

Quality Caring Limited

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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 23 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

Quality Caring Ltd is a domiciliary care agency providing personal care and support to older people living in their own homes. The agency is a privately owned company. At the time of our inspection they provided approximately 1,400 hours of care each week to older people who lived in the London Borough of Hounslow. The majority of people had their care funded by the London Borough of Hounslow, although some people funded or partly funded their own care. There was a registered manager in post. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act and associated Regulations about how the service is run.

The last inspection took place on 16 June 2015 and the service was rated Good. At the inspection of 23 May 2017 we found the service remained Good.

People who used the service were happy. They felt their needs were being met and they liked the staff who cared for them. Relatives were also happy and told us that they felt people were being cared for safely.

The staff felt well supported and had opportunities to meet with the registered manager and senior staff to discuss their work. They were recruited in a safe way, with the provider undertaking checks on their suitability.

People told us that care visits took place at the right time and that the staff stayed for the agreed amount of time. The provider had systems to monitor when care visits were happening and they were able to respond quickly if the staff did not arrive when they were supposed to.

The staff were aware of local authority safeguarding procedures and knew what action to take if they felt a person was at risk of abuse. They were trained to administer medicines safely and people received their medicines in a safe way and as prescribed.

People had consented to their care and treatment, and where they lacked capacity the provider had acted within the principles of the Mental Capacity Act 2005 to make decisions in the person's best interest. The staff had a thorough induction when they started work at the agency and their performance was monitored. Some of the formal training courses which longer serving staff had undertaken had not been updated or renewed and therefore they may not have the most up to date information about current best practice or changes in legislation.

The staff were kind, caring and thoughtful. People using the service liked their care workers and had good relationships with them. The provider was able to discuss examples of care with us that showed the staff had sometimes "gone the extra mile" to provide care and support to those most in need, such as people who had been neglected in the past and those with limited resources. In addition, there were instances where the provider had demonstrated their care and compassion for the staff who worked with them, providing assistance when they found themselves in difficult circumstances.

People's care needs were assessed and recorded and the provider reviewed these in partnership with each person. There were clear care plans which were updated when people's needs changed. The staff recorded the care they had delivered and we saw that this reflected the care plans. People knew how to make a complaint and felt confident that they would be listened to and their concerns would be investigated.

The company had been founded and managed by a married couple and had been operating for over 20 years. One of the owners was also the registered manager. People using the service, their families and staff found the owners supportive and approachable. They felt the organisation was well-led. The owners had an in-depth knowledge of all the people they supported and staff. They were able to tell us detailed information about different people and they demonstrated a genuine commitment and fondness for the people who they cared for and employed. They had worked with the local authority and other providers to share good practice and to strive for continuous improvements.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Good ●

The service remains Good.

People felt safe with care workers from the agency.

There were appropriate procedures for recognising and reporting abuse and the staff were aware of these.

The risks which people were exposed to had been assessed and there were plans to minimise these risks.

There were enough staff to meet people's needs and they had been recruited in a way which checked their suitability to work with vulnerable people.

Is the service effective?

Good ●

The service remains Good.

People were cared for by staff who were appropriately supported and who had the information they needed to care for them.

New staff received a comprehensive induction, however some experienced staff had not undertaken training to update them on best practice.

The provider worked with other health care professionals to monitor and meet healthcare needs.

People who received support at mealtimes were happy with this.

Is the service caring?

Good ●

The service remains Good.

People were cared for by kind, supportive and polite staff who they had good relationships with.

There were examples of when the provider and staff had gone the extra mile to care for those who were most in need.

People's privacy and dignity were respected.

Is the service responsive?

The service remained Good.

People had support to meet their needs and reflect their preferences.

Care plans gave a summary of each person's needs and how these should be met.

People knew how to make a complaint and felt these were responded to.

The care workers mostly arrived on time and stayed for the agreed length of time.

Good ●

Is the service well-led?

The service remains Good.

People using the service, their relatives and staff felt the service was well-led.

There were opportunities for people to contribute their views.

The provider had systems for auditing the quality of the service.

Records were appropriately maintained.

