

A Quality Care Service Limited

# A Quality Care Service Limited

## 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

A Quality Care Service Limited provides personal care to people living in their own homes. It provides a service, including a 'live in' care workers service (staff support people 24 hours a day, seven days a week), to both older and younger adults.

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

The provider had systems in place to manage risks and keep people safe from avoidable harm. Staff followed good practice guidance to prevent the spread of infection and gave people their medicines safely.

People liked the staff that cared for them. Staff were kind and caring and made sure people's privacy and dignity was respected. People, and their relatives were involved in making decisions on the care they wanted. Their preference for how staff delivered their care was recorded in their care plans.

Staff received training, supervision and support so that they could do their job well. Staff enjoyed working at A Quality Care Service Limited and told us that they would be happy to have a member of their family receiving the service.

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.

Systems to monitor how well the service was running were carried out. Complaints and concerns were followed up to make sure action was taken to rectify the issue. People were asked their view of the service and action was taken to change any areas they were not happy with.

The service was well managed by a registered manager. The registered manager was passionate about giving people a high-quality service and ensuring that staff were support and skilled to deliver the service effectively.

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

### Rating at last inspection

This service was registered with us on 28/02/2019 and this is the first inspection.

### Why we inspected

This was a planned inspection based on the date of registration with the CQC.

### 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 ●

# A Quality Care Service 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

This inspection was carried out by two inspectors and an assistant 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 are legally responsible for how the service is run and for the quality and safety of the care provided. The registered manager was also registered as the nominated individual. A nominated individual is responsible for supervising the management of the service on behalf of the provider.

#### 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 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 their registration with the CQC. We sought feedback from the local authority and professionals who work with the service.

The provider was not asked to complete a provider information return prior to this inspection. This is

information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all this information to plan our inspection.

During the inspection-

We spoke over the telephone with three people and three relatives who used the service about their experience of the care provided. During the inspection process we spoke with four staff, including the registered manager who gave their feedback about the service.

We reviewed a range of records. This included sampling two people's care records. We looked at two staff files in relation to recruitment, training and staff supervision. We also looked at a variety of records relating to the management of the service, including audits and quality assurance reports, policies and procedures and surveys.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

This is the first inspection for this newly registered service. This key question has been rated as good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People and relatives told us that they felt safe with the support they received from staff.
- The service had systems in place to protect people from harm. Staff received safeguarding training during their induction.

Assessing risk, safety monitoring and management

- People had risk assessments and guidance in place to support staff to reduce the risk of harm occurring. Staff used the information from risk assessments to help keep people safe, for example to help people maintain the condition of their skin.
- People had detailed information in their care plans regarding any medical conditions they had been diagnosed with. This enabled staff to understand these conditions and keep well informed on any changes or concerns they needed to be aware of.

Staffing and recruitment

- The provider had a recruitment process to ensure that staff were suitable to work for A Quality Care Service Limited. Records showed, the process had involved a Disclosure and Barring Service (DBS) record check and previous employment checks.
- People and relatives told us that there were enough staff, and that the staff team they had was consistent.
- When staff took their holiday, they were replaced by relief staff who had had the same training and recruitment checks as permanent staff.

Using medicines safely

- People's care plans guided staff in the level of help each person needed to take their medicines.
- People were happy with the support they received from staff with their medicines. One person confirmed that they, "Always get my medicines when I am meant to, they give them to me at 7.30am every day."

Preventing and controlling infection

- The service had systems in place to ensure that staff practices prevented and controlled infection. Staff had received infection control and food hygiene training.
- Staff had access to and used personal protective equipment (PPE) such as disposable gloves and aprons.

Learning lessons when things go wrong

- Incidents or accidents involving people using the service or staff were managed effectively. Staff recorded these appropriately and the registered manager took action following accidents or incidents to reduce the

risk of these reoccurring.

# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- Staff completed assessments of people's needs before they started using the service, and regularly reviewed them thereafter, to ensure they could meet people's needs. They worked with health and social care professionals, including the continuing care team when assessing and planning people's care. Staff were proactive in contacting health care professionals for advice and guidance to support people effectively.
- Care plans contained information about people's diverse needs and included any preferences in relation to culture, religion and diet. Staff received training in equality and diversity.
- People were 'matched' with carers who would best meet their needs. For example; if staff had experience or skills, such as enteral tube feeding, they would be matched to someone needing this support. Enteral tube feeding is when a tube is used to support someone with feeding, usually through the abdomen.

Staff support: induction, training, skills and experience

- All staff had received training when they first started working for the service and this was updated when required. The registered manager also carried out spot checks on staff to ensure that they were demonstrating best practice.
- Staff members received supervision as individual meetings and could also contact either the registered manager or senior support worker for support in between these meetings.
- Staff were provided with a range of tailored training to help them to care for people with complex health needs. Including enteral tube feeding, diabetes and insulin awareness.

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

- People were supported to have enough to eat and drink, and this was clearly documented in people's care plans. Care plans also prompted staff to ensure that people were involved in the choice of their food and drink.
- People who needed support to eat and drink safely were provided with guidance by speech and language therapists which staff followed.

