

Quality Carers (UK) Ltd

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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

The inspection took place on 7 and 8 January 2016. The inspection was announced. This was because the service was a domiciliary care service and we needed to be sure that someone would be available at the registered location so we could carry out our inspection.

Quality Carers UK is a Domiciliary Care service that provides personal care and support to people with learning disabilities and older people who live in their own home and for children within a school setting. The service covers the Darlington area and at the time of our inspection provided support to 8 people.

The service had a manager who had submitted their application to the Care Quality Commission (CQC) for registered manager. A registered manager is a person who has registered with the CQC 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.

We spoke with a range of different staff members; senior carers, care staff and the managing director who told us that the manager was always available and approachable. Throughout the day we spoke with people who used the service and staff who assured us that they were comfortable and relaxed with the manager and each other.

From looking at people's care plans we saw they were written in plain English and in a person centred way and made good use of, personal history and described individuals' care, treatment, wellbeing and support needs. These were regularly updated by the care staff and reviewed by the manager.

Individual care plans contained risk assessments. These identified risks and described the measures and interventions to be taken to ensure people were protected from the risk of harm. The care plans we viewed also showed us that people's health was monitored and referrals were made to other health care professionals where necessary for example: their GP, mental health team and care managers.

From speaking with people who used the service this showed us that people were supported in a person centred way by sufficient numbers of staff to meet their individual needs within their own homes and within the community. The recruitment process that we looked into was safe and inclusive.

When we looked at the staff training records and spoke with the manager we could see staff were supported to maintain and develop their skills through training and development opportunities. The staff we spoke with confirmed they attended a range of learning opportunities. They told us they had regular supervisions and appraisals with the manager, where they had the opportunity to discuss their care practice, wellbeing and identify further mandatory and vocational training needs.

We were unable to observe how the service administered medicines on the day of our inspection but we

were able to establish how people managed them safely in their own home. We looked at how records were kept and spoke with the manager about how staff were trained to administer medicines and we found that the medicines administering process was safe.

During the inspection we received positive feedback from people who used the service that the staff had a good rapport with them. People told us that staff were caring, positive, encouraging and attentive when communicating and supporting them in their own home with daily life tasks, care and support. People were being encouraged to plan and participate in activities that were personalised and meaningful to them. For example, people who used the service told us how staff spent time with them on a one to one basis in activities and we observed and saw evidence of other activities in the care plans such as bingo, visiting cafes, shopping and socialising. People were being supported regularly to play an active role in their local community.

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. Any DoLS applications must be made to the Court of Protection.

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. We checked to see if the service had procedures in place and was working within the principles of the MCA. At the time of our inspection no applications had been made to the Court of Protection. From speaking to staff and looking at the training records we could see that training for staff was provided regarding MCA and DOLS.

We saw a compliments/complaints procedure was in place and this provided information on the action to take if someone wished to make a complaint and what they should expect to happen next. People also had access to advocacy services and safeguarding contact details if they needed it.

We found that the service had been regularly reviewed through a range of internal and external audits. We saw that action had been taken to improve the service or put right any issues found. We found people who used the service and their representatives were asked for their views via a quality survey to collect feedback about the service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

This service was safe.

There was sufficient staff to cover the needs of the people safely in their own homes.

People's rights were respected and they were involved in making decisions about any risks they may take. The service had an efficient system to manage accidents and incidents and learn from them so they were less likely to happen again.

People who used the service knew how to disclose safeguarding concerns and staff knew what to do when concerns were raised and they followed effective policies and procedures.

People were supported in their own homes to administer their own medicines safely.

Good ●

Is the service effective?

This service was effective.

People could express their views about their health and quality of life outcomes and these were taken into account in the assessment of their needs and the planning of their care.

Staff were regularly supervised and appropriately trained with skills and knowledge to meet people's needs, preferences and lifestyle choices.

Good ●

Is the service caring?

This service was caring.

People were treated with kindness and compassion and their dignity was respected.

People who used the service had access to advocacy services to represent them.

People were understood and had their individual needs met, including needs around social inclusion and wellbeing.

Good ●

Staff showed concern for people's wellbeing. People had the privacy they needed and were treated with dignity and respect at all times.

Is the service responsive?

Good ●

This service was responsive.

People received care and support in accordance with their preferences, interests, aspirations and diverse needs. People and those that mattered to them were encouraged to make their views known about their care, treatment and support.

