

QCARERS (UK) LIMITED

QCarers (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?	Good ●
Is the service well-led?	Requires Improvement ●

Summary of findings

Overall summary

The inspection took place on 07 November 2018 and was announced. This was the first inspection of this service since the provider registered with the Care Quality Commission (CQC) in December 2017.

QCarers(UK) is a domiciliary care agency. It provides personal care to people living in their own houses and flats in the community. QCarers(UK) is registered to provide a service to younger adults and older people living with dementia, mental health needs or physical disabilities. The service had supported five people since initial registration in December 2017. One person was using the service at the time of this inspection.

Not everyone using domiciliary care services receive regulated activities; CQC only inspects the service being received by people provided with 'personal care'; help with tasks related to personal hygiene and eating. Where they do we also take into account any wider social care provided.

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.

There was a range of routine checks undertaken by the management team however, these were not always effective in identifying shortfalls. Some improvements were needed in respect of record keeping. The management team were passionate about providing good care and support and demonstrated an in-depth knowledge of the staff they employed and people who used the service. The management team met at least monthly to review strategic and operational needs, incidents, accidents, complaints and for general strategic and operational oversight of the service and priorities for the organisation.

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. Risks to people's safety and wellbeing were assessed and managed in the least restrictive way possible. Enough staff were available to meet people's needs. People's medicines were safely managed. Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them. The management and staff team used incidents as a learning tool to help further ensure people's safety and wellbeing.

Staff received training and supervision to enable them to meet people's care and support needs. The service worked within the principles of the Mental Capacity Act 2005 (MCA). Staff and management team liaised with social care commissioners and appointed next-of-kin where people were not able to give consent. People were supported to eat and drink sufficient amounts to maintain their health and wellbeing. The staff and management team worked in partnership with external professionals and families to help ensure the individuals needs were identified and met.

People had a small team of staff who supported them which helped to ensure continuity and enabled

people to form bonds with the staff. Each person was treated as an individual and their needs and wants were managed on an individual basis. Staff had developed positive and caring relationships with people they clearly knew well. Staff understood the importance of promoting people's independence. People's care records were stored securely to help maintain their dignity and confidentiality.

People and their relatives had been involved in developing care plans that addressed all areas of people's lives. Staff were matched as far as possible with the people they supported in terms of gender, interests and skills. Staff accompanied people into the community to undertake activities of their choice. Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved.

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 had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse.

There were enough staff available to meet people's needs.

The provider's recruitment practices helped to make sure that staff were of good character and suitable for the roles they performed at the service.

People's medicines were safely managed.

Staff had received training in infection control practices and personal protective equipment such as gloves and aprons was provided for them.

The management and staff team used learning from incidents as a tool to help further ensure people's safety and wellbeing.

Is the service effective?

Good ●

The service was effective:

Staff received training and supervision to help them to meet people's care and support needs.

The service worked within the principles of the Mental Capacity Act 2005. Staff and management team liaised with social care commissioners and appointed next-of-kin where people were not able to give their consent to care and support.

The staff and management team worked in partnership with external professionals and families to help ensure the individuals needs were identified and met.

Is the service caring?

Good ●

The service was caring:

People were supported by a small team of staff which helped to ensure continuity and enabled people to form bonds with the staff.

Staff had developed positive and caring relationships with people they clearly knew well.

People's care records were stored securely to help maintain their dignity and confidentiality.

Is the service responsive?

Good ●

The service was responsive:

People and their relatives had been involved in developing support plans that were sufficiently detailed to be able to guide staff to provide people's individual needs.

Staff were matched as far as possible with the people they supported in terms of gender, interests and skills.

Staff accompanied people into the community to undertake activities of their choice.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved

Is the service well-led?

Requires Improvement ●

The service was not always well-led:

There were a range of checks undertaken routinely to help ensure that the service was safe however, these were not always effective in identifying where improvements were needed.

Record keeping was not always robust and needed some further development.

People, relatives and staff told us they felt well supported by the registered manager and provider.

Relatives told us they would be confident to recommend the service to anyone looking for care in their own homes.

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service.

There were regular management meetings held between the

registered manager and provider to discuss such issues as recruitment, the performance of the service and any matters arising.

Feedback from people and relatives was actively encouraged.

QCarers (UK)

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.

The inspection took place on 07 November 2018 and was announced. We gave the service two days' notice of the inspection site visit because the service is small and the registered manager is often out of the office supporting staff or providing care. We needed to be sure that they would be available to support the inspection process. The inspection was undertaken by one adult social care inspector.

Before our inspection we reviewed information that we held about the service including statutory notifications that had been submitted. Statutory notifications include information about important events which the provider is required to send us. We reviewed the Provider Information Return (PIR) submitted in October 2018. This is information that the provider is required to send to us, which gives us some key information about the service and tells us what the service does well and any improvements they plan to make.

Inspection activity started on 07 November and ended on 09 November 2018. We visited the office location on 07 November 2018 to meet with the management team and to review care records and policies and procedures. The person who used the service at the time of this inspection was not able to tell us about the service they received. However, we received feedback from relatives of two people who had used the service in the past three months and from staff.