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

- Staff were proactive at ensuring people received the care and treatment they needed from other professionals.
- Staff followed external health professionals advice. This helped to ensure that people received effective care to support their health and well-being.

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

- Staff ensured that people were involved in decisions about their care and knew what they needed to do to make sure decisions were made in people's best interests. Staff understood the importance of giving people choice and respecting the choices which they made.
- Staff knew how the MCA applied to their work.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

This is the first inspection for this newly registered service. This key question has been rated good. 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 and relatives made positive comments about the staff and the service they received. One person said; "I liked them they were lovely. I haven't had any problems at all." A relative told us, "The carers are very good. We have got to know them so well, they are so good."
- People's care plans had enough guidance for staff to follow to ensure that people were well treated and supported. People had a personal preference summary in their files to ensure that staff understood what was important to them.

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

- People told us that they were involved in decisions about their care. One person said, "[Staff] are kind and caring. The carers listen to me, they are very good."
- People told us they were given a choice about who cared for them and this was always considered when matching staff to people. One person told us they had told the registered manager they would never want a male carer, and that this has always been respected and adhered to.
- Relatives also told us that they had been able to discuss openly with the registered manager when relief staff covering leave had not been matched with people well. Relatives told us that in these circumstances those staff had not returned.

Respecting and promoting people's privacy, dignity and independence

- Staff were proactive in ensuring people's privacy and dignity was maintained. This included staff making sure people were covered during personal care to ensure they were not exposed in anyway. People were satisfied that staff respected their privacy and dignity. One person said, "Staff protected my dignity during personal care, we work as a team, they know what I like."
- People also told us that staff encouraged them to be as independent as possible., One person told us, "Staff encourage me to be independent - I try to do things myself."
- The service stored people's personal information securely in their main office.

# Is the service responsive?

## Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences

- People told us staff supported people in a way that met their individual needs and preferences.
- People had detailed care plans which guided staff on how to support them in the way they wanted to be supported. Staff confirmed they reviewed people's care plans and that these provided them with enough guidance.

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.

- Care plans showed that people's communication needs had been considered, and alternative formats and approaches had been put in place when appropriate.
- The registered manager told us that they were currently using words and symbols to communicate with someone who could only currently understand words from their native language.

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

- People told us that they were supported to take part in some activities and supported to go out into the community with their carer.
- The registered manager told us that activities were usually planned in advance to ensure that staff could support people. One person had recently changed their wheelchair to electric so that staff could support them more out in the community.

Improving care quality in response to complaints or concerns

- The provider had systems in place to deal with any concerns or complaints. Complaints had been investigated and responded to by the provider. Concerns raised by people receiving care, or by relatives were recorded and responded to appropriately. People had a complaints procedure to follow if these were raised.
- People and relatives knew who to speak with if they were not happy with the care they received. One relative told us that they will always talk to the registered manager, and described them as, "Quite amiable."

End of life care and support

- The registered manager and staff had given people the opportunity to discuss their end of life wishes and

these had been recorded in people's care records. We saw a number of compliments from relatives regarding the end of life care their family members had received. One read; 'As a family we would very much like to thank you for your kindness, care and calmness whilst caring for [person] and supporting them in their last few hours of life.'

- Staff had received training in caring for people at the end of their lives. People were supported with medicines for pain relief when required. Appropriate professionals, such as GP's and district nurses, were involved to ensure good end of life care was available.

# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

This is the first inspection for this newly registered service. This key question has been rated good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- The registered manager was committed to developing a person-centred culture within the service. They understood their responsibilities to ensure people received the care they needed and stepped in to support staff wherever necessary. Staff told us that the registered manager was, "Very hands on and supports us 24 hours a day."
- Staff also told us that they would be happy for a relative of theirs to receive support from A Quality Care Service Limited. This shows that staff are proud of the service offered to people.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; 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 and senior support worker had good oversight of the service and visited people and staff on a rolling rota. Medication and daily record audits were completed regularly.
- The inspection visit coincided with the beginning of the covid-19 pandemic. The registered manager had provided staff and people with best practice guidance and risk assessments. They also ensured that all staff had a plentiful supply of personal protective equipment.

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

- People and their relatives were given opportunities to comment on the service provided regularly. This included surveys and informal feedback.
- Due to the live-in care service being provided 24/7, formal team meetings were not currently taking place with the whole staff team. All staff members had access to an online messaging group so were kept updated regularly by any changes or important information. Staff could also use this forum to keep in contact with one another.

Continuous learning and improving care

- The registered manager used information gathered from audits, spot checks, surveys and feedback to develop the service and make improvements.
- The registered manager told us that they attend training, and forums to improve their knowledge and practice. For example, the registered manager is also qualified to train staff in safe manual handling techniques.

#### Working in partnership with others

- Staff and the manager worked in partnership with other professionals and agencies, such as the GP, Clinical Commissioning Group, other health care professionals and the local authority to ensure that people received joined-up care.