Queensway Homes Ltd

# Queensway Homes Ltd

## Inspection report

Queensway House
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Date of inspection visit:
07 March 2022

Date of publication:
28 April 2022

## 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
Queensway Homes Ltd is a domiciliary care agency providing personal care to people living in their own houses and flats. The service was supporting three people at the time of inspection.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is to 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
Risks to people's health and safety were usually assessed, however appropriate assessments had not been made for people who smoked.

Staff file audits were not taking place.

The agency was supporting people with mental health concerns without appropriate mental health training. They had not updated their Statement of Purpose and asked the CQC to add mental health provision to their service user banding.

Safe recruitment processes were in place, and staff received a thorough induction to familiarise themselves with the expectations of the role and the values of the service. However, one staff file did not have 'right to work' documentation. The provider obtained these during the inspection, and stated it was an oversight.

Staff knew how to support people to keep them safe, people felt safe and trusted staff. Medicines administered safely. Care staff had received training to recognise and report signs of abuse.

Staff received training and supervision to help them acquire the skills and knowledge to fulfil their role and responsibilities.

People told us staff were caring and knew their needs and preferences well. People were treated with dignity and respect and their independence was promoted and encouraged by staff.

People's needs were assessed before the service provided them with care or support. Care plans were developed from these assessments and gave guidance to staff about people's needs and preferences. People and professionals who worked closely with them, where appropriate, were involved in this process.

The provider was open and transparent and promoted a person-centred culture within the service according to staff. Systems and processes were in place to monitor the quality of the service, and to seek the views of the people who used it.

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

Rating at last inspection
This service was registered with us on 24 May 2019 and this is the first inspection.

Why we inspected
This was a planned inspection as the service was unrated.

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?**<br>The service was safe.<br>Details are in our safe findings below. | **Good** |
| **Is the service effective?**<br>The service was effective.<br>Details are in our safe findings below. | **Good** |
| **Is the service caring?**<br>The service was caring.<br>Details are in our caring findings below. | **Good** |
| **Is the service responsive?**<br>The service was responsive.<br>Details are in our responsive findings below. | **Good** |
| **Is the service well-led?**<br>The service was not always well-led.<br>Details are in our well-Led findings below. | **Requires Improvement** |

# Queensway Homes Ltd

**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 Health and Social Care Act 2008.

Inspection team
This inspection was carried out by 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 had a manager registered with the Care Quality Commission. The registered manager is also the provider of the service. This means that they are legally responsible for how the service is run and for the quality and safety of the care provided.

Notice of inspection
We gave the service 48 hours' 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.

Inspection activity started on 07 March 2022 and ended on 08 March 2022. We visited the office location on 07 March 2022.

What we did before the inspection
We reviewed information we had received about the service since it was registered. 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 (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. This information helps support our inspections.

We used all this information to plan our inspection.

During the inspection
When we visited the office, we spoke to the provider who is also the registered manager.

We reviewed a range of records. This included three people's care and medication records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records in relation to the management of the service, including policies and procedures were reviewed.

After the inspection
After the inspection we spoke with two people who used the service and some professionals who worked with them by telephone to get their views of the care provided. We also spoke to three staff members by telephone. We reviewed care records, support plans, medical charts, policies and other documentation that was sent to us electronically.  We sought clarification from the registered manager to validate evidence found. We looked at training data and infection control policies.

Good

# 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 service after registration. This key question has been rated Good. This meant people were safe and protected from avoidable harm.

Staffing and recruitment

●Staff were recruited safely and usually had appropriate pre-employment checks in place. However, we found one staff file did not have 'right to work' documentation within it. The provider explained that they had checked the documentation during the interview and had forgotten to take a copy for the file. The staff member concerned bought the documents to the office during the inspection and they were found to be satisfactory.

●People were supported by regular staff. One professional told us, "There had been safety concerns previously when we felt there wasn't enough staff, however upon discussing this with the registered manager, they resolved the issue immediately."

