

Q1Care 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

This inspection took place on the 11 August 2016 and was announced.

Q1Care Limited is a small domiciliary care agency. Care and support is provided to people in their own home to promote their independence and well-being.

The service had a registered manager. 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 2008 and associated regulations about how the service is run.

People told us that they felt safe with staff and would be confident to raise any concerns they had. The provider's recruitment procedures were mostly thorough and medicines were managed safely. There were sufficient staff to provide safe, effective care at the times agreed by the people who were using the service.

There were procedures in place to manage risks to people and staff. Staff were aware of how to deal with emergency situations and knew how to keep people safe by reporting concerns promptly through processes that they understood well.

Staff received an induction and spent time working with experienced members of staff before working alone with people. The induction process corresponded with the 15 standards that health and social care workers need to complete during their induction period. Staff were supported to receive the training and development they needed to care for and support people's individual needs.

People and their families were complementary of the services provided. The comments we received demonstrated that people felt valued and listened to. People were treated with kindness and respect whilst their independence was promoted within their homes and the community. People received care and support from familiar and regular staff and would recommend the service to other people.

People's needs were reviewed regularly and their care and support plans promoted person-centred care. Up to date information was communicated to staff to ensure they could provide the appropriate care and support for each individual. Staff knew how to contact healthcare professionals in a timely manner if there were concerns about a person's wellbeing.

The provider had a system to regularly assess and monitor the quality of service that people received and identified areas for improvement.

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 was safe.

Staff knew how to protect people from abuse.

People felt they were safe when receiving care and support from staff.

The provider had emergency plans that staff understood and could put into practice.

There were sufficient staff with relevant skills and experience to keep people safe.

Medicines were managed safely.

Is the service effective?

Good ●

The service was effective.

People were involved in their care and their consent was sought before care was provided. They were asked about their preferences and their choices were respected.

People were supported by staff who had received relevant training and who felt supported by the registered manager and the owner.

Staff sought advice with regard to people's health, personal care and support in a timely way.

Is the service caring?

Good ●

The service and staff were caring.

People were treated with kindness and respect. Their privacy and dignity was protected.

People were encouraged and supported to maintain their independence.

People were involved in and supported to make decisions about

their care.

Is the service responsive?

Good ●

The service was responsive.

Staff knew people well and responded to their individual needs.

People's assessed needs were recorded in their care plans that provided information for staff to support people in the way they wished.

There was a system to manage complaints and people were given regular opportunities to raise concerns. □

Is the service well-led?

Good ●

The service was well-led.

There was an open culture in the service. People and staff found the registered manager approachable, open and transparent.

People were asked for their views on the service. Staff had opportunities to say how the service could be improved and raise concerns.

The quality of the service was monitored and action taken when issues were identified.

Q1Care 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 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 the 11 August 2016. It was carried out by one inspector.

We gave the service 48 hours' notice of the inspection because it is small and we needed to be sure that relevant staff were available.

Before the inspection the registered manager completed a Provider Information Return (PIR). 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. We looked at the PIR and at all the information we had collected about the service. This included previous inspection reports and information received from health and social care professionals. We also looked at notifications the service had sent us. A notification is information about important events, which the service is required to tell us about by law.

We spoke with the registered manager, the owner and two members of staff in person. We received feedback from two people and six relatives of people who use the service. We also received feedback from five care staff and one social care professional.

We looked at four people's records and documentation that was used by the service to monitor their care. In addition we looked at three staff recruitment files of the most recently appointed staff. We also looked at staff training records and other records used to measure the quality of the services.

Is the service safe?

Our findings

People were safe at Q1Care Limited. One person said, "Oh yes I feel safe definitely, there's no doubt." Another said, "I am safe with the carers." Relatives also spoke about their family members being safe in the hands of kind and attentive carers, (staff). People were protected against the risks of potential abuse. They informed us that they felt safe from abuse and/or harm from their carers (staff). One relative told us, "My mum gets on with all of them and has never had a bad word to say." The service had no reported incidents of alleged abuse/or abuse in the timeframe between the date of first registration with the Care Quality Commission and this inspection.

