

Qualities Services Ltd

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Inspection report

8 Kings Road
London
SE25 4ES

Tel: 02087784848

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Requires Improvement ●
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

About the service: Qualities Services Limited is a residential care home that was providing personal care to four people with learning disabilities or acquired brain injury at the time of the inspection.

People's experience of using this service:

Staff knew how to keep people safe from harm and abuse. People had risk management plans to enable them to stay safe while doing the activities they wanted to do, although one person required a revised management plan to help ensure they interacted with visitors in a safe way.

One person with epilepsy did not have a detailed enough risk management plan to ensure staff knew how to keep them safe when they experienced seizures. However, the service managed other risks appropriately and promoted people's independence by finding safe ways of enabling people to do potentially risky tasks for themselves. The premises were suitably adapted for the people living there and the home was clean and safe to use. Medicines were managed safely.

There were enough suitable staff to care for people safely, and staff received appropriate training and support.

People had a choice of suitable food and drink and received support to eat and drink enough to remain healthy. Staff consulted with other services, including specialist providers, to ensure people's healthcare and other needs were met.

People were supported to have choice in their daily lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff gained people's consent before providing care to them or, if people did not have capacity to consent, took appropriate steps to ensure care they received was in their best interests.

Staff were caring and respectful. They took the time to get to know people and their individual communication and emotional support needs. Staff respected people's religious and cultural needs and supported them to spend time with their families and other people who were important to them. They promoted people's privacy and dignity.

People had person-centred care plans that provided detailed information to staff about their needs, preferences, cultural backgrounds, interests, strengths and needs. People had opportunities to engage in a variety of suitable activities both at home and out in the community, including household tasks, games, hobbies and leisure activities. Staff supported people to go on holidays and day trips.

There was an appropriate complaints procedure in place. The service had not received any complaints but the registered manager used written compliments as part of monitoring the quality of the service and keeping staff motivated.

Staff, people and relatives described the registered manager as open and approachable. The manager continuously monitored the quality of the service through checks and observations, communicating any required improvements to staff and responding quickly to any concerns.

Rating at last inspection: At our last inspection, this service was rated "good." Our last report was published on 29 October 2016.

Why we inspected: This inspection was part of our scheduled plan of visiting services to check the safety and quality of care people received.

Follow up: We will continue to monitor the service to ensure that people receive safe, compassionate, high quality care. Further inspections will be planned for future dates.

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 not always safe

Details are in our Safe findings below.

Requires Improvement ●

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 was responsive

Details are in our Responsive findings below.

Good ●

Is the service well-led?

The service was well-led

Details are in our Well-Led findings below.

Good ●

Qualities Services Ltd

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. This inspection was planned to check whether the provider was meeting the legal requirements and regulations associated with the Act, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

Inspection team:

This inspection was carried out by one inspector.

Service and service type:

Qualities Services Limited is a care home. People in care homes receive accommodation and nursing or personal care. CQC regulates both the premises and the care provided, and both were looked at during this inspection.

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:

This was an unannounced inspection.

What we did:

Before the inspection we reviewed information we held about the service. This included a provider information return. This contains information providers are required to send us about their service, what they do well, and improvements they plan to make. This information helps support our inspections.

During the inspection we observed interactions between staff and people who used the service. We spoke with one person who used the service, one relative of a person who used the service, two members of staff and the registered manager. We looked at two people's care plans and two staff files and we checked other records related to the management of the service such as staff rotas and audits.

Is the service safe?

Our findings

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

RI: Some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- One person's relative told us, "I have no worries about [my relative] at all. She is in good hands."
- Staff knew how to recognise and report alleged or suspected abuse. There was a clear safeguarding policy and procedure in place.