●People and professionals told us there were now enough staff to meet the support needs of people who used the care agency. Having reviewed the tool the agency used, there are enough staff to meet the care needs of the people using the agency. Calls were on time and people told us that they were happy with their support.

Using medicines safely

●Medicines were administered safely.

●People were having medication administered as and when required. People receiving support and professionals who worked with them told us that medication was administered as they had been advised by medical professionals. There was evidence that staff were recording medicines in a proper manner that utilised the medicines administration charts (MAR) used by the care agency.

●Appropriate body-maps were used when required for topical creams.

●Staff were trained on how to administer medicines before carrying out this duty. They were able to demonstrate an understanding of people's medication and when, 'as required' medication should be administered.

●The provider checked staff competency following their training at regular intervals. This helped to ensure staff had retained their skills and understood safe practice in medication.

Assessing risk, safety monitoring and management

●People's individual risks were usually assessed and measures were put in place to keep people safe. However, a person who smoked did not have a risk assessment in place. This meant staff may not know all the risks associated with smoking inside the property and be able to support the person to mitigate against these risks. Although the person had capacity to understand the risks of smoking indoors, there were concerns about how they would interpret risks and how they may manage them in a safe manner. There was the further concern that that a condition of the licence agreement they had for their accommodation explicitly states that there is a no smoking indoors policy. Smoking indoors could result in eviction.

●Risk assessments provided details to guide staff in how to support people safely. These were updated by the provider every three months or when there were changes and contained the correct information, such as up to date family, medical and other agencies details as well as changes in needs.
●Professionals who worked with people, told us that carers personalised their approach to managing risks around behaviour that could be challenging by having a good understanding of the people they support. One professional said, "The carers are very careful about ensuring people are treated individually according to their care and risk plans. The person I work with can display challenging behaviours and staff are experienced in ensuring situations don't escalate".

Systems and processes to safeguard people from the risk of abuse
●People told us they felt safe. They mostly credited this to usually having regular staff who they trusted and had a good understanding of their needs and preferences.
●Staff received training and were able to demonstrate they knew the process for reporting concerns.
●The provider had systems in place to regularly check staff competence in this aspect of their work. This included regular 'spot checks' where the registered manager would assess support provided in a person's home environment.

Preventing and controlling infection
● We were assured that the provider was meeting shielding and social distancing rules.
● We were assured that the provider was using PPE effectively and safely. All people told us that staff wore PPE at all times.
● We were assured that the provider was accessing testing for staff.
● We were assured that the provider was making sure infection outbreaks could be effectively prevented or managed.

Learning lessons when things go wrong
●Incidents and accidents were managed effectively and used to support the service develop and improve.
●Records showed the registered manager reviewed this information and took appropriate action to reduce the risk of reoccurrence. This was done using an action plan arising from the original issue which used target dates to ensure good levels of compliance.

Good

# 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 service after registration. This key question has been rated Good. This meant people's outcomes were consistently good, and people's feedback confirmed this.

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

- People were supported to eat, drink and prepare meals where this was identified as a need in their care plan.
- There were no people who required thickened fluids due to swallowing difficulties, however, the registered manager was able to demonstrate their knowledge around how care plans should reflect this. They gave an example of how much thickener to use, should be displayed clearly in the person's kitchen and that their relative or carer should measure out the thickener if required.

- Staff told us they would always offer to provide people a drink or, 'something to eat', and ask what people they had eaten or drunk to ensure that they could monitor their food and fluid intake to ensure people stay healthy.

