

Quality Care Solutions Limited

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Inspection report

Phoenix House
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Tel: 02038652536

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Ratings

Overall rating for this service

Requires Improvement 

Is the service safe?

Requires Improvement 

Is the service effective?

Requires Improvement 

Is the service caring?

Good 

Is the service responsive?

Requires Improvement 

Is the service well-led?

Requires Improvement 

Summary of findings

Overall summary

About the service

Quality Care Solutions is registered to provide personal care to people in their own homes. At the time of our inspection the service was supporting one person with 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.

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

The service required a manager who was registered with the CQC. We found not enough progress had been made with recruitment.

Whilst the relative of the person receiving care spoke positively of the level of care and support, we found weaknesses in governance arrangements. There was no effective system in place for case tracking and monitoring care records. Whilst this was related to the size of the service, formal quality monitoring systems needed to be fully developed to ensure the provider had proper oversight of the quality and safety of the service.

There was no effective system of reviewing the recruitment agency's processes and records to ensure the training and qualifications of agency staff remained up to date. We found agency staff to be knowledgeable but relevant records were kept by the agency and were not accessible locally to satisfy the service that agency staff had appropriate skills and experience of providing care.

There were procedures to ensure the right staff were employed to protect people from harm. However, there were no recruitment plans to ensure the service did not continue to use agency staff to meet normal staffing requirements.

Since our previous inspection, care records were more person centred. They contained meaningful information that identified the abilities and the support required. Likes, dislikes and routine had been recorded. A family member told us their relative's needs were met.

Care workers told us they felt well supported by the management. They told us that they received appropriate on-going or periodic supervision in their role. In addition, they also received spot checks to monitor their performance when supporting the person receiving care.

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. A family member of the person receiving care told us their relative's independence was promoted.

There were systems in place to ensure proper and safe use of medicines. A family member of the person receiving care told us their relative received their medicines on time.

Privacy was respected. Care plans described how the person should be supported so that their privacy and dignity were upheld.

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

Rating at last inspection

The service was unrated at the last inspection because of insufficient evidence (11 September 2020).

Why we inspected

We had concerns in relation to how the service was managed. The service was unresponsive to our queries.

Enforcement

We are mindful of the impact of the COVID-19 pandemic on our regulatory function. This meant we took account of the exceptional circumstances arising as a result of the COVID-19 pandemic when considering what enforcement action was necessary and proportionate to keep people safe as a result of this inspection. We will continue to monitor the service.

We identified a breach of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 in relation good governance. Please see the action we have told the provider to take at the end of this report.

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 not always safe.

Details are in our safe findings below.

Requires Improvement ●

Is the service effective?

The service was not always effective.

Details are in our safe findings below.

Requires Improvement ●

Is the service caring?

The service was caring.

Details are in our safe findings below.

Good ●

Is the service responsive?

The service was not always responsive.

Details are in our safe findings below.

Requires Improvement ●

Is the service well-led?

The service was not always well-led.

Details are in our safe findings below.

Requires Improvement ●

Quality Care Solutions 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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team

The inspection team consisted of one inspector.

Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. The service did not have a manager registered with the Care Quality Commission. This means that the provider was legally responsible for how the service is run and for the quality and safety of the care provided. There was a manager in post, but the manager's application process had not been commenced.

Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider would be in the office to support the inspection. We visited the office location on 17 November 2021.

What we did before the inspection

Prior to the inspection we reviewed information and evidence we already held about this service, which had been collected via our ongoing monitoring of care services. This included notifications sent to us by the service. Notifications are changes, events or incidents that the provider is legally obliged to send to us without delay. This information helps support our inspections.

During the inspection

We spoke with the manager and the operations manager. We contacted the relative of the person receiving care. We also contacted two care workers. We examined records of one person using the service. We also looked at personnel records of two care workers, including details of their recruitment, training and supervision. We reviewed further records relating to the management of the service, including staffing rotas and quality assurance processes, to see how the service was run.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We received information relating to the provider's governance systems and some care records. This information was used as part of our inspection.

Is the service safe?