Good ●

Quality Caring Limited

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 checked 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 was a comprehensive inspection which took place on 23 May 2017 and was announced. The provider was given 48 hours' notice because the location provides a domiciliary care service and we needed to be sure that someone would be available.

The inspection visit was conducted by one inspector. Before the visit an expert-by-experience telephoned people who used the service and their relatives to ask for their feedback about their experiences. An expert-by-experience is a person who has personal experience of using or caring for someone who uses this type of care service. The expert-by-experience assisting this inspection had personal experience of caring for older relatives.

Before the inspection visit we looked at all the information we held about the provider. This included the last inspection report and information we had received since this time, such as notifications of significant events and safeguarding alerts.

We telephoned and spoke with 12 people who used the service and the relatives of 13 different people before the inspection visit. During the inspection visit we spoke with one other person who used the service.

During the inspection visit we spoke with both owners, including the registered manager, the administrator, two field care supervisors and four care assistants. We looked at the care records for eight people who used the service and the records of recruitment and training for eight members of staff. We also looked at other records the provider used for managing the service, which included the electronic call monitoring system and information about staff inductions.

Is the service safe?

Our findings

People told us they felt safe with the care agency. Some of their comments included, "Yes, I feel safe, the carer is a very nice girl, she is chatty and it makes me feel comfortable", "Oh yes of course I feel safe, they're very good, I'm in bed and they look after me, make sure I'm alright", "Very safe, they will stay in the evening until I go to bed which is very nice of them", "I feel safe in the house especially with the one who comes regularly, I get on well with her", "I feel safe, if I didn't I would not have them in the house" and "Yes I feel safe, they shout out when they are in the house so I know they have come as I cannot get to the door." The relatives of people using the service also felt people were safely cared for. Their comments included, "I think [my relative] feels safe, she feels comfortable, they have a good rapport with her and they make her laugh", "[My relative] is bedbound and has so many pressure sores that they need to be careful with her. They have to roll her in a certain way which they do. She feels safe with the carers that she knows", "The care is good, they know what they are doing and [my relative] feels safe" and "[My relative] feels safe, they are always talking with her, having a chat with her and making her feel comfortable, they have a nice rapport."

There was an appropriate procedure for safeguarding adults and the staff were aware of this and how to recognise abuse. The provider had worked with the local authority to recognise, report and investigate suspected abuse.

The staff had completed risk assessments for the risks people were exposed to. These gave clear and simply worded responses to different risks explaining how people should be cared for. There was evidence the staff had responded appropriately to falls, accidents and incidents, by notifying other relevant people and taking action to keep people safe and reduce the risk of these reoccurring.

People received their medicines as prescribed and in a safe way. People who received support with their medicines were happy with this support. One person commented, "They are a good support with this [medicines]." The information about each person's medicines was clear and up to date. The provider liaised closely with GPs and pharmacists and the staff had a track record of recognising and responding to changes in people's medicine needs. The agency collected medicine administration records each week and audited these to check for any problems or discrepancies.

The agency had an appropriate electronic system for monitoring calls in real time. This was staffed for all hours the agency was providing care. The system identified any problems with staff not arriving for care visits so that these could be acted on without delay. The provider had appropriate contingency plans for managing emergency situations.

There were enough staff to meet people's needs but the agency was also recruiting additional staff. Recruitment procedures included two formal interviews and checks to ensure staff they employed were suitable to work with people using the service. The staff records we reviewed each included an application form, interview record, at least two references from previous employers, a Disclosure and Barring Service (DBS) criminal records check, proof of identity and the right to remain and work in the UK.

Is the service effective?

Our findings

The agency had introduced a new comprehensive induction programme for staff. They had started to use this for all new staff and were going to also revisit it with existing staff. The programme included staff spending individual time with the registered manager who explained about the role and specific aspects of this, policies and procedures and what they could expect in their daily work. In addition the staff were issued with a work book which they completed and could keep as a reminder. New staff shadowed experienced workers for two weeks observing how they worked and being assessed in their skills.

