

## Quality Life UK (Care Services) Limited

# Quality Life UK

### 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?	Outstanding ☆
Is the service well-led?	Good ●

# Summary of findings

## Overall summary

About the service □□□□□□□□□□

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats. At the time of the inspection 11 people were receiving personal care.

People's experience of using the service and what we found

The service was exceptionally person centred when meeting people's needs. People and their relatives were extremely positive about the service. A person said, "I am delighted and very pleased with all my care". A relative said, "Quality Life is very well-led and managed and the carers are lovely."

The service offered a live in care service which was caring. Recruitment of staff was tailored to meet people's individual needs and the selection process was safe and thorough. Accidents and near misses had been analysed so lessons could be learned to help avoid preventable accidents. People were safeguarded from the risk of abuse and received safe care and treatment. Medicines were managed in the right way. Infection was prevented and controlled and people had been helped to quickly receive medical attention when necessary.

People were supported to have maximum choice and control of their lives and care staff supported them in the least restrictive way possible and in their best interests. The policies and systems in the service supported this practice.

People were treated with kindness and compassion, their privacy was respected and confidential information was kept private.

People were consulted about their care, had been given information in a user-friendly way and were supported to avoid the risk of social isolation. There were effective arrangements in place to resolve complaints.

Quality checks had been completed and people had been consulted about the development of the service. Good team work was encouraged and joint working was promoted.

For more details, please read the full report which is on the CQC website at [www.cqc.org.uk](http://www.cqc.org.uk)

Rating at last inspection

At the last comprehensive inspection the rating for this service was Good (report published 27 April 2017).

Why we inspected

This was a planned inspection based on the previous rating.

### Follow up

We will continue to monitor information we receive about the service until we return to visit as per our reinspection programme. If we receive any concerning information we may inspect sooner.

## The five questions we ask about services and what we found

We always ask the following five questions of services.

### Is the service safe?

The service was safe.

Details are in our safe findings below.

Good ●

### Is the service effective?

The service was effective.

Details are in our effective findings below.

Good ●

### Is the service caring?

The service was caring.

Details are in our caring findings below.

Good ●

### Is the service responsive?

The service as outstandingly responsive.

Details are in our responsive findings below.

Outstanding ☆

### Is the service well-led?

The service was well-led.

Details are in our well-led findings below.

Good ●

# Quality Life UK

## Detailed findings

### Background to this inspection

#### The inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

#### Inspection team

The inspection was carried out by one inspector.

#### Service and service type

This service is a domiciliary care agency. It provides personal care to people living in their own houses and flats.

The service had a manager registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided.

#### Notice of inspection

We gave the service 48 hours' notice of the inspection. This was because we needed to be sure that the provider or registered manager would be in the office to support the inspection. We visited the registered office on 29 November 2019. We made telephone calls to people receiving a service and their relatives on 3 December 2019.

#### What we did before the inspection

Due to technical problems, the provider was not able to complete a Provider Information Return. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report.

#### During the inspection

We contacted three people who used the service and six relatives about their experience of the care

provided. We spoke with two care staff, the care manager, the registered manager and the managing director.

We reviewed a range of records relating to the management of the service, including policies and procedures, audits and governance records. We looked at five people's care records and medication records. We looked at four staff files in relation to recruitment and staff supervision.

After the inspection

We continued to seek clarification from the provider to confirm evidence found. We looked at training data and quality assurance records.

# Is the service safe?

## Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were safe and protected from avoidable harm. Systems and processes to safeguard people from the risk of abuse. People were safe and protected from avoidable harm. Legal requirements were met.

Systems and processes to safeguard people from the risk of abuse

- People told us they felt safe when staff supported them. A person said, "I have no issues with safety at all." A relative said, "They support [relative] safely."
- Staff were aware of the signs and symptoms of harm and told us they would report any concerns to the registered manager or to the local authority safeguarding team.
- The provider ensured that staff received relevant training and development to assist in their understanding of how to keep people safe. A safeguarding policy was in place and records checked confirmed staff had attended safeguarding adults training.

Assessing risk, safety monitoring and management

- People received safe care. Care plans explained how staff could keep people safe in the home and when out in the community. A person told us about moving around their home and said, "When using my wheelie [walking frame] the staff always walk behind me to keep me safe from any falls." A relative told us, "The carers monitor [relative's] skin and alert the family and nurses if there is a problem."
- Risk assessments were clear and regularly reviewed for each person's level of risk, examples included risk of falls and skin integrity.