Staff had a good understanding of how to keep people safe and their responsibilities for reporting accidents, incidents or concerns. They informed us that they knew what to do if they suspected one of the people they supported was at risk of abuse. Staff were provided with details of the company's whistle blowing procedure and had the training and knowledge to identify and report safeguarding concerns to keep people safe.

People informed us that feeling safe extended in other areas such as the prevention and control of infection, confirming that staff always used hand gels, gloves and aprons when they provided personal care. Staff had attended health and safety training that included infection control, moving and handling and fire awareness. The registered manager told us that training was carefully sourced to ensure it aligned with the philosophy of the service and provided staff with the knowledge and skills to fulfil their roles.

Staff had received training in the safe management of medicines. The registered manager had reviewed their policies to include a review of their medicine policy, risk assessment and medicine administration records. A medicine risk assessment, where applicable, identified possible risks, support required and outcomes agreed for the person. A senior member of staff had attended training to supervise staff and ensure they were competent before supporting people with their medicine. Where the service supported people with medicines this was set out in their care plans, which detailed whether staff needed to prompt or administer the medicines. In addition, there were clear procedures where specialist medicines or techniques for administration may be needed.

The provider's recruitment procedures were mostly thorough and included completion of Disclosure and Barring Service (DBS) checks which were renewed every three years. A DBS check allows an employer to check if an applicant has any criminal convictions which would prevent them from working with vulnerable people. References were taken up from past employers to assess an applicant's previous performance and behaviour in their employment. However, we found that although a full employment history was requested from all applicants, two files we reviewed had gaps in the employment history which had not been explored or explained. Similarly, we found one newly recruited member of staff had only a character reference on their file and although a professional reference had been requested this had not been received. This had not impacted on people using the service but we raised these issues with the registered manager. They took immediate action and sent us evidence following the inspection of both the full employment histories and the professional reference. The registered manager also confirmed that three new staff had been recruited since the inspection and full employment histories had been obtained. In addition, they would not

commence employment until at least two relevant and verifiable references had been received.

There were enough staff employed by the agency to safely meet peoples' needs within the timeframes of their care packages. Staff consistently told us that they had sufficient time to undertake their duties with each person and that calls and routes were well planned with reasonable travel time. In addition, staff told us that if there was a justified reason why a call ran over the allocated time staff got paid for the extra time spent and when calls were cancelled within 48 hours of the scheduled visit.

Any identified risks to people were included in their care plan together with guidance for staff on how to manage and/or minimise the risks. Routine risks included manual handling, medicines, functional capabilities, dietary needs and any likes/dislikes or allergies. Staff safety had been risk assessed and included risks related to staff working alone. All risk assessments were reviewed regularly and included guidance for staff on what to do to minimise any identified risk, such as environmental risks within people's homes. There were on call numbers and guidance available for staff should there be an emergency.

Is the service effective?

Our findings

People informed us that they received care and support from friendly, familiar and consistent staff. They told us that they would recommend the service to another person and that, "Carers are lovely and treat me well." A relative told us, "My mum's quality of life is so much better for their care." The registered manager told us that they would not consider calls that were insufficient in time to allow staff to undertake their duties to a very good standard.

Staff were rostered to cover calls to each person's home at variable times of the day using an electronic system. This was to provide support and / or personal care. Staff stated that they were allocated travel time between calls that enabled them to arrive on time and stay for the agreed length of time. A person's relative said, "I can confirm the carers are very kind to my father-in-law, they arrive at the time agreed most of the time." A member of staff told us, "I love how much time is given to deliver the care or companionship that is needed. I never worry when I leave that I have not been able to complete all tasks in the time given and also sit and chat with the client (this is very important to me)."

Changes in people's health and or well-being prompted a referral by the service to the appropriate health or social care professional and examples were evident within people's records. People who required support with their meals received assistance from staff within an appropriate timescale to promote their nutritional needs. This included time to prepare meals and ensure that food and fluids were available and accessible between the calls. People's dietary requirements, where relevant were recorded and monitored.