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

- Two people had a Court of Protection order which meant that they had appointees to manage their finances.
- The service was working within the principles of the Act, mental capacity and best interest assessments. These assessments were updated as required, and the registered manager was arranging best interest meetings where needed.
- Professionals working with people who used the service, told us that staff worked within the principles of the mental capacity act by always seeking consent from the person they were supporting. One professional said, "The staff are very good about ensuring they ask people' permission to perform personal care tasks

such as helping with hygiene. They will always ensure that they explain what they are about to do and to stop if the person feels uncomfortable".
●Staff were able to demonstrate a good understanding of the principles of the Mental Capacity Act and understood what actions to take if someone had refused care.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law
●People's needs had been assessed prior to starting with the service. The assessments identified people's needs in relation to issues such as personal care, eating and drinking, mobility, skincare and communication. This information had been used to develop a care plan to support staff to understand how to meet the person's needs.
●Care and support was reviewed and updated as people's needs changed. People, their relatives and staff told us that care plans were reviewed every three months or more regularly where there had been changes.

Staff support: induction, training, skills and experience
●People and professionals told us that staff had the right skills and knowledge to care for them. One professional told us, "[Name of person cared for] is well looked after as staff can judge their mood and provide the support they need at that time".
●The provider ensured staff had support to develop their skills through a flexible and robust approach to training. COVID-19 had caused challenges in delivering training, where this was usually face-to-face. With the loosening of restrictions, the provider was increasing their face-to-face training and had an administrator in post to support them to coordinate this.
●Staff told us that 'spot checks' were regular and that the registered manager would provide feedback and assess competency.
●Staff told us they had a comprehensive induction process which equipped them with the skills they needed to deliver safe care. Staff told us that where specific training was needed to meet an individual need this was arranged immediately. They told us training was engaging and kept them interested. One staff member said, "I stayed at this service because the provider always supports us to gain new skills. They had arranged for us to do conflict training as we work with some people whose behaviour could be challenging".
●Staff told us, and records confirmed, they attended one-to-one supervision meetings where they discussed their role, training, development needs and issues relating to their work. Staff told us these meetings were useful and they felt able to discuss any issues openly.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support
●Staff knew people's needs well and ensured that any changes in a person's condition was noted and discussed with the management team or their relative/professional where appropriate.
●They worked well as a team, sharing information with each other as necessary to ensure effective care was consistently provided.
●We saw from records that staff work cooperatively with other health and social care professionals such as GPs, Community Nurses, Opticians and Chiropodists to ensure people received the care they needed.

Good

# 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 service after registration. 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 told us staff were kind and treated them well. One person told us, "It's not just a job to them (the staff). They actually care about what they're doing." Another said, "They always take time to ask what I want to do".
- People said they appreciated having consistent care staff and this increased their confidence that staff were trustworthy, provided dignified care and treated them with respect.
- Staff, professionals and people told us that the provider made efforts to match staff's personalities, culture and language skills with people receiving care. This was particularly important for people to feel 'at home' with their care staff.

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

- People and professionals working with them, confirmed they had been involved in decisions about their care. This included what they needed help with and how they liked care to be carried out.
- As well as satisfaction surveys and regular reviews of care, the registered manager visited regularly to gain feedback and discuss any concerns people had.

Respecting and promoting people's privacy, dignity and independence

- People and professionals told us that privacy and dignity was promoted. Staff would ensure privacy when personal care support was given.
- Staff told us how they supported people to do as much for themselves as they were able to help them achieve independence, where it was recorded in people's care plans. They told us about supporting people to cook meals in an unobtrusive way such as standing back and maintaining verbal support.

Good

# 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 service after registration. 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 received personalised care that was responsive to their needs. One person told us, "Staff are happy to change my care around if I change my mind about something".

●People were supported to achieve the goals that were important to them. For example, one person was supported by go to the Cinema as their care plan had identified that they loved watching films, but did not feel confident going out alone.

●Care plans were person-centred and considered people's preferences, likes and dislikes. Risk management and mitigation formed a part of care planning to support independence and personalised support.

●People and professionals were involved in the development and ongoing review of their care.

●Care plans were reviewed regularly or as and when their needs changed.