Assessing risk, safety monitoring and management

- One person had a history of presenting behaviour that may put themselves or others at risk. There was a management plan that staff were aware of and knew how to respond to the behaviour. However, there was no clear plan for managing situations where the person may be alone with visitors who were not aware of the management plan or may be affected by the behaviour. We discussed this with the registered manager, who told us they would review the person's behaviour management plan to include this.
- Another person occasionally experienced epileptic seizures. They had a seizure management plan but because this was developed by another service they only used during the day, there was no plan to manage risks associated with the person having a seizure at night while asleep or alone in their bedroom. The existing management plan did not contain any information about what might trigger seizures, any preventative measures such as medicines the person took, the immediate action staff should take in the event of a seizure other than calling an ambulance or what aftercare the person required following a seizure other than usually wanting to sleep. Additionally, although records showed the person had only experienced two seizures in two years, the type of seizure recorded in one case did not match the member of staff's description of what happened during the seizure. This suggests either records were inaccurate or that member of staff required further training about epilepsy. We recommend that the provider seek advice from a reputable source with expertise in developing seizure management plans for people living with epilepsy.
- The provider had produced risk management plans for other risky behaviours people had a history of engaging in. For example, one person had a risk management plan for drinking alcohol. Rather than trying to prevent people from engaging in these behaviours, the provider had a focus on keeping people safe while maintaining their freedom to do the things they wanted to do.
- People had individual risk management plans to enable them to try new or risky activities safely, such as cycling and swimming. This also included household tasks, so that people could increase their independence and daily living skills safely.
- Staff carried out regular, comprehensive checks of the safety of the premises and equipment and the registered manager arranged for appropriately qualified professionals to carry out checks such as gas and electrical safety tests.

Staffing and recruitment

- One person's relative told us they had never felt the service was short of staff. They said, "I don't always tell

them I am coming, but they always have good staff cover and everything is in place." The service had a stable staff team and did not use any agency staff at the time of the inspection. Staffing levels were flexible and based on people's needs, and there were enough staff to care for people safely.

Using medicines safely

- Staff had annual medicines management refresher training and the registered manager assessed them to make sure they were competent to administer medicines safely.
- There were clear policies and protocols for the administration, storage and general management of medicines, including those people were prescribed only to take under certain circumstances. Staff were aware of these.
- Medicines were stored and handled appropriately. Records showed people received their medicines as prescribed.

Preventing and controlling infection

- A relative told us, "The house is always clean and tidy. I notice the kitchen and bathrooms are clean." The home was visibly clean when we visited. Staff used cleaning checklists to ensure they cleaned all areas of the home, including a weekly deep clean of each room.
- Staff adhered to food hygiene procedures to reduce the risk of spreading food-borne infections. This included ensuring food was stored and served at safe temperatures.
- Protective equipment such as gloves was readily available and staff knew when to use it.

Learning lessons when things go wrong

- Staff documented any accidents or incidents that happened. They used charts to help identify any trends in behaviour that challenged the service, which helped them identify any particular triggers for a behaviour and reduce the risk of it happening again.

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

Good: □ 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

- The service had a process to ensure people who moved into the service had a thorough assessment of their needs. People were able to experience respite stays and trial visits before moving in to help make the transition smoother.
- Where people had already had their needs assessed by authorities funding their care, the provider used those assessments to inform their own, so important information was not lost.
- The provider used appropriate assessment tools to examine people's needs in relation to, for example, their mental health.

Staff support: induction, training, skills and experience

- One person's relative told us, "Staff training seems OK. They know their job and their training is up to date, so they know what they are doing." Staff told us the training and induction they received from the service prepared them well for the work they did.
- Staff were able to access training around meeting the specific needs of people who used the service, such as epilepsy and autism awareness training. They told us they were able to request any particular training they needed.
- Staff met with their supervisors every six to eight weeks to discuss their progress against their goals, such as working towards relevant qualifications. Staff received annual appraisals.