People had access to activities and outings, that were important and relevant to them and they were protected from social isolation.

Care plans were person centred and reflected people's current individual needs, choices and preferences.

Is the service well-led?

Good ●

This service was well led.

There was an emphasis on fairness, support and transparency and an open culture. Staff were supported to question practice and those who raised concerns and whistle-blowers were protected.

There was a clear set of values that included; person centred approaches, community involvement, compassion, dignity, respect, equality and independence, which were understood by all staff.

There were effective service improvement plans and quality assurance systems in place to continually review the service including, safeguarding concerns, accidents and incidents, and complaints/concerns.

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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.

This inspection took place on 7 and 8 January 2016 and was announced. This was because the service was a domiciliary care agency we needed to be sure someone would be available at the registered location. The inspection team consisted of one Adult Social Care Inspector. During the inspection we spoke with; two relatives, four people who used the service and we observed one person being supported by care staff at a community activity. We also spoke with; the manager, managing director, one senior carer and five care staff.

During our inspection we spoke with an external stakeholder who worked in partnership with quality carers to provide support for people. We spoke with a representative of the Pennywell Academy where Quality Carers UK support students with personal care.

Before the inspection we checked the information that we held about this location and the service provider. For example we looked at safeguarding notifications and complaints. We also contacted professionals involved in supporting the people who used the service; including commissioners and no concerns were raised by any of these professionals.

The provider was not asked to complete a provider information return prior to our inspection. 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. During this inspection, we asked the provider to tell us about the improvements they had made or any they had planned.

Prior to the inspection we contacted the local Healthwatch and no concerns had been raised with them about the service. Healthwatch is the local consumer champion for health and social care services. They give consumers a voice by collecting their views, concerns and compliments through their engagement

work.

During our inspection we observed how the staff interacted with one person who used the service and with each other. We observed one person being supported by care staff with a community activity to see whether people had positive experiences. This included looking at the support that was given by the staff by observing practices and interactions between staff and people who used the service.

We looked at five peoples care plans, the manager's spot check records, online staff training records, recruitment files, medicines records, and records relating to the management of the service such as audits, policies, procedures and minutes of meetings.

Is the service safe?

Our findings

The people who used the service that we spoke with told us they felt safe having Quality Carers UK supporting them in their own home. One person told us; "The carers that come in have got a really good way of maintaining my safety. They always put my seatbelt on and check my safety."

The service had policies and procedures in place for safeguarding adults and we saw these documents were available and accessible to members of staff. We asked staff and people who use the service if they knew who to contact with any safeguarding concerns and they were able to tell us the procedure. This helped ensure staff and the people who used the service had the necessary knowledge and information to make sure that people were protected from abuse.

We could see from the records that previous safeguarding alerts had been raised and recorded appropriately by the manager.

The staff we spoke with were aware of who to contact to make referrals to or to obtain advice from. The staff had attended safeguarding training as part of their mandatory training. They said they felt confident in whistleblowing (telling someone) if they had any worries. One staff member told us; "Yes we all know how to whistle blow. Straight away I would take it up with my line manager." Another told us "I would first document any safeguarding concerns and then alert my line manager who is our main safeguarding contact."

The service had a Health and Safety policy that was up to date. This gave an overview of the service's approach to health and safety and the procedures they had in place to address health and safety related issues.

We looked at the arrangements that were in place to manage risk, so that people were protected and their freedom supported and respected. We saw that risk assessments were in place in relation to the people's needs such as; taking medicines independently, mobility and personal care. This meant staff had clear guidelines to enable people to take risks as part of everyday life safely. One member of staff explained to us how they supported people to be safe when taking risks, they told us; "I had to complete a risk assessment for one of my clients who uses a ramp. We needed to use it so I did it. It was pretty straight forward."

We looked at the arrangements that were in place for managing accidents and incidents and preventing the risk of re-occurrence. The manager showed us the recording system and explained in detail how actions had been taken to ensure people were immediately safe and showed us how incidents had been also reported to safeguarding. We also looked at risk assessments both in people's care plans and kept in the office and these were reviewed regularly.