Our findings

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

At our last inspection this key question was unrated. At this inspection the rating has changed to Requires Improvement. This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Staffing and recruitment

- There were procedures to ensure the right staff were employed to protect people from harm. However, due to substantial changes in personnel, there had been a lack of permanent staff, which meant the service heavily relied on agency staff. A manager, as well as two care workers were temporary staff employed via an agency. Whilst we understood the need for using temporary staff, there were no recruitment plans to ensure the service did not continue to use agency staff to meet their normal staffing requirements.
- Recruitment checks had been carried out for agency workers. Checks included at least two references, proof of identity and Disclosure and Barring checks (DBS). However, it was not clear from the records viewed that their references had been verified. It was explained these checks would be carried out by the agency. However, it was advisable that the service had this information in place locally.
- That said, the service used regular agency staff to provide care and support. There was a small and specific care team who knew the needs and wishes of the person receiving care. A relative of the person receiving care told us, "We get regular staff and they are efficient and diligent."
- Time keeping brought the most praise from the relative we spoke with, including, "Staff are always on time. At times they stay longer than allocated time. This happens when my [relative] is not cooperating, which extends their time."

We recommend the provider to seek advice and guidance from a reputable source, regarding developing an effective recruitment and retention strategy.

Assessing risk, safety monitoring and management

- Since our previous inspection, effective systems and processes had been developed, and were being maintained to minimise risks.
- Risk assessments had been carried out and recorded in care records. One person was identified to be at risk of falls and their care plan identified steps needed to support them. Copies of the care plan and risk assessment were kept at the person's home to ensure care workers could access them as required.
- The service had arrangements for health and safety checks of the person's home to ensure care workers were working and caring for the person in a safe environment. Care workers told us it was their responsibility to report any health and safety concerns to the person and to the office so that action could be taken to remedy any faults. These procedures helped to ensure the safety of the person in their home.
- A relative told us the person receiving care was safe in the presence of care workers. The relative told us, "I am happy with the quality of care. My [relative] is well looked after and safe."

Systems and processes to safeguard people from the risk of abuse

- People were protected from the risk of harm and abuse. There were policies covering adult safeguarding, which were accessible to all staff. They outlined clearly who to go to for further guidance.
- Care workers had received up-to-date safeguarding training. They knew how to identify and report concerns. They were aware they could notify the local authority, the Care Quality Commission and the police when needed.

Using medicines safely

- There were systems in place to ensure proper and safe use of medicines. Medicine administration records (MAR) were completed appropriately.
- Care workers had received medicines training. A relative told us, "My relative is given medicines on time. The times are written on blister packs, which makes it easy for staff to follow."

Preventing and controlling infection

- People were protected from the risks associated with poor infection control because the service had processes in place to reduce the risk of infection and cross contamination. Care workers were supplied with appropriate personal protective equipment (PPE), including gloves and aprons. They had also completed training in infection control prevention.
- People's relatives told us care workers followed appropriate procedures for minimising risks that could arise from poor hygiene and cleanliness.

Learning lessons when things go wrong

- There was a process in place to monitor any accidents and incidents. However, there were no incidents recorded at the time of the inspection.

Is the service effective?

Our findings

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

At our last inspection this key question was unrated. At this inspection the key question has been rated Requires Improvement. This meant the effectiveness of people's care, treatment and support did not always achieve good outcomes or was inconsistent.

Staff support: induction, training, skills and experience

- We reviewed profiles of two agency care workers. It was not verified they had completed all essential and bespoke training relevant to the needs of the person receiving care. The operations manager explained relevant records were kept by the agency. However, the service must ensure this information was accessible locally, so they were satisfied the agency staff had appropriate skills and experience of providing care. Following the inspection, we received information confirming that the agency staff had received relevant training.
- Care workers told us they felt well supported by the management. They told us that they received appropriate on-going or periodic supervision in their role. In addition, they also received spot checks to monitor their performance when supporting people.

We recommend the provider to seek advice and guidance regarding an effective system of working with recruitment agencies so they are always assured training and qualifications of agency staff remained up to date.