Supporting people to eat and drink enough to maintain a balanced diet

- People were able to choose from a variety of nutritious food and drink.
- One person preferred to eat food specific to their culture. Staff regularly arranged for the person's family to bring in food for them. Another person was vegetarian by choice and staff offered them appropriate options.
- Staff supported people to weigh themselves regularly to help ensure their nutritional needs were met. Where people lost a significant amount of weight the provider supported people to seek medical advice. However, because there was no record of what people's ideal weight should be or any indicators of this such as their height or body mass index (BMI), it was not always easy to tell whether the records indicated that people were at a healthy weight. BMI is a measurement used to estimate whether people's weight is healthy based on the expected weight for a person of their height. The registered manager told us they would add this information.

Staff working with other agencies to provide consistent, effective, timely care

- We saw examples of how the service worked with specialist providers, such as a challenging behaviour team, to provide care that promoted effective outcomes. For example, the registered manager was able to demonstrate how two people had a significant reduction in behaviour that challenged the service since

moving in. Guidance from other providers was used to inform people's care plans.

Adapting service, design, decoration to meet people's needs

- People were able to decorate and personalise their bedrooms to their taste. At the time of our inspection, the provider was part way through refurbishing the home to provide a more pleasant living environment.
- The environment provided people with both communal and private space to use as they chose.

Supporting people to live healthier lives, access healthcare services and support

- A relative told us staff worked well with doctors to address any medical concerns.
- The service kept detailed records of any changes to people's health, to help identify any concerning trends and provide enough information for healthcare professionals working with people.
- The provider carried out a thorough assessment of people's healthcare needs, including details of any other services they needed to use. Records showed people accessed the healthcare services they needed.

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.

People can only be deprived of their liberty to receive care and treatment with appropriate legal authority. In care homes, and some hospitals, this is usually through MCA application procedures called the Deprivation of Liberty Safeguards (DoLS).

We checked whether the service was working within the principles of the MCA, whether any restrictions on people's liberty had been authorised and whether any conditions on such authorisations were being met.

- Staff had a good awareness and general knowledge of the Mental Capacity Act and their duties in relation to it.
- We saw examples of how the service followed appropriate procedures to ensure decisions about people's care were agreed to be in their best interests if they were not able to consent.
- Staff obtained the consent of people who had capacity before providing care. They respected the wishes of people with capacity who refused any care and treatment they were offered.
- Where people were subject to DoLS, the provider ensured authorisations to deprive people of their liberty were up to date and that they were meeting conditions.

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

Good: People were supported and treated with dignity and respect; and involved as partners in their care.

Ensuring people are well treated and supported; equality and diversity

- One person's relative told us, "Staff are respectful and caring." We observed staff interacting with people in a friendly and respectful manner. One member of staff told us, "It's their home and we have to respect their space."
- Staff told us they had a "nice relationship" with each of the people who used the service and that they enjoyed spending time with them. It was evident in the interactions we observed that staff knew people well. We observed staff supporting one person who appeared anxious by touching their hands to help them calm down, talking to them calmly and helping the person arrange their hair in the style they wanted.
- One person had expressed an interest in exploring particular religious beliefs, which the service supported by helping the person visit religious buildings and other places associated with their religion. Our inspection took place just after the Easter weekend and people had received appropriate support to celebrate this if they wished to.
- Staff made people's relatives and other visitors feel welcome.
- People's care plans contained information about their life history, background and relationships that were important to them. This helped staff get to know them well and build up good relationships.

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

- Staff used different methods to communicate so the information people needed to make decisions about their care was accessible to them. This included gestures and signing, showing people objects and asking questions appropriate to people's level of understanding. We observed staff responding quickly and appropriately when people asked for support.
- Staff were aware of the importance of understanding how people communicate, in order to reduce the risk of people becoming frustrated or not having their choices known. They gave us examples of how they had learned more about people's unique ways of communicating as they got to know them.
- People had regular opportunities to discuss their care plans with staff and make any changes they wanted.