During the inspection we looked at how new staff were employed and this showed us that the provider operated a safe and effective recruitment system. The staff recruitment process included completion of an application form, a formal interview, previous employer references and a Disclosure and Barring Service check (DBS) which was carried out before staff commenced employment. The Disclosure and Barring

Service carry out a criminal record and barring check on individuals who intend to work with children and vulnerable adults. This helped employers make safer recruiting decisions and also prevented unsuitable people from working with children and vulnerable adults. The registered manager showed us the records of how they kept on top of staff safety checks and new systems they had developed that showed when they needed to be updated.

From looking in care staff files we found that recent new starters did not have two references in place. This was brought to the manager and the managing director's attention. The manager was able to follow this up during the inspection to rectify the issue and has put a more responsive procedure in place and to record clearly when reference requests are unsuccessful so that administrative staff and care staff can then act quickly to rectify this.

We spoke with people who used the service whom self-administered medicines in their own homes. We saw the medicines records, in people's files which identified the medicine type, dose, route e.g. oral and frequency and saw they were reviewed monthly by the manager and were up to date.

We were unable to observe medicines being self-administered but could see how this was managed and recorded. One person who used the service told us; "The staff get my tablets out ready, give them to me, I take them and then they sign the sheet - they keep me safe in every way." One staff member told us, "We have training for medication, but I don't support anyone taking medication at the moment, but if I needed to then I could."

We saw in people's records that the application of prescribed topical medicines, such as creams, was clearly recorded on a body map and stored in the Medicines Administration Record (MAR) sheets. Records were signed appropriately indicating the creams had been applied at the correct times.

We found there were effective systems in place to reduce the risk and spread of infection. We found that staff had access to disposable protective gloves and aprons for carrying out personal care. One member of staff explained to us; "We wear all the proper protective clothing, gloves and disposable aprons, we have our own supplies that we get from the company."

When we spoke with care staff they told us how they kept the people who used the service safe and one member of care staff told us how they were able to use equipment safely. We saw maintenance records for equipment used in people's homes and how the staff checked them before use. One staff member told us; "We always see that hoists and equipment are safe."

Is the service effective?

Our findings

During this inspection, there were 8 people using the service in their own homes and at school. We found staff were trained, skilled and experienced to meet people's needs. When we were speaking with the staff team we asked them if they thought they were supported to develop their skills and knowledge. One staff member told us; "I have just finished my level 2 in social care and I'm going to have a rest before I do my level 3."

For any new employees, their induction period was spent shadowing more experienced members of staff to get to know the people who used the service before working alone. New employees also completed a week's induction training to gain the relevant skills and knowledge to perform their role. One staff member told us; "Being new to the job, the induction really helped me to learn about the clients, the role and the legislation involved."

The managing director told us of their plans to recruit a training manager to help develop the staff induction programme to incorporate the 'Skills for Care' induction and they told us, "We have plans to enrol a training director in March to help us improve our training programme and systems, the Care Certificate and first aid training plans."

Staff had the opportunity to develop professionally by completing the range of training on offer. Training needs were monitored through regular staff supervisions and appraisals and we saw this in the staff supervision files. One member of staff told us; "I have regular supervision every two or three months we have them and I always have lots of questions ready. We mainly talk about covering calls. I have shared different ideas about clients, I always go to my supervisions with my ideas wrote down and we go through them." This showed us that the provider was monitoring their staff and their development.

Individual staff supervisions were planned in advance and the manager showed us the system they had in place to track them. Appraisals were also carried out annually to develop and motivate staff and review their practice and behaviours. From looking in the supervision files we could see the format of the supervisions gave staff the opportunity to discuss any issues relating to the people who use the service and their own personal development and wellbeing.

We saw completed induction checklists, online staff training files and an online training matrix that showed us the range of training opportunities taken up by the staff team to reflect the needs of the people using the service. The courses covered specific training such as; specific mental health conditions, effective communication, Autism, using Oxygen, diabetes and cerebral palsy alongside mandatory training including; fire safety, infection control, equality and diversity, medicines and first aid and also vocational training for personal development in health and social care. One member of staff told us; "I have finished level three training and now I've started a level four. I also did PEG feeding training." (PEG feeding is for people who are unable to consume food orally) This showed us that staff training was valued by the provider and staff were encouraged to develop.

Team meetings and team leader meetings took place regularly and during these meetings staff discussed the support they provided to people in their homes and guidance was provided by the manager in regard to work practices and opportunity was given to discuss any difficulties or concerns staff had. We could see from looking at the staff minutes that the following were discussed; rotas, medication, activities for people and safeguarding.

