

Quality community care ltd

# Quality community care ltd

## Inspection report

41 Dodmore Lane  
Ludlow  
Shropshire  
SY8 2NN

Date of inspection visit:  
10 August 2017

Date of publication:  
06 September 2017

### 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 provider registered this service with us to provide personal care and support for people in their own homes. At the time of the inspection there were 40 people receiving care and support services.

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 2008 and associated Regulations about how the service is run.

People were protected from the risk of potential abuse and told us they felt safe in the company of staff because of the way staff supported and cared for them. Plans to manage people's individual risks were assessed, and identified in a way which promoted people's safety. There were enough staff employed to care for people and chat to them so they did not become isolated. Staff supported some people to take their medicines. Some people had requested staff just reminded them to take their medicines and this had been done.

Staff had the skills and knowledge to care for people effectively. Staff received regular training based on the needs of people using the service. Staff knew the histories and preferences of the people they were supporting and provided care in a way that meet individual people's needs. People had been involved in making decisions about how their care was delivered on a daily basis, and through their assessments, care planning and care plan reviews.

People were encouraged to make choices about the food they ate and staff knew if they had any dietary requirements. People were supported by staff to maintain their health and well-being.

People's consent was appropriately obtained by staff when caring for them. If people's ability to make decisions changed, the registered and deputy manager had involved people's relatives and other professionals, so that care would continue to be delivered in the best way for people.

People received care from staff who took time to get to know them. People had developed good relationships with staff that were caring. Staff supported people to maintain their dignity and people had confidence staff respected their right to confidentiality.

The registered manager, general manager and staff met regularly with people to check they were receiving care in the way they wanted. People and their family members were encouraged to give verbal and written feedback on the quality of the service. The registered and general manager made sure regular checks were completed to monitor the quality of the care. Staff members were aware of and implemented the values demonstrated by the registered and general manager.

## 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 ●

This service is safe

The registered manager and general manager had regularly checked and reviewed the service provided. They had reviewed the care notes staff had completed when providing personal care. They checked to ensure the care provided matched people's care plans.

### Is the service effective?

Good ●

The service was effective.

People's needs and preferences were supported by trained staff who understood their care needs and personal preferences. People were encouraged to make decisions about their care and support and maintain their independence. Staff knew about people's dietary needs and staff encouraged people to decide what they wanted to eat.

Staff worked with other health and social care professionals so people's health needs were met.

### Is the service caring?

Good ●

The service was caring.

People and their relatives were complimentary about the caring relationships developed with staff. People received care that met their needs, reflected individual preferences, culture and maintained their dignity and respect.

### Is the service responsive?

Good ●

The service was responsive.

People were supported to make choices and be involved in assessing and planning their care. Care plans were reviewed regularly, so reflected the care and support people needed. People who used the service had been encouraged to raise complaints or concerns.

## Is the service well-led?

The service was well-led.

People who used the service and staff were complimentary about the services they received. Staff members knew how the registered and general manager expected them to care for people. The registered and general manager checked the quality of care provided, so people benefited from receiving services from an organisation which was well-led.

Good 

# Quality community care ltd

## **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 inspection took place on 10 August 2017 and was announced. The provider was given 48 hours' notice because the location provides homecare services and we needed to be sure that someone would be available in the office. One inspector carried out this inspection.

We looked at the information we held about the provider and this service, such as incidents, unexpected deaths or injuries to people receiving care, including safeguarding matters. We reviewed any notifications that the provider had sent us. Statutory notifications are incidents or events that providers must notify us about. We asked the local authority if they had any information to share with us about the services provided. The local authority is responsible for monitoring the quality and funding for some people who used the service. Additionally, we received information from Healthwatch, who are an independent consumer champion who promote the views and experiences of people who use health and social care.

Prior to the inspection the provider had sent us a Provider Information Return (PIR) before the inspection. A PIR is a form that asks the provider to give key information about the service, what the service does well and improvements they plan to make. This helped us to plan the inspection.

We spoke with five people and two relatives of a people who used the service by telephone. We spoke with the providers, one who was also the registered manager, and the other general manager, two care staff the administrator and one health professional. We looked at three records about people's care, three staff recruitment files, staff training records, and surveys completed by people who used the service. We also looked at the service audits and checks the general manager and registered manager had completed.

## Is the service safe?

### Our findings

All the people we spoke with, who used this service told us they felt safe and well supported. One person said, "I feel very safe with all the staff that support me." A relative commented "Their family member felt safe because staff had been trained to use the equipment they required. Yes they [staff] are very competent."

People received support from staff that knew how to protect them from harm. Staff told us they understood what constituted abuse and were all confident they could recognise the signs that abuse may be happening. Staff were confident the registered manager of the service would take appropriate action if an allegation of abuse or poor practice was made. The registered manager told us how they understood their role in reporting alleged abuse and poor practice and they gave us an example of how they had used the provider's policies and procedures in reporting such an incident.