Staffing and recruitment

- Recruitment of live in care staff was tailored to meet people's individual needs.
- Staff were recruited safely. We checked the recruitment files of four staff members and the provider had robust recruitment checks in place. This ensured staff were suitable to work in the care industry.

Using medicines safely.

- We reviewed four medicines administration recording sheets (MAR). All had the name of the person who the medicine was prescribed for, the name of the medicine, dosage and frequency. The MAR sheets had been signed appropriately.
- People confirmed they were happy with the support they received to take their medicines. Some relatives were the main carers for their loved ones. One relative said, "When one carer had a query about medication for my [relative] staff made sure they asked me first."
- Staff received medication training as part of their induction and their competency had been regularly assessed.

- The service had guidelines for staff to follow when administering medicines and other guidelines for as and when required medicine should be administered. We reviewed monthly medicine audits and these had been completed regularly.

#### Preventing and controlling infection□□□□□

- Policies and practices in the service ensured people were protected by the prevention and control of infection. For example, staff had received training on infection control and prevention. One person told us, "Gloves and aprons were always worn during personal care."□□
- Staff who supported people with food preparation had received food and hygiene training.

#### Learning lessons when things go wrong□□□□□

- People and relatives told us they were happy with the service offered and if they had any issues these were resolved quickly.
- Staff and management met regularly to discuss all areas of care delivery to make sure the service continued to offer safe care.□□



# Is the service effective?

## Our findings

Effective – this means we looked for evidence that people's care, treatment and support achieved good outcomes and promoted a good quality of life, based on best available evidence.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people's outcomes were consistently good, and people's feedback confirmed this.

Assessing people's needs and choices; delivering care in line with standards, guidance and the law

- People had a comprehensive assessment to ensure the service could meet their needs prior to using the service. Care and support plans were then created which were person centred, very well written and included detailed life histories. Family representatives told us of their involvement and one relative said, "I am very involved with the care planning for my [family member]." □
- The registered manager gave us examples of how they prepared new people for their service to ensure they received the best possible care such as appropriate referral to GP and District Nurses and private Occupational Therapy (OT) services.
- Care plans were reviewed regularly. A staff member said, "Care plans are reviewed at (three monthly) quarterly audits or sooner if required."
- Professionals told us feedback they were given by people was always positive. One professional shared, 'I have had a review meeting with the [relative] of my client, and they explained how impressed they were with the services and the difference it has made to them all. Ever since the initial contact that I made with [registered manager], everything has been extremely well organised and acted on in a very efficient timeframe. I would have no hesitation to recommend any of my clients to the team at Quality Life UK. My clients have been very satisfied with the services that they provide and I am also very pleased with their responsiveness and quality of care.'

Staff skills, knowledge and experience □

- Staff had the right knowledge, qualifications, skills and experience. We reviewed records that showed staff had a thorough induction with a mix of face-to-face training and shadowing experienced colleagues during care calls. □
- All staff received regular supervision and support from the management.
- Training records were up to date and showed that staff attended a wide range of training. This included administration of medicines, fire safety, first aid, food hygiene and nutrition, health and safety, infection control, mental capacity, moving people safely and safeguarding adults. Where specialise training was required this was available. □
- People told us staff were well trained and one person said, "They have very good manual handling and know how to use the equipment." One staff member rated the quality of training as, "Nine out of 10 for training compared to the other care company I worked for." □
- The registered manager told us they completed spot checks on staff every two months. This made sure the staff were supporting people safely.

Supporting people to eat and drink enough with choice in a balanced diet

- Where people needed support with meal preparation this information was available in people's support plans. One person said, "They [staff] chat away and are very sociable and always ask my [relative] what they would like to eat and drink and if [relative] is comfortable." □
- People's food and fluid intake were monitored and recorded. □□
- The care manager created personalised recipe cards for people and staff to create nutritious meals. The registered manager told us, "Our Care Manager is an excellent cook. Where necessary the care manager gives people and staff cookery lessons on how to prepare simple but nutritious and tasty meals. These recipe cards are then created and kept in people's care files."