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

- The support plan was written to reflect needs and choices around daily routines. We found that care plans contained information and guidance to make sure that care was provided in a way that met the person's individual needs.
- Care workers knew the person well and could describe to us how the person liked to be supported. A relative told us their loved one received the care they needed, and their choices and preferences were responded to. The relative said, "The service is very responsive. My [relative's] choices are always respected."

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

- There were arrangements to ensure nutritional needs were met. Care plans contained information about nutritional needs. There was also evidence of input from a speech and language therapist (SALT).
- A relative told us, the person's choices and preferences around food and nutrition were being met, stating, "My [relative's] needs are being met. We had a visit from a [SALT], who provided us with further guidance, which staff follow."

Supporting people to live healthier lives, access healthcare services and support

- People's health needs were met. Their care plans identified their needs and input from a range of

professionals, including GP, SALT and district nurses.

- The operations manager told us care workers accompanied people or arranged visits to hospitals and appointments with GPs.

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.

- The service was working within the principles of the MCA. A relative told us care workers obtained consent before they could proceed with any task at hand.
- The representative of the person receiving care had signed care plans. This showed consent to care and treatment had been obtained. There were records of mental capacity assessments and lasting power of attorney decisions.

Is the service caring?

Our findings

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

At our last inspection this key question was unrated. At this inspection the key question has been rated Good. This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Respecting and promoting people's privacy, dignity and independence

- A relative of the person receiving care told us care workers were kind and caring. Care workers were described in complimentary terms, including, "respectful, reassuring and compassionate."
- Privacy and dignity were promoted and respected. Care records referred to the importance of ensuring the person's privacy and dignity were respected. For reasons of dignity the person receiving care preferred support from care workers of their own sex, which was supported.
- Independence was supported. The care plan instructed staff, "The [person] should feel safe with the support provided and it should be clear where the [person] can continue to be independent or improve independence." The relative of the person receiving care told us about how care workers took time to support the person to participate as fully as they could.
- However, there was no policy in place around positive risk taking. Positive risk taking ensures people receiving care are encouraged to be independent. Besides, providing real choice and control for people means enabling them to take the risks they choose in line with guidance. The operations manager told us they were addressing this.
- Privacy and confidentiality were also maintained in the way information was handled. Care records were stored securely in locked cabinets in the office and electronically. The service had updated its confidentiality policies to comply with General Data Protection Regulation (GDPR) law.

Ensuring people are well treated and supported; respecting equality and diversity

- The service respected people's diversity. Care workers had received equality and diversity training. They understood the importance of treating people fairly, regardless of differences. Relevant policies were in place, including, equality and diversity and Equalities Act 2010. This ensured people's individual needs were understood and reflected in the delivery of their care.
- A relative of the person receiving care felt that care workers treated their loved one, regardless of age, gender or disability and that cultural needs were met.

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

- There were systems and processes to support people to make decisions. As addressed earlier, the service complied with the provisions of the MCA 2005. Care workers were aware of the need to seek people's consent before proceeding with care.
- The registered manager maintained regular contact through telephone calls and reviews. This gave person receiving care and their relative opportunities to provide feedback about their care. Records showed people had been consulted about their care.

Is the service responsive?

Our findings

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

At our last inspection this key question was unrated. At this inspection the key question has been rated Requires Improvement. This meant people's needs were not always met.

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

- Since our previous inspection, care plans were more person centred. They contained meaningful information that identified the person's abilities and the support required to maintain their independence. Assessments showed the person, or their relatives had been involved. The person's likes, dislikes and routine had been recorded.
- Care files contained meaningful information that identified their abilities and the support required to maintain their independence. For example, the person receiving care was at risk of falls and had specific care plans outlining their needs and how they wished to be supported. A care plan highlighted, "I would like my care worker to ensure I am comfortable in my armchair before leaving, TV on a channel of my choice and my Zimmer Frame within hand reach." A relative told us this was followed.
- Care workers were knowledgeable about people's needs. They could describe people's preferences, likes and needs. A relative confirmed they were allocated regular care workers, which meant they were familiarised with the person's needs. A relative told us, "The service is responsive to my [relative's] needs. I do not have any complaints."
- Whilst reviews were recorded to have been carried out, conclusions were not recorded. There was no information to show who had been involved or if there were any changes, how these would be applied in practice. This would assist to monitor progress or if care plans were up to date. The operations manager told us they will be recording the content of reviews in detail.

