and respectful", and staff were, "lovely, very nice". Another person told us staff, "Listen to us and understand. We have marvellous carers, they are brilliant," and, "We have two lovely ladies. They do personal care and make a cuppa and chat with us. I know they would help with anything else if we asked them."

Staff had a good understanding of dignity, equality and diversity. They told us they were aware of the need to treat people equally irrespective of age, disability, sex or race and were kind in their approach when talking about the people they supported. A member of staff described how they spent time talking to people to find out about their personal history as this was an important part of providing care. They used a picture that was on the person's wall to start a conversation about something that was clearly important to the person. The member of staff said, "everyone's got a story to tell, if you take time to listen", and taking this time had improved the care experience for the person.

Relatives told us how the caring nature of staff extended to them as well. One relative told us "I have health problems too but I make most of the decisions. Staff support me too." Another said, "I'm happy with the ones that come and they chat with me when I'm here too. They always include me." A member of staff said they and their colleagues, "will go above and beyond, and will try to do the best they can" for people and their relatives.

## Is the service responsive?

### Our findings

At the last inspection we found the provider needed to improve because people were concerned about care calls being late, poor telephone communication and a lack of staff continuity at weekends. The provider had taken steps at the time, to make improvements, but these still needed time to embed into practice. At this inspection we found all of the necessary improvements had been maintained, and people gave us more positive feedback about these issues. One person commented on the improvements that had been made. They told us, "I've started to get the same carers. It used to be terrible 18 months ago. I like the carer I have, we have a good relationship, she was born to do this job and I can't speak more highly of her. She's always on time and always stays to have a chat when we are done." When we asked another person if they had regular carers they said, "I didn't used to but that has been resolved".

People who used the service and their relatives continued to be involved in developing their care plans when they first started getting care from the service. People told us they were involved in the assessment and comments included, "The manager came in the beginning," and, "They discussed the care plan with us and we can read it if we want." People's care needs and care plans were regularly reviewed so people had the opportunity to make sure their preferences and choices were amended if these had changed. This information was available for staff to enable them to meet people's needs in a responsive way. One person told us, "Yes, its updated once a year but did get changed when something changed. I have always been involved".

From August 2016 all organisations that provide NHS care or adult social care are legally required to follow the Accessible Information Standard. The standard aims to make sure that people who have a disability, impairment or sensory loss are provided with information that they can easily read or understand so that they can communicate effectively. The provider was responsive to people's communication needs. For example, if a person had difficulty communicating verbally, the service accommodated their communication needs. One person told us managers had been very responsive when they had discussed their needs the service. Another person said, "I get an email with who is coming and when, this helps me a lot".

People knew how to make complaints but most people had never needed to. Comments included, "We think they're very good, we have no complaints whatsoever," and, "They treat me very well and I don't have any complaints.". If people did need to raise a concerns or complaint they were listened to and there was an appropriate complaints policy and procedure in place for staff to follow.

People who had complained found this was handled and rectified appropriately with a positive outcome. One person told us, "They came out to see me because I wasn't happy in the beginning with calls being late. I was then put onto a critical list, so they know I must have a call". Another person said, "I know how too, I have before. My complaint was resolved quickly". People told us they would also be happy to raise a concern if they ever needed to in the future and there would be no consequences if they did so. One person said, "I phoned, and they were very good about it, plus there was no repercussions which I was very pleased about. I was treated exactly the same after I complained".

People were supported at the end of their life, and staff were enabled to provide this special care by the provider. Staff sought help and advice from hospice staff or people's GPs when they needed to, and knew what to do if someone passed away if they were in their home at the time. This included supporting relatives and contacting the person's preferred funeral director if appropriate. Details of what staff should do in the event of someone's death were recorded their care plans so staff knew what they should do.

## Is the service well-led?

### Our findings

At the last inspection we found the provider required improvements in well led because their quality monitoring systems had not identified some negative feedback given by people about care visit timings. At this inspection we found quality assurance systems were now robust. If any area of practice that required improvement was identified this was acted on.

The registered manager had spent time identifying and analysing the causes of the late calls and had rectified this issue. This included recruiting staff and re-arranging the geographical areas staff were required to travel around. Staff confirmed this and described how travel time had been a concern for them in the past and this had contributed to calls being late. They said because travel areas had been made smaller, and "clients" grouped together, there was less travelling and this was "an improvement". Other quality assurance processes remained robust and reviewed areas such as the quality of people's care plans, risk assessments and medicines management.

People were regularly asked for their feedback about the service, and continued to be invited to take part in a regular written survey. One person told us, "We have had a letter with a yes/no form. We get one three times a year asking if we have any complaints but we never have any." Managers also contacted people regularly by telephone to make sure they were happy with the quality of service that was being provided, and managers visited people in their home to ask for their opinions as part of their care plan reviews. One person said a member of staff from the office, "Came yesterday to see if I was happy. She's very nice. Management often ask if we are happy".

People and staff thought the service was well led. One person commented "I think the company is quite well led, I've never had to ring up to complain." People said they would recommend the service to friend or family member. People and their relatives were full of praise for not only the care workers but management, and told us they found the senior staff friendly and approachable. A relative told us, "I would recommend them to anyone and tell them how wonderful they are." And another, "I would recommend them. The office is approachable. The co-ordinator and the one that comes out and sees you are very nice."

One member of staff said if their line manager was not available, "someone else will offer help" and another said, "managers are definitely approachable. I have no concerns about going to managers about anything...you're not fobbed off. There's always someone to help". Another care worker said, "I think it's a good company to work for...they will help you as much as they can".

The registered manager described how all staff had the same aim and that was "to make everyone happy". They described the values of the service as being kind and caring and "we wouldn't do this job if we didn't care". This was reflected in what people and staff told us about their experience of the care provided. One member of staff said, "managers are supportive. Very helpful and understanding. Well, everyone has been to be honest". A relative told us, "They are very organised I think and look after their staff...I think they listen to their staff as well as their clients."

The registered manager continued to work with other organisations including the local authority commissioners and safeguarding teams, as well as 'ad-hoc' meetings with other care providers to exchange ideas and share good practice. The registered manager also attended meetings hosted by the local authority for care providers, where local good practice or concerns were shared. Responsibilities at the service were clear, and there was a robust staffing structure in place for the day to day management of the service. Records were up to date, accurate and kept securely.