Staff providing consistent, effective, timely care □□□□

- People and their relatives consistently told us the service supported them [or their relative] to maintain good health and were referred to health professionals when required. A relative said, "They [staff] have worked with the district nurses and have improved [relative's] skin integrity since discharge from hospital."
- The registered manager told us, "With the person and/or family's consent, we will take the lead role in scheduling all of our service users' appointments. Transport would be booked and the care manager would offer to attend the appointment with the person receiving a service. Appointments are managed centrally at the office. Our support gives the person reassurance and keeps their family informed of developments."
- People and relatives told us staff completed care notes effectively. One relative told us, "Comprehensive care notes are written to enable the family to see how things are going."
- A professional told us, "I would put Quality Life UK in the excellent category. To maintain the respect and confidence of my clients and families I cannot afford to be associated with any organisation that I do not trust to offer an excellent service. They take the time to recruit high quality staff and treat their staff well. I continue to recommend, without hesitation, Quality Life UK to clients and families when looking for more than hourly domiciliary care options and who want their loved one to remain at home for as long as possible in a safe caring environment."

Ensuring consent to care and treatment in line with law and guidance □

The Mental Capacity Act 2005 (MCA) provides a legal framework for making particular decisions on behalf of people who may lack the mental capacity to do so for themselves. The Act requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

When people receive care and treatment in their own homes an application must be made to the Court of Protection for them to authorise people to be deprived of their liberty. We checked whether the service was working within the principles of the MCA.

- Where people were assessed as not having capacity to understand and make decisions about their support, 'best interests' decisions were appropriately documented in their records. Where people had an attorney or deputy appointed to make decisions on their behalf, this was clearly recorded.
- A relative told us about the care their relative received and said, "They [service] look after [relative's] best interests and I am involved with [relative's] care planning." □□
- All staff had had training on the MCA and staff were able to explain the principles of the MCA and how this impacted on people's daily lives.

# Is the service caring?

## Our findings

Caring – this means we looked for evidence that the service involved people and treated them with compassion, kindness, dignity and respect.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant people were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; respecting equality and diversity

- People and relatives told us staff treated them with kindness and compassion and fully understood their needs. One person said, "All of the carers we have had so far have been excellent, very compassionate and caring. Much better than any agency we have used previously."
- On birthdays the office sent out a birthday card and a present to each person using the service. Examples included bouquets of flowers or sweet treats. Care staff would also buy or bake a cake.
- At Christmas the registered manager and care manager visited each person at their home and gave them Christmas presents. They told us, "We love making a fuss at Christmas and want our service users to receive as much Christmas cheer as they possibly can."
- One person who had sensory adaptive needs had a pet they adored which made them feel safe and helped reduced periods of anxiety. The pet became poorly and staff arranged visits to the vets. Staff supported the pet with medication and a special diet which reassured the owner. Unfortunately, due to poor health the pet had to be put down. Staff supported the person say their goodbyes to their pet. The person missed the love and company of their pet so staff supported the person get another similar pet which made them happy again.
- One professional told us, "Quality Life UK demonstrate heartfelt caring and worked closely with family members to help them to meet the clients' best interests. I have had the pleasure of collaborating with Quality Life UK to find the best ways of empowering a client to be able to stand after an acute medical episode."
- People were listened to and felt staff understood them. Office staff told us some people called for reassurance throughout the day and we heard people were given this support. When people telephoned the service, all calls were answered promptly, and the office staff knew the people well.

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

- A professional shared how pleased their client was with the care. They went on to tell us, 'When visiting my client they are always happy and speak very highly of the care they are receiving from the service. When I last visited in August 2019 my client told me they feel safe and secure with them being there to help. They also help my client enjoy their life as much as possible by enabling them to do as many of the things they used to enjoy before their health deteriorated, such as taking them out and enjoying their garden. This is especially important to my client and it is where they add value over simply conducting a 'care' service of helping with everyday living.'

- The service asked people about the care and support they needed when they started using the service. They received regular opportunities to discuss the care they received, and people felt the staff listened to what they said and acted on their decisions and choices. One relative told us, "The staff are very good the way they are respectful with [relative] and they talk to them sensibly and have a laugh." □ □□
- People's life histories were comprehensive and well written. The registered manager took great care over making sure people and their relatives shared information about the person's whole life. This gave a detailed and accurate picture of the person, their life experiences, family and achievements.
- The provider had an equality policy and staff understood that people's support was based on their individual needs. People were consulted about the gender of staff who supported them and male/female preferences were recorded in people's care files.
- People could access an independent advocate if needed. The registered manager would signpost people to relevant organisations to access advocates if they needed support with making decisions. An advocate helps a person to express their views and wishes.