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 person's preferred method of communication was highlighted in their care plans, which enabled staff to communicate with the person in the way preferred.

Improving care quality in response to complaints or concerns

- The service had a complaints procedure. The procedure gave details of the process for reporting complaints. There had not been any complaint made since the service was registered with the Commission for the last 12 months. The relative was aware of this procedure.

End of life care and support

- The service did not provide end of life care. However, end of life care was covered in people's care plans. The registered manager explained that she would ensure that all care workers received the training and support that they needed to provide people with end of life care if the need arose.

Is the service well-led?

Our findings

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

At our last inspection this key question was unrated. At this inspection the key question has been rated 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; Continuous learning and improving care

- The service required a manager who was registered with the CQC. This had been reflected within our previous reports. At this inspection there was no evidence to show any progress with a manager's registration.
- There were no clear lines of responsibility and accountability within the service. We found this to be related to the size of the service. Quality Care Solutions is a small service supporting one person. It was managed by one director, who was supported by an operations manager. The operations manager confirmed there were frequent informal interactions between management and staff. We were concerned this was not sustainable in the long run, more so, if there was an increase in the numbers of people receiving care.
- Senior leadership was not responsive to our requests. Our Emails and calls were not responded to within reasonable time. For example, we notified the service via an email of our intention to carry out an inspection on 5 October 2021, and we did not receive a response. Calls were not responded to. We visited the office on 7 October 2021 and there was no one to meet with us. We eventually carried out the inspection on 17 November 2021, but it was extremely difficult to engage with the service in the intervening period.
- Audits had been carried out through the "spot check" process. However, there was no effective system in place for case tracking and monitoring files. Whilst the operations manager was well informed about the needs of the person, having a formal system to track and monitor care would help the service to identify actions where required, more so if there was an increase in the numbers of people receiving care.
- The service did not have an effective care planning and review process. Whilst, the relative of the person receiving care confirmed individualised care, there was no record of reviews. Therefore, there was no means to monitor progress or if the care plan remained up to date.

The above deficiencies are a breach of Regulation 17 of the Health and Social Care Act (HSCA) 2008 (Regulated Activities) Regulations 2014 Good governance.

- We found the operations manager to be knowledgeable regarding the needs of the person receiving care. Care workers confirmed she was approachable, and they could contact her at any time for support. They felt free to raise any concerns knowing these would be dealt with appropriately.
- There were a range of policies and procedures to ensure that care workers were provided with appropriate guidance to meet the needs of people. These addressed topics such as, medicines management, safeguarding and equality and diversity.
- As addressed earlier, there was a process in place to monitor any accidents and incidents. However, there

were no incidents recorded at the time of the inspection. The operations manager was aware of the need to monitor accident and incident trends.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- The manager was knowledgeable about the characteristics that are protected by the Equality Act 2010, which we saw had been fully considered in relevant examples. As addressed earlier, there were practical provisions to support cultural needs.
- People's relatives told us care reviews counted for something. They told us people had choice and control over their care and were encouraged to raise any issues of concern, which they felt were valued and acted upon. A relative told us, "Our views are taken seriously. The service responds to our enquiries."
- The service understood people's opinions mattered. People received regular unannounced spot checks and telephone calls. This ensured they were consulted and given opportunities to comment about their care, which was acted on.
- The leadership complied with the duty of candour. This is a set of specific legal requirements that providers of services must follow when things go wrong with care and treatment. We had been notified of notifiable events and other issues.

This section is primarily information for the provider

Action we have told the provider to take

The table below shows where regulations were not being met and we have asked the provider to send us a report that says what action they are going to take. We will check that this action is taken by the provider.

Regulated activity	Regulation
Personal care	Regulation 17 HSCA RA Regulations 2014 Good governance The provider did not have effective systems and processes to assess, monitor and improve the quality and safety of the service.