Where possible, we saw that people were asked to give their consent to their care and we could see in people's care plans that they had been involved in the development of their plan. Staff considered people's capacity to make decisions and they knew what they needed to do to make sure decisions were taken in people's best interests and where necessary involved the right professionals

We looked in people's care plans and spoke with people and we could see that people were encouraged to eat and drink healthily to meet their needs where appropriate and supported where needed.

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. Any DoLS applications must be made to the Court of Protection.

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. We checked to see if the service had procedures in place to manage MCA and found that staff had received training in MCA/DoLS. At the time of our inspection no applications had been made to the Court of Protection.

Is the service caring?

Our findings

When we spoke to the people who used the service they told us that the staff were caring and supportive and helped them with day to day living. One person who used the service told us; "I like the staffs' friendliness and good care that they give us."

We saw staff interacting with people in a positive, encouraging, caring and professional way. We spent time observing support taking place while the person was taking part in a community activity. We saw that people were respected by staff and treated with kindness. We observed staff treating people respectfully. We saw staff communicating well with people and enjoying activities together. One person who used the service told us; "We have a good relationship, we go up the town together and go for a cuppa."

Staff knew the people they were supporting very well. They were able to tell us about people's life histories, their interests and their preferences. We saw all of these details were recorded in people's personalised care plans. The staff we spoke with explained how they maintained the privacy and dignity of the people that they cared for at home at all times and told us that this was an important part of their role. One person who used the service told us; "They never say anything to me about my illness they just talk to me like any other person, they make me feel good." Another told us; "They have known me for long enough now, they definitely respect me."

People who used the service told us how important their independence was to them and how they like to be supported to do the things that they can and we saw evidence in people's care plans and one staff member told us; "I encourage the clients to try doing things for themselves, they never know until they try." This showed us that care staff encouraged people to maintain their independence.

When we spoke with staff they told us how they respected people's dignity and respect especially when supporting them with aspects of personal care in their own home. One person who used the service told us; "They know me by now and always treat me with dignity and respect." One staff member told us, "When helping people getting changed we do this privately, close the curtains, shut doors and ask people first before we start." This showed us that the staff valued the importance of respecting people's privacy and dignity.

When we observed people who use the service interacting with the staff supporting them the atmosphere was relaxed and the staff were encouraging and speaking in a caring manner. And when we spoke with people they spoke of the caring attitudes that the care staff had, one person told us "The care is good the best thing is the carers." One staff member told us, "Small little things really count; it makes my day when I get the biggest smiles from my clients."

We saw that there was information for people who used the service about advocacy and when we spoke with care staff they were knowledgeable about advocacy. The manager told us; "We signpost people to our local advocacy service when needed." We also saw evidence in the team meeting minutes that a client had

recently been referred to advocacy for some support. This showed us that people were encouraged to exercise their rights, be consulted and involved in decision making about all aspects of their care, treatment and support.

We saw records that showed that each person had a personalised health action plan and that the service was in the process of developing an easy read 'hospital passport' this is a document to take to hospital on admission that covers general health and wellbeing, a persons likes and dislikes and preferred communication. All contact with community professionals that were involved in care and support was recorded including; physiotherapy, urology, social workers and GP. Evidence was also available to show people were supported to attend medical appointments.

When we spoke with Pennywell Academy's special educational needs co ordinator about quality carers they told us, "I see the care staff in a variety of different situations when supporting our students and their dignity is always respected. The care staff are very approachable, proactive to come up with solutions and always very professional."

Is the service responsive?

Our findings

During the inspection we could see that people using the service were encouraged to engage in activities in their home and in the community. One of the people using the service told us; "I like to go to the bingo." Another told us, "I go to cafes." We observed staff supporting a person to take part in bingo. One member of staff told us, "I've seen a massive difference in my clients now that they get out and about more and enjoy social time, the relationship we have been able to build is great."

The care plans that we looked at were called 'one plan' and were person centred which meant they were all about the person and put them first. The care plans gave an insight into the individual's personality, preferences and choices. The 'all about me' section in the care plan set out how people liked to live their lives and how they wanted to be supported. The care plans went into detail about how people liked to be supported, what people should avoid and how some people liked a regular routine. For the person the care plans included; working and playing, communicating, keeping safe and relationships. This showed us the service was committed to a person centred approach to supporting people in their homes and the community.