People said that staff had the skills and knowledge to give them the care and support they needed. Relevant policy and procedural information was provided within a staff handbook which was made available to all staff. Staff told us that they had received a thorough induction that enabled them to support people confidently and promote their independence. They told us that they completed regular updated training, attended staff meetings and received one to one supervision that supported their development needs. Spot checks were carried out to ensure that the care provided was of a good standard. It was planned that these would be carried out together with one to one supervisions every three months for each member of staff and at least every six months. One staff member told us, "They are really supportive in all areas. I have never worked for such good company and have never seen or heard anything that I am at all worried about". We were told that all spot check visits were known about in advance by people but not by the staff. The agency benefitted from a low rate of staff sickness which supported effective deployment of staff.

The registered manager stated that as part of staff's initial induction they did not work alone unsupervised until they were confident within their role to support people. The service used a shadowing assessment form to capture feedback about performance and to identify any training or support needs. The staff induction had been reviewed by the registered manager and was in line with the care certificate. We saw some induction work books that had been completed by staff. The care certificate is a set of standards that health and social care workers need to complete during their induction period and adhere to in their daily working life. The service had a range of equipment for training purposes and could hire equipment for staff training on an ad hoc basis. The registered manager had recently changed the training provider to one which was

felt to be greater in depth and more effective. It was planned that all staff would complete all training with this new provider to ensure that a bench mark for all staff was achieved. Staff training linked with the standards and included for example, awareness of mental health and dementia and food hygiene/handling. Two members of staff had qualifications in Health and Social Care. The registered manager told us that they planned to improve staff opportunities to access and promote further learning and development. Other recent training staff had received included colostomy care delivered by a health care specialist. Arrangements were in place for staff to receive end of life care through a recognised national provider and communication training had been booked.

People, their relatives and staff described communication as very good. In response to questions about effective communication a staff member told us, "Yes, whether by phone, email, text or in person any queries or questions I have had, have been dealt with quickly & efficiently." Any changes to the roster or to people's needs were communicated without delay to relevant staff and relatives. Relatives told us that they were always kept informed of any changes or incidents. One relative told us, "The office support staff are also friendly, approachable, caring (they are carers too) and accommodating. Frequently the plans change at short notice and they have not failed me yet."

The service had a clear understanding of the Mental Capacity Act (2005). 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. We checked whether the service was working within the principles of the MCA. The registered manager and one member of staff had received mental capacity training. At the time of our visit, no one was being deprived of their liberty or lacked capacity. We were told that most people receiving a service had a Power of Attorney in place.

Is the service caring?

Our findings

People were treated with care and kindness. Staff were knowledgeable about the people they cared for, their needs and what they liked to do. One person told us, "They get to know our ways and we get to know theirs." Care plans contained information about people's personal preferences. People said staff were caring when they supported them. One person commented: "Staff are very kind and thoughtful, I have no complaints". Another said, "I am satisfied with the care. They are efficient and caring". Relatives told us staff were caring when supporting their family members. One relative commented, "Carers listen to what my mum wants and enjoys and they try and provide this after the essentials". Another said, "Yes the carers treat my mother kindly. They are gentle and respectful."

People's diverse needs and how to meet them were contained in people's individual care plans. Staff told us this included cultural and spiritual needs where they had been identified. People said they had been involved in planning and reviewing their care. Care plans included an area for people to sign to confirm they had been involved in care planning. The registered manager and senior staff kept in regular contact with the person's relatives by phone and in person. Written notes in the care plan recorded all communications.

The registered manager told us they frequently worked alongside care workers and also carried out regular spot checks of care practices. They told us they believed care staff were committed to maintaining people's well-being and were very alert to people's changing needs. Records seen and staff confirmed that unannounced spot checks were periodically undertaken whilst they were working with individuals in their homes.

We saw staff meeting records which confirmed that staff had been reminded about their conduct and what the agency required of them. Areas included never providing their private contact details to people they supported, ensuring that identity badges were worn at all times and that the appropriate dress code was adhered to. There had been some debate within the service about the use of uniforms. There was concern among some about the potential to identify vulnerable people by staff wearing recognisable uniforms when visiting. Whilst an alternative view was that it was more professional and managed dress codes more readily. A compromise of a standard shirt was being considered.

A new information file had been put together with essential information for people and their relatives where appropriate. The service was in the process of distributing this and updating the information that existing people receiving a service held.