We saw from people's care files before a new person received a service from the provider their needs and any risks were identified before they received any care. We saw risk assessments had been completed in risks to include people's physical and mental health. Detailed guidelines had then been produced for staff to follow in order to keep people safe. We saw environmental changes and risks in people's homes had been assessed to help keep the person and staff supporting for them to stay safe.

Staff told us they could contact senior staff or the registered manager at any time (including out of hours and weekends), if guidance was needed to keep people safe. We were given the example of how the team leader had responded to one person at midnight because they didn't feel safe to reassure them and prevent the need to call out the emergency paramedics.

All of the staff we spoke with told us, they checked people's care plans so they knew the best way to keep them safe. Staff told us how they shared information on people's changing safety needs with the registered manager and other staff. Staff told us if any support needs changed for a person they would be contacted by the registered manager so information was current. We saw people's risks were regularly reviewed, so staff were aware of the way to deliver care for people in a way which promoted people's safety. One staff member said "If ever I have a query I telephone the office and they always call back within a few minutes."

People told us staff had enough time to care for them safely, and they did not feel rushed. Staff we spoke with confirmed the length of calls meant they could care for people in a safe way and chat to them, so people's risk of isolation was reduced. One person said "The way they deal with me and my husband is excellent, they [staff] are very vigilant."

We saw the registered manager undertook checks on the suitability of staff before they started their employment. The checks included obtaining a minimum of two references and DBS, (Disclosure and Barring Service) disclosure, so people were not put at unnecessary risk.

People told us where necessary staff supported them to take their medicines on time. All of the staff we spoke with confirmed they had received training and their competency checked, so they would know how to

administer medicines in a way which kept people safe. The registered manager had introduced storage containers for people to store their medicines in so they could be kept in one box to save confusion and people losing their medicines.

## Is the service effective?

### Our findings

People felt assured that staff understood their needs and how to support them. One relative told us, "Staff are sent on regular training, you can tell because they are very competent." Staff we spoke with told us the induction and training they received, supported them to do their role. One staff member described how they were allowed to shadow an experienced member of staff when they first came into post for a few weeks and only when they felt ready did they lone work. They said "I wouldn't have gone by myself if I hadn't felt confident."

The registered manager told us most staff had National Vocational Qualifications (NVQ) but for any future new staff they were looking to implement the Care Certificate. The Care Certificate is a nationally agreed set of fifteen standards that health and social care workers follow in their daily working life.

A staff member told us they were supported to receive additional training that would help develop their understanding of certain conditions people lived with. They told us they had a really good understanding of Parkinson's disease and end of life care, following a course they attended and this helped them empathise and better support people and their families.

People and staff described regular spot checks on staff so that the registered provider could monitor how staff were performing their role. Staff told us this was supplemented by regular supervision meetings so that staff understood what was expected of them and for them to also share any queries they had. One staff member told us they found supervision meetings helpful because it allowed staff to reflect on their performance and ask questions about anything they were unsure about. The registered manager described how they regularly attended double up calls to work with staff, to give more insight how people were being cared for.

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 interest 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. Applications to deprive someone of their liberty must be made to the Court of Protection.

We checked whether the service was working within the principles of the MCA. At the time of the inspection, the provider had not needed to make any applications to the Court of Protection. We saw the provider had made sure that staff understood the requirements of MCA, and were working with other organisations where people's capacity to consent to care and treatment was changing.

People told us that staff always explained things to them and respected their decisions. One person told us

they sometimes did not want certain tasks completed and staff understood and respected this.

People told us staff always asked them about their preferences about their meals and drinks before they prepared them, to ensure people were offered a choice. Staff monitored people's food and liquid intake to ensure they didn't become dehydrated and so stayed fit and well.

Staff understood some people may have additional medical requirements, such as monitoring a person's sore skin. A relative told us, "They are very good at ensuring [person's name] skin is well creamed and turned regularly because they are prone to pressure sores." Staff told us they understood that some people did not have families involved in their care and where necessary they supported people to access to doctor or make appointments for them to attend hospital appointments. A health professional described the provider and their staff as, "They are absolutely brilliant. They do some quite intense caring."

## Is the service caring?

### Our findings

All the people we spoke with were very complimentary about the provider and the staff who supported them. One person said "These staff are so very helpful and caring; they outclass completely any of the other providers we've used in the past." One staff member quoted a person they support as "If I am miserable by the time staff leave me, I am smiling."

People told us they had been able to develop good friendships and relationships with the staff that supported them. They said they benefitted from a regular staff team with little turnover of staff leaving the provider. We heard how staff visited and took people flowers when they were taken into hospital to maintain contact and reassure them.