The provider had registered with a new online training provider and told us that all staff were being enrolled on this. At the time of our inspection some of the training that experienced staff had completed had expired. This meant that they may not have the most up to date knowledge of changes in best practice or legislation. The registered manager told us that they did keep staff updated through weekly newsletters and informal support. The staff received training in the use of any specific equipment at each person's home before they started caring for them. For example, if the person required a particular piece of equipment to move. Two senior members of staff had attended a course to update themselves on changes in manual handling techniques and new equipment. They had shared their knowledge with the care workers.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the Mental Capacity Act 2005 (MCA). We checked to see whether the provider was complying with their responsibilities under the MCA and found that they were however improvements could be made in order to follow best practice in this area. People had been asked to consent to aspects of their care but had not signed agreement to the actual care plan. The information about people's capacity had not been clearly assessed and the staff were not able to explain how they judged someone's capacity. However, the provider had liaised with families and others who were important to people to make sure decisions were made in their best interest. People told us that the staff asked for their consent before providing care and that they respected their choices. The care workers we spoke with told us how they offered people choices. They had a good awareness of the individual needs of the people they were supporting and told us how they offered choices and how people expressed their needs. For example, one care worker told us about their support of a person who could not communicate verbally. They explained how they recognised and responded to the choices the person made.

People's healthcare conditions were recorded in care plans along with details of any relevant healthcare professionals. There was evidence the staff had communicated clearly with other professionals when needed. For example, the provider had received praise from the London Ambulance Service who attended a call. They explained that the care workers had identified and appropriately responded to a change in the person's health condition and that this prompt action had been essential in reducing the detrimental effect of the condition. They also praised how the care workers had remained with the person while they waited for the ambulance. We saw evidence that the agency had contacted other healthcare professionals when needed. For example, when a person had fallen, in addition to the immediate medical response, the agency

had contacted the professional who assessed equipment in the person's home. The care workers we spoke to told us the usually cared for the same people so were able to detect changes in their health conditions and needs.

Most people who we spoke with prepared their own food or had others to do this for them. The people who were supported with meals by the agency staff told us they were happy with this support. One person commented, "They help me with all my meals. I am happy with these, they heat up my food in the microwave and make sandwiches." A relative of someone who used the service told us, "They help with all meals, I buy all the frozen meals and the carers will heat them up in the microwave. [My relative] has a choice of what she wants to eat, I buy fresh salads so that the carers can prepare this also." Another relative said, "They help with lunch and tea. They will ask her what she wants to eat and they will heat it up. [Named care worker] comes at lunchtime and she always makes [my relative] fried bread which she likes to eat."

Is the service caring?

Our findings

People who used the service told us that the staff were kind and caring. They said that they had good relationships with their care workers. Some of their comments included, "[My care worker] is a very nice girl, very caring and loving, we have a conversation and it makes my day. I can't get out and they will do anything I ask", "The girls are very good. They chat and we have a laugh, I feel comfortable with them. I don't get any sores, they're very good. It's like having relatives in the house, they will pick me up something if I need it", "They are very caring and kind, they are friendly", "They are good, they empty my commode and do everything I need. I just need to ask and they'll do it", "They are kind and very good, I can ask them advice and they do what I need. They do all my housework, they're very capable", "They are good, very polite and caring, I couldn't ask for more", "The girls are very good, I can't fault them at all, they chat, they listen and really genuinely care" and "No complaints really, very nice girls, they look after me and I feel comfortable with them."

The relatives of people using the service also felt the care workers were kind and thoughtful. Their comments included, "They are kind, caring and respectful in their manner. They make [my relative] laugh, his personal care is quite personal and they make him at ease by laughing and having a good rapport. We make them feel welcome and they then feel comfortable to treat him like a friend", "There is no problem with the carers, they are caring and chatting, they put [my relative] at ease", "They will ask if I need anything. They are trained well and are considerate and all are lovely. They are nice girls. I can't fault them at all. We have pads delivered in boxes and the carers will put them away for me, they sort things out for me", "They are very caring. They give [my relative] a cuddle, the girls are fine, no problem with them at all", "The carers are very professional, they have day to day chat, always talking with [my relative]. They talk about general things, she doesn't get out much so it's nice for her. Have to praise them really, once the evening carer had to call the ambulance and the carer stayed with [my relative] until the ambulance arrived. They go that extra mile, it's fantastic really" and "The care is good, they are gentle and know how to use the hoist and handle [my relative]. They know us, our family and grandchildren etc."