We saw people were involved in developing their care plans. We also saw other people that mattered to them, where necessary, were involved in developing their care, treatment and support plans. We saw that people's care plans were written in plain language. We found that people made their own informed decisions that included the right to take risks in their daily lives. Staff that we spoke with told us; "If someone wanted to take risks then that that is their choice and I would do my best to help them to do this and keep safe and be right there with them."

During the inspection we asked the care staff how they would get to know someone who used the service and find out about their histories, one member of staff told us; "We always ask people what they like and what they don't like and how they would like it. Each individual have their own way of how they like things for example; how they like to get dressed. We can't take anything for granted."

The complaints policy that we looked at provided a clear procedure for staff to follow should a concern be raised. We saw the most recent monitoring of complaints and we could see how complaints had been responded to and monitored appropriately. From speaking with staff and the manager and staff they were knowledgeable of the complaints procedure. One member of staff told us; "I haven't had to but if I did I would go straight to the manager."

People who used the service were also aware of their right to complain and were able to tell us that they were aware of what action to take. One relative was able to give us an example of when they had complained and how it was treated and how the provider had responded. They told us; "I did have to bring something up once, it was sorted straight away." This showed us that the service had a transparent system in place for complaints and staff and people know how to complain if they needed too.

The service had received a number of compliments from relatives and people who use the service and these

were recorded and shared with the care staff team at team meetings. These included thankyou cards and posts on social media.

Is the service well-led?

Our findings

At the time of our inspection visit, Quality Carers UK had a managing director and a manager who had submitted an application to become a registered manager with the CQC and was awaiting an interview. A registered manager is a person who has registered with CQC to manage the service. The manager carried out regular spot checks to observe the staff team supporting people in their own homes and the registered manager used these observations to ensure quality care and support was delivered. The manager told us; "I do spot checks at different times and observe different aspects of their calls."

The manager was, competent and experienced to manage the service effectively. We saw there were clear lines of accountability within the service and with external management arrangements. The manager director was able to explain to us how safeguarding, complaints, human resources, accidents and incidents reports were monitored.

The staff members we spoke with said they were kept informed about matters that affected the service by the manager. They told us that staff meetings and team leader meetings took place on a regular basis and that they were encouraged by the manager to share their views. We saw records to confirm this. Staff we spoke with told us the manager was approachable and they felt supported in their role. They told us; "The management are always very supportive of us. It is so nice you can go to them with anything, any concerns or problems, they're always there for us."

We also saw that the manager enabled people and those that mattered to them to discuss any issues they might have. We saw how the manager adhered to company policy, risk assessments and general issues such as, incidents/accidents, moving and handling and fire risk. We saw analysis of incidents that had resulted in, or had the potential to result in harm were in place. This was used to avoid any further incidents happening. This meant that the service identified, assessed and monitored risks relating to people's health, welfare, and safety.

We saw there were arrangements in place to enable people who used the service and staff to affect the way the service was delivered. For example, the service had an effective quality assurance and quality monitoring system in place. These were based on seeking the views of people who used the service at engagement meetings and through a quality survey. The survey was due to go out shortly after our inspection but we were able to see previous versions. These were in place to measure the success in meeting the aims, objectives and the statement of purpose of the service.

During the inspection the managing director and the manager explained how they had recently taken on board feedback from people who used the service and their relatives about the quality of service. This was used to make changes to improve the service by reducing the number of clients and not taking on any new packages so they could concentrate on improving the quality of service provided.

The service had a clear vision and set of values that included honesty, involvement, compassion, dignity, independence, respect, equality and safety. These were understood and consistently put into practice. The

service had a positive culture that was person-centred, open, inclusive and empowering. The manager told us; "We work with people and their families to provide quality care and we collaborate with all services and build good business relationships with professionals."

We saw policies, procedures and practice were regularly reviewed in light of changing legislation and of good practice and advice. The service worked in partnership with key organisations to support care provision, service development and joined- up care. Legal obligations, including conditions of registration from CQC, and those placed on them by other external organisations were understood and met such as the Local Authority and other social and health care professionals.

We found the provider had reported safeguarding incidents and notified CQC of these appropriately. We saw all records were kept secure at the main office, up to date and in good order, and maintained and used in accordance with the Data Protection Act.