Staff we spoke with told us they understood people's needs from reading about their background in care plans and from also speaking with any family members. One staff member told us that some people did not have relatives and that it was important they got to know their individual needs because it made supporting people easier and more comfortable for the person. A relative confirmed they and their family member had been consulted about their family member's care and support needs when they first started using the service. They said, "The manager came to the house to discuss [person's name] needs and how they like to be supported."

We saw in people's care plans information about people's interests and life experiences, for example, what type of work they had previously undertaken, and who was important in their lives. Staff told us they used this information to chat to people and this had helped put them at ease when they were providing support and build a rapport with the person.

We spoke with the general manager and the registered manager about how they met people cultural and diversity needs. They gave us an example of how they had been sensitive and supported someone with a particular religious belief which meant they could only have a female carer and also a female family member was required to staff in the room whilst they supported them.

People told us staff always treated them with dignity and respect. One staff member described how "I always asked the person what level of contact they want me to have, and whilst helping with personal care, I always check and reassure them. It's important to help people maintain their independence" We saw from feedback forms one person had written "I never have felt any loss of dignity, however embarrassing the circumstances."

## Is the service responsive?

### Our findings

People told us they were encouraged to direct staff in what and how they liked their care and support delivered. For example, one person told us how they preferred a shower rather than a bath. Their relative told us, "The registered manager had visited our house and listened to how we like things done, before care started."

People told us they talked directly to staff about how they wanted their care to be delivered on a daily basis and they also made decisions when senior staff regularly reviewed their care with them. We saw people's care plans were regularly reviewed, and reflected people's current needs. For example, if a person required additional help from staff because of changes in their health and well-being, this was recorded in their plan and changes communicated to the care staff. A staff member told us "We talk on a daily basis when I'm on duty about people's needs and if I'm out on calls I receive a text to up-date me if anything changes."

Changes in people's care needs were recorded by staff at each visit, so other staff would know the best way to care for a person as their needs changed. Staff told us significant changes were discussed immediately with senior staff and/or the registered manager. They knew it was important to seek advice from other professionals such as district nurses and social workers, so people would receive care in the best way for them. We saw records to show where this was required it was done, so people continued to receive care in the best way for them. A health professional we spoke with told us, "The provider is a very experienced carer and registered manager is a very experienced nurse, but they will say if they don't feel they can meet someone's needs."

Staff knew about people's individual preferences and responded to these. A staff member gave us an example when one person was due to have minor surgery they called before the procedure to help reassure them as they knew they were particularly nervous.

We asked everyone we spoke with about the provider's complaints procedure. Whilst they were aware of what they should do, no one had actually made a complaint. One person told us, "I have no complaints I cannot fault them." The provider told us they had only received one complaint since starting up the service and we saw this had been concluded satisfactory in line with the provider's policy.

## Is the service well-led?

### Our findings

People told us the service was very well organised and well-led. One person told us, "I cannot fault them at all. All the carers are very good."

We spoke with the registered manager about the values they expected staff to provide. They wanted to offer personalised care to people they knew and had a really good understanding of their needs. As a smaller agency the registered manager got to know people well and the care provided within the local community. They told us this helped to ensure any small queries or questions were dealt with immediately and staff knew the high standard of care they expected.

All staff we spoke with told us, the registered and general manager were approachable and accessible. One staff member told us "The general manager was a pillar of society and her values were reflected within the staff team. Everyone in Ludlow knows [general manager's name] she is very well respected. She is second to none; she always goes the extra mile and has a passion for care." Staff told us they felt able to tell management their views and opinions at staff meetings. Staff told us they enjoyed working for the provider. One care staff described working as "I love working for this company."

The registered manager understood their responsibilities and conditions of registration. The registered manager kept CQC informed of formal notifications and other changes. The registered manager spoke passionately about ensuring people were looked after to the best of their ability. They personally delivered support and care to people using the service, as they felt it assisted them to understand the needs of the agency and how best to develop and grow in the future. A member of staff described the registered and general managers as being "One of the girls and being very hands on with their support."

The registered manager took pride in the fact staff worked well as a team to ensure people received good quality care and support. The registered manager had regularly checked and reviewed the service provided. They had reviewed the care notes staff had completed when providing personal care. They checked to ensure the care provided matched the care plans. For example, they had checked the length of call time and what care had taken place on the call to ensure all expected areas had been completed

In the Provider Information Return (PIR) the provider had stated they wanted to "Hand out questionnaires to staff, service users and their family, also members of the MDT, (multi -disciplinary team) that we have a lot to do with of evidence and support to how the company is going and the staffs abilities to care for the clients efficiently in their home." This showed a commitment from the provider to continuously look for improvement in the care it delivers.

We saw from customer feedback questionnaires 100% of people commented they were either very happy or happy with the quality of care and support they received. The provider had numerous compliments sent through cards, letters and bouquets of flowers to thank them for the care and support the team provided. An example of these compliments included under the question "What could we improve? One person wrote "Nothing. You inspire confidence in both the patient and their family." Another person wrote "You are what

you say on the tin "Quality care."