We reviewed care records relating to a person who used the service and other documents central their health and well-being. These included staff training records, medication records and quality audits.

Is the service safe?

Our findings

Relatives told us people were safe receiving care and support from QCarers(UK). One relative said, "I have never had to worry and [person's] safety, I am confident they are well supported." Another relative told us, "I had no concerns at all about my [relative's] safety." A staff member said, "I am able to keep people safe because I have had the training I need to do so."

Staff had been trained in how to safeguard people from avoidable harm and were knowledgeable about the potential risks and signs of abuse. A staff member explained to us how they would alert the relevant authorities if they had any concerns about a person's safety or wellbeing. Safeguarding matters were discussed at supervision and spot checks, it was clear that the organisation's ethos was that safeguarding vulnerable people was everyone's responsibility. The registered manager and directors were clear about what constituted abusive practice and how to report any such concerns to the local authority safeguarding team for investigation. The provider told us, "When doing spot checks we always ask people if they feel safe."

People were supported to take risks to help retain their independence and freedom. Risks to people's safety and wellbeing were assessed and people were supported to manage these. Individual risk assessments had been developed in areas such as refusing medicines and bathing. The risk assessments were regularly reviewed and kept up to date.

The provider had a system to help ensure people received support in the event of an emergency. The management team provided a 24 hour on-call service and provided emergency cover if needed in the event of staff sickness.

There had not been any care calls missed since the service first registered with CQC. Staff rotas included travel time and breaks to help promote staff well-being and keep the service running smoothly. The management team reported that recruitment was ongoing using resources such as a local care provider's association, the Job Centre and the provider's own website. The agency was still in the early stages of development and only had one staff member working at this time.

Safe and effective recruitment practices were followed to help make sure staff were of good character and suitable for the roles they performed at the service. Recruitment records showed that relevant checks had been undertaken however, the management team acknowledged that record keeping practice in this area was not robust and required further development.

At the time of this inspection staff did not administer medicines. However, the management reported staff had received training to support them to administer medicines safely and the registered manager discussed their plans to introduce routine competency assessments for when staff were involved in medicine administration.

Staff had received training in infection control practices and personal protective equipment such as gloves

and aprons was provided for them. The management team advised that infection control practices formed part of their routine checks.

The management team used incidents as a learning tool to help ensure people's safety and wellbeing. For example, an incident had occurred where a family member had given a person an additional dose of their prescribed medicines because they were not sure if staff had already attended that morning or not. As a result, a meeting had been held with the person's relative and social worker to devise a plan to help ensure the person's safety. The management team said they had used the learning from this incident to amend their initial assessments to incorporate a risk assessment about relative's involvement with medicines.

Is the service effective?

Our findings

People's relatives told us that the care and support provided was effective in meeting people's needs. One relative said, "The carer has assisted me with appointments for Dr and hospital and has been superb."

Before care delivery started the provider undertook an assessment of people's care and support needs from which support plans and risk assessments were developed and agreed with people and their relatives as appropriate.

Staff received training to support them to meet people's care and support needs. The registered manager told us of various training elements that had been undertaken by staff including basic core training such as infection control, moving and handling and food hygiene. Training to meet specific needs was provided including dementia awareness and Parkinson's disease. The provider told us, "We go by the needs of the person. For example, if staff needed specific training to meet a person's needs we would arrange this before accepting the care package." The management team reported that there was perpetual investment in training and that refresher training was scheduled for the one staff member employed at the time of this inspection.

Support staff completed an induction programme at the start of their employment which included information on the aims and objectives of the company, policies and procedures, health and safety and how to support individuals effectively.

The management team and staff confirmed that there was a programme of staff supervision in place. Staff said they received support as and when needed and were fully confident to approach the management team for additional support at any time.

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.

We checked whether the service was working within the principles of the MCA. Best interest decisions were made with involvement of social workers relatives and staff when people did not have capacity to make decisions themselves. For example, a best interest decision had been made to help ensure a person received their medicines in line with the prescriber's instructions. The person's social worker undertook a review a month after the best interest decision had been made and found significant improvements in the person's behaviours which meant that the amount of care provided could be reduced.

Staff prepared some simple snacks for people as needed and staff encouraged fluids and considered any changes in people's health. For example, one person's choice of diet was low in vitamins, the management had liaised with the person's GP who prescribed food supplements as a result.

The staff and management team worked in partnership with other professionals and families to help ensure the individuals needs were identified and met. Examples included psychologists, GPs and community nurses. The management team gave an example where they had worked with a health professional to develop a routine to support a person to cope with their mental health. Staff accompanied people to attend health appointments as necessary. A relative told us, "It was extremely helpful that [provider] liaised with the GP and pharmacist and updated us. [Name of provider] is a very good administrator and manager."

Is the service caring?

Our findings

People's relatives told us they were happy with the staff that provided the support. A relative told us, "We got to know [staff name] very well. They are extremely kind and caring." A compliment card had been sent to the agency from a relative of a person who used the service. The comment in the card read, "Thanks so much for everything you have done for us. I want you to know that you are appreciated."