#### Respecting and promoting people's privacy, dignity and independence

- People were treated with respect and dignity and people were complimentary about how staff provided their support and care. The registered manager told us, "One person had not baked or knitted for four years prior to us offering a service. They previously enjoyed baking and knitting. We specifically recruited a carer for them who was a keen baker and knitter. [Name] now gets great enjoyment from these hobbies and brings a huge smile to their face!"
- A relative said, "Live in care is expensive, but [registered manager] very kindly introduced us to a charitable foundation who now provide a very helpful contribution each month to my [relative's] care costs. I'm not sure we could have afforded this level of care without her intervention. My [relative] is very pleased with their two carers and delighted that [relative] is able to stay in their own home, which is always immaculately tidy."
- People told us staff were very caring. One person said, "I am highly satisfied with the carers I have currently. I have been pleased to have their support for a visit to my relatives last weekend. It was a very great pleasure to have compliments about the helpfulness and social skills of the carer who travelled with me and cared for me in our hotel too."
- The registered manager was always contactable out of hours. On one occasion water was leaking from a light fitting in a person's home. The carer contacted the registered manager who called out a local trusted plumber. Whilst waiting for the plumber the registered manager went to the person's home to offer support and reassurance.
- People retained their independence and staff provided support that enabled people to retain their skills. If people required new clothes staff supported people buy these. Current clothes/waist sizes were recorded in care plans. □□□□□□□□
- Care records were held securely in a locked cabinet within a locked office or through a secure internet-based system with password security. Staff understood the importance of ensuring confidentiality.

# Is the service responsive?

## Our findings

Responsive – this means we looked for evidence that the service met people's needs.

At the last inspection this key question was rated as Good. At this inspection this key question has now improved to Outstanding.

This meant services were tailored to meet the needs of individuals and delivered to ensure flexibility, choice and continuity of care.

Planning personalised care to ensure people have choice and control and to meet their needs and preferences □□□□□□□□

- The provider was exceptionally responsive in meeting people's needs. An example being, one person's 'wishes and dream' listed in their care plan was to attend the Queen's Birthday Party and receive a birthday card from the Queen on their 100th birthday. The provider contacted the Lord Lieutenant Office and arranged for the person to attend the Birthday Party at Buckingham Palace and to receive a birthday card from the Queen.
- People and relatives constantly told us they were very satisfied with the service they received. A relative said, "The carers always come immediately when [relative] asks for any help and are very responsive. They go over and above just personal care and one particular carer had done all the ironing and cleaned the house by the time I came back after the weekend. It makes my life so much easier."
- Many people receiving care had now retired from work. They had varied employment backgrounds. The provider was very sensitive and thoughtful in making sure people maintained their skills through a lifetime of work. One person was a translator in the second world war and was bi-lingual. This person had not used their language skills for over 30 years. The provider employed a French carer who spoke with the person in French every day. The care manager of the service was also fluent in French and frequently spoke with the person in French. □
- People were supported to maintain relationships with family and friends. One example being, a person's relative lived nearly four hours away and was terminally ill. The person wanted to see their relative one last time. The provider arranged for travel (with a carer) to visit their relative for three days. This helped the person feel at peace and enabled them to say goodbye to their loved one.
- Some people requested support to maintain their faith. One person was a practising Christian and a regular church goer, but a recent change in their health meant they were unable to attend Church. The provider arranged for the Church Minister to regularly attend the person's home and give Holy Communion. This enabled the person to feel part of their Church community.
- People were supported creatively to keep active. One person was a keen sportsperson and wanted to go on bike rides alone. The provider needed to reduce risks associated with this and ensuring their safety without limiting their independence. The provider fitted a GPS tracker to the person's bike. This enabled the carer to track the person on their phone to ensure safety. The provider also arranged for the bike to be serviced and appropriate safety equipment purchased. This gave the person independence whilst remaining safe, kept them fit whilst engaged with the community, environment and nature.

### End of life care and support□

- People had received exceptional care at the end of their life. One relative said, "The care [my relative] received was outstanding at the end of their life." Other examples included video calls to absent family members for them to speak to their loved ones from overseas or other parts of the UK. Staff played the person's favourite music in the background, read their favourite book or magazine. Family members and staff sang people's favourite songs. Staff prepared people's favourite foods so they could smell it and was pureed if the person could still digest a little bit of moist food.
- The service had respected people's wishes and organised for the local Priest to visit and say prayers with a person and their family.
- End of life oral care was closely monitored. Staff had made sure people did not experience discomfort from having a dry mouth and used a warm moist cloth to keep their lips moist. Vaseline was used when required, to make sure people's lips did not become chapped.
- Staff had liaised effectively with district nurses and doctors to make sure people were as peaceful as possible in regards to end of life medication.
- The registered manager kept an 'End of Life Time Log' for people so it could be referred to at a later date if necessary. This supported families and staff with a precise recollection of events should they want this at a later date.
- Staff were always aware when people and their families needed space or when they needed support and guidance.
- The care manager was an End of Life Champion who was on hand to support families and staff during very difficult times. They also delivered additional training and coaching to staff around supporting people at the end of their life.