Some relatives commented that the quality of the care workers varied. Their comments included, "Some are on the ball and some are not. The ladies in the morning are so good, they fold her clothes, put her sheets in order, put the washing out. It's mostly common sense but some carers don't have any. Some carers are old school, the older generation know what to do, such as if she needs a blanket. They seem to understand what she wants, they know her. [My relative] can get angry and irritated if she has to explain all the time" and "Some carers are different to others. [My relative] has to be rolled in a certain way. You need two people to do it, some can't push her, it could be a lack of experience. Some girls can do it easily. I don't think they all have the same training. The evening call varies from new carer to new carer. I help them and oversee them. They are not sure what they are doing. They are caring and respectful."

The registered manager and staff we met talked about examples of their work supporting people who used the service. These examples demonstrated a very caring ethos and included instances of the staff going the "extra mile" to help those who were most in need. For example, in 2016 the agency was asked to care for a

person by the local authority. When the owners arrived at the person's house they found this was in a very poor state, with rubbish bins overflowing, a pest infestation, a broken boiler, dangerous electrics and food which had started to turn bad. The owners and some staff spent three days helping to clean and tidy the property, they also arranged for someone to fix the boiler and electrics. They did this without any charge because they recognised the person needed this additional support and had no close relatives or friends to do this for them. In addition, they told us they had found the person's hair and beard were long, matted and tangled. The person told them they did not want this appearance and explained they had once taken care of their looks. The agency's owners arranged for the person's hair and beard to be cut. The agency was still providing care to this person at the time of our inspection. The registered manager told us they were now extremely happy with the care they received, having regular carers who purchased the food they liked. Their personal appearance and condition of their property were well maintained.

In another example a member of staff explained that they had started caring for one person who had soiled bed linen. The member of staff had taken the linen to a laundrette but had been refused permission to clean the bedlinen there, so they had taken the sheets home. The same member of staff described how they had provided some of their own clothes to a person who did not have any clothes and could not afford new ones.

The providers talked about occasions when they had acted as advocates for people. For example, one person had returned home following a stay in hospital. The hospital had misplaced some of their property. The registered manager had visited the hospital and insisted that the property was found and returned to the person, which it was.

The providers had also been caring towards staff in need, supporting staff who required assistance, for example when they had experienced non-work related difficulties and following accidents where they had been hurt.

People told us that their privacy was respected and that care workers offered them choices.

Is the service responsive?

Our findings

People told us that the agency met their needs. They said that they were happy with the support provided and the care which was planned had been clearly explained to them.

The agency completed assessments of individual needs and there was a recorded care plan, which contained a summary of the care which needed to be provided. This was available at the agency offices and at the person's home. The staff recorded the care they had provided each visit. Information in these records showed that people had received the care which had been planned for them.

Most people could remember being involved in planning their care and were aware that they had a recorded care plan, which was available at their home. Although a number of people could not remember this or told us that their relatives dealt with this for them. The relatives who we spoke with had a good understanding about this and told us they had been involved in creating and reviewing the plan. One relative said, "Yes, there is a care plan. [My relative] has needs which are changing rapidly. So yes, it is reviewed, the social worker is involved, his needs are changing and we are involved in this." Some relatives told us that the agency had not reviewed the care needs of people often enough. One relative commented, "No one has come to look at the care plan. [My relative] has just been diagnosed with vascular dementia and I'm worried about her condition and continuance of care."