Respecting and promoting people's privacy, dignity and independence

- Staff were aware of people's strengths and limitations and used this knowledge to support people to be as independent as possible. For example, one person was able to make a cup of tea if staff guided them through each step of the process and prompted them to do each task themselves. This was recorded in care plans so staff had the information they needed to support people appropriately.
- Staff understood the need to promote privacy and dignity and were able to give examples of how they did this.

Is the service responsive?

Our findings

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

Good: People's needs were met through good organisation and delivery.

Planning personalised care to meet people's needs, preferences, interests and give them choice and control

- Each person had a care plan, which was person-centred. Care plans included information about people's medical history, likes and dislikes, routine and personal care needs. These contained enough detail for staff to support people to carry out care tasks in ways they were comfortable with and met their needs.

- Care plans contained detailed information about how people communicated specific emotions, such as anger or happiness, if they did not communicate verbally. There was guidance for staff about how each person would like them to respond when they were upset or agitated. This helped staff provide the right support at appropriate times.

- The provider reviewed people's care plans regularly. They looked at people's progress against their goals and any changes needed to the support they received that would help them achieve them.

- People had opportunities to go on outings and participate in their local community. One person's relative told us staff regularly supported people to go out and their relative enjoyed the activities they were offered.

- Staff kept hourly records of what people were doing while at home. This helped the provider monitor whether people were going long periods without engagement in meaningful activities, which can have adverse effects on their quality of life. Records showed that staff engaged people throughout the day in activities, domestic tasks and leisure pursuits.

- There were also opportunities for people to go on holidays. The registered manager told us they were currently planning a holiday to a location in Devon that some people using the service were already familiar with and enjoyed visiting before.

Improving care quality in response to complaints or concerns

- A relative told us, "If I have any concerns, [the registered manager] corrects it instantly."

- The service had not received any formal complaints by the time of our inspection. There was a clear complaints policy, however.

End of life care and support

- At the time of our inspection, none of the people using the service was expected to require end of life care in the foreseeable future. However, the provider had considered people's needs and preferences in relation to death and burial, taking into account their families' wishes, culture and religion.

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

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

Planning and promoting person-centred, high-quality care and support; and how the provider understands and acts on duty of candour responsibility

- The service had received a number of written compliments from people's relatives and the registered manager told us they used these to plan high quality care based on feedback about what was working well, and to provide praise and motivation for staff.
- Members of staff had "keyworker" roles which meant they had responsibilities to ensure that their key person's care plan was complete, up to date and that their care was of good quality.

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

- Because the service was small, the registered manager was able to maintain a good level of oversight on a day to day basis. There was a deputy manager who had been in post for several years and knew the service well.
- The registered manager used staff meetings to ensure everyone was clear about their roles and aware of any risks or quality issues. Staff told us there was good communication within the team and they did not feel the need to avoid discussing difficult issues.

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

- A relative and staff told us the registered manager was approachable and supportive and responded to any concerns immediately. The relative told us, "[The registered manager] is very open and I can easily talk to her." One member of staff said, "It's very homely here. You feel you can talk about anything."
- There were meetings for people who used the service to express their views and discuss any issues they wanted to raise. Staff used these meetings to keep people informed of upcoming events and things they needed to be aware of, such as fire drills.

Continuous learning and improving care

- The registered manager carried out regular checks of the home's cleanliness, general safety and medicines management.
- Because they were often working on shift with staff, the registered manager carried out daily observations of care and used this to monitor the quality of interactions between staff and people, the culture of the service and staff team, and whether staffing levels were appropriate. They were then able to note any issues for later discussion at staff meetings or one-to-one supervision.

Working in partnership with others

- The registered manager told us that because they were also the provider, they had arranged to "buddy up" with other care home managers to provide one another with support.
- The provider shared information as necessary with other services involved in people's care, such as a college that people attended during the day. This helped them provide care that was consistent and safe.