### Meeting people's communication needs□□□□□□

Since 2016 onwards all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers'.

- The provider met the requirements of the AIS. People's communication needs were comprehensively documented in their care plans and met by the staff of the service. Information was presented to people in ways they understood.

### Improving care quality in response to complaints or concerns□□

- The provider had an effective system in place to receive, record and respond to complaints.
- No complaints had been received by the provider since the last inspection. The registered manager told us they worked hard to address any concerns as they arose and people reported this worked very well.

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# Is the service well-led?

## Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as Good. At this inspection this key question has remained the same.

This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

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

- People and their relatives considered the service to be well run. A person said, "[Registered manager and care coordinator] were so thorough when they came for their meeting and have been very friendly and very efficient ever since, when we deal with them."
- Quality checks had been completed by the care coordinator and the registered manager. This was so people reliably received safe care and treatment. These checks included spot checks, auditing records of the delivery of care and the management of medicines to ensure the service was running in the right way.

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

- Staff worked in partnership with a range of health and social care professionals to ensure people's needs were met. Protected characteristics, including sexuality, religion, race and disability, were respected and supported. People, relatives and staff confirmed the registered manager was accessible and they could get in touch with them.
- Members of staff told us there was excellent morale in the service. This was because they were well supported and treated as valuable team members'.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- A person's family nominated a carer for 'Dementia Carer of the Year'. The carer achieved the runners up award. The family that nominated the carer were delighted they were able to show their appreciation in this way.
- All staff received a birthday card on their birthday and a present. The registered manager also rang them and sang happy birthday. At Christmas all staff received high street gift vouchers in appreciation of their dedication and hard work during the year.
- Care staff had been supported to understand their responsibilities to meet regulatory requirements. They had been provided with up-to-date written policies and procedures to help them to consistently provide people with the right assistance. This included updated information from the Department of Health and Social Care about the correct use of equipment, medical devices and medicines.
- There was a member of the management team on call during out of office hours to give advice and

assistance to care staff. □□□□

- Care staff had been invited to attend regular staff meetings to further develop their ability to work together as a team. Staff surveys were sent out regularly and feedback received was positive.
- Staff were supported to follow their faith. During the month of Ramadan, one staff member was able to work flexibly so they could practice their faith. This person was then given a day off after Ramadan so that they celebrated the Eid festival with their family.

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people; How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong □

- The registered manager had established a culture in the service emphasising the importance of providing people with person-centred care. Where people required 24 hour [live-in] care this was provided. A person's relative [representative] said, "Quality Life have actually changed mine and my [relative's] lives. Previously [relative] was struggling at home and I was living with them and then having to go at weekends too. Since we have used Quality Life every weekend it means that I actually get the whole weekend to spend with my [partner] (who works away during the week). I can leave for the weekend confident that [relative] will be well looked after until I return on Sunday evenings. I can 100% recommend Quality Life".
- The service gained feedback from people and their relatives to drive improvement through the care planning process and via questionnaires. The results of the most recent service evaluation questionnaires sent to people and their relatives were very positive.□□
- The registered manager was aware of their obligations under duty of candour. The provider's audit systems supported good service delivery and showed the management team were able to question and act on issues raised.□ □□□□□□□ □
- The registered manager had submitted notifications to the Care Quality Commission in an appropriate and timely manner in line with our guidelines.

Working in partnership with others □□□□□□□□

- The registered manager worked closely with another local care agency and their manager told us, "Quality Life supported one of my very good clients at the beginning of the year and I know the client and the family were delighted with the service. It is imperative that I know when I am referring one of my clients to an agency that the agency will support the clients to the standards I would. The registered manager and I meet frequently to talk about our business and share best practice ideas which I know both of us find invaluable to our business."□
- Quality Life UK was the nominated Care Agency of a local charity. The charity provided grants to help meet the cost of live-in care to those individuals who may not otherwise be able to afford this service. The provider worked hand in hand with the charity's trustees to help identify potential recipients for grants, assist with eligibility assessments and the delivery of care services. Access to these grants enabled people to benefit from live-in care who otherwise would not be able to afford it on their own.□
- The registered manager was an active member of a local professional women's group. The group met at least once a month and around 40 professionals attended and networked at each meeting. These included solicitors, occupational therapists and independent advocates who had been referred to people using the service, if and when required.