People who used the service and their relatives told us that the staff usually arrived on time and stayed for the agreed amount of time. Some people commented that evening and weekend calls were not always carried out at the right time. Some of their comments included, "They come on time, they come twice a week", "They come every day and I don't have a specific time so I am happy with the time they arrive", "Yes they come on time", "My carer is always on time", "I have care three times a day they're not always on time but it's fairly well. I don't have a complaint about it", "It's mostly on time, five or ten minutes here and there", "The timing is fine", "Sometimes they can be held up by traffic but it is not a problem", "[My relative] has double up carers twice a day. They arrive together and they are on time within reason, give or take a few minutes", "Timekeeping is okay and they make up time if they are late", "The morning care workers arrive on time but the evenings they can be late and weekends are chaos and [my relative] does not know when to expect them", "The morning calls they are on time, the evening call is the worst. It could be anytime from 4.30-7pm" and "[My relative] has double up care visits and in the week the carers are pretty much on time. Sometimes on the weekends it can be pretty bad, sometimes the morning care worker does not come until 10.45am and it's a long gap after the previous night's visit, [my relative] needs hoisting, so I cannot help [them] and sometimes [their] pad is saturated because they have waited so long." The registered manager told us that they tried to accommodate care visits at the preferred time for each person but they could not always arrange for people to have a visit at the exact time they wanted. They told us they prioritised visits where people were at higher risk or if they had time specified medicine needs. They said that they explained about the planned times of visits to people but that some people were not happy with this. The provider's own records of electronic call monitoring indicated that the majority of care visits took place around the time they were planned.

People told us the agency usually told them if care workers were running late, although not always. Some people commented that when their care worker was changed they did not always know who would be visiting them instead and they felt the agency should notify them so that they knew who to expect. One person commented, "I think communication could be better."

People using the service and their relatives told us that they knew how to make a complaint and felt confident that concerns would be responded to. Although most people told us they did not have anything to complain about and they were happy. Two relatives told us they had raised concerns with the agency. They told us that they received an appropriate response and that their concerns were investigated and resolved.

Is the service well-led?

Our findings

People using the service and their relatives told us they thought the agency met their needs and was a good service. Some of their comments included, "I'm quite happy with it, I can't think of anything really that needs improving", "I'm very happy with them, it's a marvellous service, they are kind and considerate", "It's very good, other than that I can't say much really", "It's okay, they do all I want, I just ask and they do it", "The service is excellent, I have nothing else to add", "It's fine the service, I would recommend it", "Nothing I can think of on the spot to improve really, they do what I need", "The service is good", "The carers are good, they do their best and really do care", "The care is good, they do a lot of good work", "Most of the carers are good, they need improvements with timing. Overall, it's not a really bad service", "The service is okay. There are some really good carers and they really try to help", "The service is fine, the carers are very caring and chatty, they put [my relative] at ease", "The agency overall is very good. We are happy with them. I think they need more staff and the weekend calls need sorting out. They should be paid more. They are the best out of the carers we have used so far, they do what needs to be done, they do everything really", "It's fine at the moment but I think they are understaffed. The girls are rushing around, they are too busy. They are run off their feet, they have back to back calls" and "The service is fantastic, we're prepared to pay that extra, it helps with her morale. We're over the moon with them. They're great, you may get a different story from others but we're happy with them."

The staff told us they felt supported. One care worker said, "I love working for QCL, they are friendly, supportive and accommodate my needs allowing me to work flexibly." However some staff said that they did not feel they were paid enough for travel time between care visits and did not feel there was enough travel time allocated between calls. The care workers spoke about the positive relationships they had with the people who they cared for, telling us they knew their needs well.

The registered manager was also a director in the company. They and their partner had established the company which they had run for over 20 years. The company employed a general manager who organised the day to day running, managed staff and liaised with people who used the service. The general manager was an experienced manager who had worked in the role for 18 years. They had a management in care qualification. There was a clear managerial structure and lines of responsibility. A number of the senior staff had joined the agency after they had received care for one of their relatives from Quality Caring Limited.

The provider had systems for monitoring the quality of the service. People using the service and their relatives received contact and visits from senior staff and were able to feedback about their experiences. The managers audited records and care provided. The agency also worked closely with the commissioning local authority and other local agencies to share best practice.

The provider notified the Care Quality Commission of significant events.

Records were appropriately maintained, were clear, accurate and up to date. There were appropriate systems in the agency offices for storing and sharing information.