People's care records were kept secure in locked cabinets in the office. The registered manager told us staff were fully aware of their responsibility not to disclose people's personal information to anyone, and not to refer to other service users when in a person's home. People told us they had no concerns about confidentiality and said their care workers were always discrete.

Is the service responsive?

Our findings

The service was responsive. People had individual care plans developed from an assessment carried out prior to them using the service. The catchment area for referrals was flexible and dependent on the availability of staff. Wherever possible prospective carers were introduced to people before the service commenced. Care plans were detailed and contained information about people's individual wishes, likes and preferences about how they were supported. They gave guidance to staff with regard to supporting people in all aspects of the care the service was responsible for. They also helped to ensure people remained in control of their lives. Reviews of people's care plans were undertaken annually as a minimum or whenever people's needs changed. There was a periodic review of daily care notes which were used to improve record keeping overall. People told us they were involved in the reviews and had the opportunity to discuss their care and request changes. One relative said their family members care plan had been reviewed and, "The care plan and service agreement were discussed with me and any changes so far have been mutually agreed."

Staff told us how they responded to people's changing needs. They said they wrote any concerns in the daily notes and informed the office immediately. They told us the office would then inform the next carer due to visit the person and take action if a review of care was needed. Daily notes were generally of good quality and there was evidence that these had improved over time. One relative told us, "His (family member) visit documentation is well detailed and specific to his needs." They described people's health and well-being as well as the tasks completed. Daily records were audited by the registered manager or the care co-ordinator on a periodic basis dependent on the level of care provided. Any issues were noted and addressed with individual members of staff.

Some of the care provided related to companionship for people. We were told of examples where companionship had progressed to assisting with personal care when people's needs had changed or deteriorated. This had allowed continuity of care by familiar staff. There were also examples where staff had the time to provide support with activities over and above those tasks related specifically to personal care and household chores. One relative told us, "They take her on walks, have a little dance with her, read articles, play music and play games, all of which my mum enjoys and also keeps her muscles and brain ticking over." This was an area of enhanced care which the agency prided itself on and which staff, people and their carers much appreciated.

People and their families told us they had the information they needed to know what to do and who to go to if they had a concern or a complaint. The service had not received any formal complaints since it first registered in March 2014. We saw a number of recorded compliments that the service and individual staff had received. The complaint procedure detailed that complaints and concerns would be taken seriously and used as an opportunity to improve the service. There had been no safeguarding issues raised in the first year of operation. A local authority representative told us, "There are no concerns that we are aware of with the service or the management."

Is the service well-led?

Our findings

People and their families were complementary of the services provided by Q1Care Limited. They told us that the agency listened to what they have to say and acted on this to promote person centred care and improve services. Comments from people about the services included, "I am extremely satisfied with the care service provided, they are very efficient." A person's relative said, "I am thoroughly impressed by Q1Care." Another said, "They have been excellent and thorough in all areas and I would thoroughly recommend them as an agency". One professional who had responded to our request for feedback said they had no concerns about the agency. The feedback we received from people, their families and staff identified a positive culture, which was person centred and demonstrated an excellent understanding of equality and respect.

People benefitted from a staff team that were happy and well supported in their work. Staff told us they enjoyed working for the service. They were confident they could take any concerns to the management and would be taken seriously. They were certain managers would take action where appropriate. Staff members told us their management team was accessible and approachable and dealt effectively with any concerns they raised. They also said they would feel confident about reporting any concerns or poor practice. Staff told us the manager was open with them and always communicated what was happening at the service and with the people they support.

Care plans, daily records and risk assessments were reviewed on an on going basis and any changes were recorded on the care plan and in daily records. Staff training was monitored and reviewed regularly by the use of a training matrix.

Quality assurance systems were in place to monitor the quality of the service being delivered. The registered manager had recently sent updated questionnaires' to people to gain their views of the services provided. Periodic unannounced spot checks were undertaken to observe the care practices of staff and to gain people's views. The service kept people and their relatives informed on what was happening with the service.

All of the service's registration requirements were met and the registered manager was aware of incidents that needed to be notified to us. Records were up to date, fully completed and kept confidential where required.