●People were cared for by a small, consistent team of staff. This promoted continuity of care and ensured as far as possible, that they had support from staff who knew and understood their needs and preferences. However, the provider told us that it was difficult to recruit staff in the current climate, so they were looking at better training and recruitment strategies to ensure that care staff quality remained consistent.

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.

●All people using the service were able to communicate verbally with staff. Some could also read and understand information given to them by the service.

●Where people's communication abilities were limited, they had communication care plans in place to support staff to know how best to interact with them. This included recruiting staff who had the skills to communicate in different languages. The registered manager told us that they actively recruited staff to serve the diverse population they served.

●The provider told us they would provide information in other formats if this was required to support people. For example, by providing care plans in easy to read format or using translation services to communicate with people who did not speak or understand English.

Improving care quality in response to complaints or concerns

●People were aware of how to raise concerns or complaints with the provider.

●Complaints were recorded in an action plan which enabled the provider to review and analyse themes and patterns of concerns raised and use this information to make improvements to the service.

●The provider investigated and responded to complaints appropriately and in line with their policy.

End of life care and support

●There were no people requiring 'end of life' support during the inspection. However, the registered manager was completing end of life planning with people who wanted to plan for the future.

●There were no 'Recommended Summary Plan for Emergency Care and Treatment' (ReSPECT form) in peoples files. However there were hospital care plans in place and staff knew where they were located and information contained in them.

●The provider confirmed that if they supported people at the end of their lives, their care plan would be amended to reflect changes to the care required to meet their needs. The provider told us they would work collaboratively with other health and social care professionals to support the person appropriately and to ensure they were able to stay at home where possible, if that was their preference.

Requires Improvement

# 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 service after registration. This 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; 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

- Systems had not identified that staff file audits were not taking place. For example, a staff member did not have 'right to work' documentation within their file and the registered manager was unaware of this omission.
- Appropriate assessments had not been made for people who smoked. For example, a person who smoked was at risk of breach of accommodation licence for smoking indoors. This had not been assessed to provide staff with information regarding support in this area.
- The provider was supporting people who had mental health issues. They had not updated their statement of purpose to reflect this, nor had they notified the Care Quality Commission to ask for a change in user banding at the time of inspection. Staff were not trained in mental health conditions to ensure that they could support people with mental health conditions.
- The management team and staff had good understanding of their roles and worked well together as a team to provide high quality care.
- Staff confirmed they received supervision and annual appraisals regarding their performance and to support professional development.
- The provider carried out regular audits to check on the quality of the service and to support continuous improvements.

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

- The provider promoted a person-centred service. They recognised the links between well trained and supported staff and the provision of truly person-centred care with good outcomes for people.
- Staff were positive about their roles and the support they received from the management of the service. One staff told us that they valued the, "Family values" of the service. They told us that they were always supported when they had concerns. One staff member told us, "I feel the company I'm working for makes me feel really valued."
- The provider encouraged an open and honest approach within the service and was continuously looking for ways to improve. They took responsibility if anything went wrong and took action to put things right.
- During the inspection process the provider was responsive to feedback given and immediately made changes based on this. They showed a commitment to continuous improvement in the service to meet people's needs. When we highlighted the concerns around 'right to work' and smoking risk assessment, the

provider completed these immediately. They were also receptive to our concerns about the statement of purpose and notification and assured us that they would remedy the situation immediately.

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

●There were several ways for people to make their views known, including regular telephone quality checks, spot checks and surveys.

●Staff told us they felt well supported by the provider and said they were approachable and responsive if they raised any issues with them.

●The provider ensured that, where required, staff had reasonable adjustments to support them in their roles.

● People told us, and records confirmed that the care plans included information about peoples cultural and religious beliefs. The provider supported people to maintain cultural practices where this was a person's wish.

Working in partnership with others

●The provider worked in partnership with multiple health and social care professionals who were involved in people's care. This ensured everyone could check that people consistently received the support they needed and expected.