People had a small team of staff who supported them which helped to ensure continuity and enabled people to form bonds with the staff. A relative told us this was important because staff had become to know and understand the person and how to support them effectively.

The management team told us of their plans to encourage people's relatives to attend dementia training to help them better understand their family members needs and to promote a robust working relationship with people's relatives. The management team also shared their intention to develop a newsletter providing a toolkit and frequently asked questions section for people's relatives. This would include information about organisations and societies in the community available to provide them with support. The provider reported that some information was already going out to people's relatives by email and this had been successful so they wanted to build on this.

People were treated with respect and dignity. The management team told us they monitored this at spot checks and through speaking with people who used the service. They told us they discussed with staff at supervision about maintaining eye contact with people and demonstrating positive behaviours with body language.

Staff viewed people as individuals and we were given examples where they had taken action above and beyond their role to support people. For example, a person had become anxious about the state of their garden which had become neglected and overgrown when they became unwell. A staff member had stayed after the care call had finished to help the person with their garden which served to ease the person's anxiety.

The approach of the service was about promoting what an individual could do, rather than focussing on what they could not do. This approach allowed the staff and management team to work with individuals in a way that promoted their dignity, promoted independence and empowered people who used the service.

The management team told us they had signposted a person to relevant organisations to access advocates to support with making decisions. (An advocate helps a person to express their views and wishes and to stand up for their rights.)

Is the service responsive?

Our findings

People's relatives had been involved in developing support plans. The support plans were sufficiently detailed to enable staff to meet people's individual needs. For example, a support plan for a person who lived with specific physical limitations stated, "Support [Person] to transfer by supporting them on their left-hand side, allowing them to lean against you." For another person requiring support with bathing the plan stated, "Turn off the shower and wrap [Person] gently with a towel. Gently raise [person's] legs and turn the bath seat until [person's] feet are clear of the bath. Position the walking frame near the bath and assist [person] with standing from the chair."

Support staff were matched as far as possible with the people they supported in terms of gender, interests and skills. A person who used the service had developed a bond with one staff member and would not accept anyone else to provide their care and support, this was respected.

The service was flexible to people's changing needs. One relative told us, "Very flexible. The family put a lot of demands on the staff and they were very good about moving times etc to accommodate [person's] wishes."

Staff accompanied people into the community to undertake activities of their choice. For example, staff told us they supported a person to go out for a walk, to go shopping locally, to attend art galleries and a person was supported to register for college courses.

Concerns and complaints raised by people who used the service or their relatives were appropriately investigated and resolved. People's relatives told us that they would be confident to raise any concerns with the registered manager. One relative said, "No complaints ever voiced. They are very responsive to every requirement."

Is the service well-led?

Our findings

Some shortfalls in record keeping were identified during the inspection such as a lack of dates to indicate when action had been taken or a lack of signatures to indicate who had undertaken action. Recruitment checks had not always been completed in line with regulations and good practice guidelines. The management team took immediate actions to address this matter during the inspection however these shortfalls had not been identified by routine management checks and audits. The management team implemented a more robust approach and a checklist to help ensure safe recruitment processes going forward.

The provider's statement of purpose needed some amendment to help ensure it accurately reflected the services offered. Training records indicated what percentage of the staff team had undertaken which training elements but did not give the management team an accurate overview of when each person's refresher training was due when. This was not a concern at this time as the agency was still very small but we discussed with the management team that they would need to develop a robust system to give them accurate oversight of the training provision.

People's relatives and staff told us they felt well supported by the registered manager and provider. A relative had responded in a quality assurance survey, "[The provider] is very kind and a good organiser."

The registered manager demonstrated an in-depth knowledge of the staff they employed and people who used the service. They were familiar with people's needs, personal circumstances, goals and family relationships. A staff member told us, "It's a lovely company to work with, it is an open and friendly environment. I would definitely recommend the service to care staff looking for work."

The management team met at least monthly to review strategic and operational needs, incidents, accidents, complaints and for general strategic and operational oversight of the service and priorities for the organisation; outcomes arising from these meetings fed into the service improvement plan. The management team said they were passionate about providing a safe and caring service.

The management team provided each other with effective challenge and managed each other collectively. The management team told us they intended to develop subject matter champions amongst themselves in various areas such as infection control, risk management, safeguarding, health and safety, first aid, medicines administration and dementia awareness.

The registered manager and provider attended meetings and workshops with local authorities and a local care provider association. The provider reported they had a variety of mentors to approach for advice and guidance including consultants and advisers such as local authority representatives, the Job Centre and provider associations. The management team were booked on a leadership course to refresh their skills.

There had been no team meetings to date, this was because there was just one staff member employed to provide care and support. The management team reported that the intention was for team meetings to be

held every two months once the team increased in numbers.

Feedback from people and relatives was actively encouraged. Quality assurance surveys were given to people's relatives to gain their views and opinions on the service provided. People were also asked for their views at reviews and spot checks to confirm their continued satisfaction.