

Quality Healthcare Professionals Ltd

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Inspection report

98 Rochester Road
Bournemouth
BH11 8AH

Tel: 023800013779

Date of inspection visit:
03 May 2023
16 May 2023

Date of publication:
27 July 2023

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

We expect health and social care providers to guarantee people with a learning disability and autistic people respect, equality, dignity, choices and independence and good access to local communities that most people take for granted. 'Right support, right care, right culture' is the guidance CQC follows to make assessments and judgements about services supporting people with a learning disability and autistic people and providers must have regard to it.

At the time of the inspection, the location did not care or support for anyone with a learning disability or an autistic person. However, we assessed the care provision under Right Support, Right Care, Right Culture, as it is registered as a specialist service for this population group.

About the service

Quality Healthcare Professionals Ltd is domiciliary care service providing personal care to 2 people at the time of the inspection. The service can provide nursing or personal care.

Although it had been registered with CQC since May 2022, it had only started to provide personal care 2 months before the inspection.

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

Right Support:

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

The registered manager involved people and, where appropriate, their relatives meaningfully in decisions about their care. People's care needs were comprehensively assessed before their care package commenced. These assessments formed the basis of their care plans, which informed staff how they should meet people's support needs and preferences. This included managing health conditions, meeting dietary needs and preferences and communication needs.

Right Care:

People and relatives found the registered manager and staff to be kind and caring. They said staff treated them and their loved one with respect. This was all reflected in the way the registered manager and staff spoke about their work with the service and the people they supported.

Staff understood people's support needs well. They were attentive and anticipated what was needed.

People had just one regular member of staff supporting them. With people's agreement, the registered manager was introducing new staff to their care so people had a small team working with them, which

would provide continuity in the event their usual member of staff was off work.

Right Culture:

People, relatives and staff voiced confidence in the service and the way it was run. People felt able to approach the registered manager in event of any concerns about their care and the service they received. Everyone we spoke with found the registered manager contactable, approachable and supportive.

Staff had the skills they needed to work safely and effectively, including supporting people with their medicines.

The registered manager and staff worked closely with healthcare professionals to ensure people received the support they needed to manage their health.

The registered manager had a close overview of the service. The service only took on new care packages where the registered manager was assured this was manageable within the service's staffing complement.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk.

Rating at last inspection

This service was registered with us on 4 May 2022, and this is the first inspection.

Why we inspected

This inspection was prompted by a review of the information we held about this service.

Follow up

We will continue to monitor information we receive about the service, which will help inform when we next inspect.

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 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 ●

Quality Healthcare Professionals 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. 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 Health and Social Care Act 2008.

Inspection team

The inspection was undertaken by 1 inspector.

Service and service type

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

Registered Manager

This provider is required to have a registered manager to oversee the delivery of regulated activities at this location. A registered manager is a person who has registered with the Care Quality Commission to manage the service. Registered managers and providers are legally responsible for how the service is run, for the quality and safety of the care provided and compliance with regulations.

At the time of our inspection there was a registered manager in post.

Notice of inspection

We gave short notice of this inspection because it is a small service and we needed to be sure the registered manager would be in the office to support the inspection.

Inspection activity started on 3 May 2023 and ended on 19 June 2023. We visited the location's office on 3 and 16 May 2023.

What we did before inspection

We reviewed information we had received about the service since its registration with CQC. The provider was not asked to complete a Provider Information Return (PIR) prior to this inspection. A PIR is information providers send us to give some key information about the service, what the service does well and improvements they plan to make. We used all this information to plan our inspection.

During the inspection

We spoke with a person using the service, a relative, 2 care workers and the registered manager. We viewed 2 staff recruitment records and other records relating to the management of the service, including staff training and supervision records, feedback about the service including from health and social care professionals, and policies. We used electronic file sharing to enable us to review 2 people's care plans and records, including medicines records for the person staff supported with medicines.

Is the service safe?

Our findings

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

This is the first inspection of this newly registered service. This key question has been rated good. This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- The person and relative we spoke with said they and their loved one felt safe and comfortable with the staff who provided their care.
- Staff and managers understood their responsibility to identify and report signs of abuse and neglect. They had training about safeguarding people when they started working for the service.
- The service had policies and procedures for safeguarding people from abuse. At the time of the inspection, they had not had to put these into action.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

- Risks to people and to their staff were identified and assessed. Care plans took account of any measures needed to manage assessed risks. Risk assessments took account of people's home environments as well as aspects of care such as moving and handling, skin integrity and risks associated with people's health conditions.
- The service had plans for emergencies that might affect the safe running of the service.
- There was a process for staff to report accidents and incidents, and for the registered manager to review these to ensure all necessary action had been taken to keep people safe and prevent a reoccurrence. However, at the time of the inspection there had been no accidents or incidents.

Staffing and recruitment

- The service only took on new care packages where the registered manager was assured this was manageable within the service's staffing complement, although staff recruitment was ongoing. The service was able to cover staff absences using its bank of staff who worked as and when they were needed.
- The electronic care recording system alerted the registered manager if staff were late to arrive.
- Staff had the skills they needed to work safely and effectively. The registered manager ensured they had training in essential topics such as moving and handling and safeguarding people.
- Pre-employment checks helped ensure staff were suited to work in social care. These included obtaining proof of identity, an employment history, right to work in the UK, references and a Disclosure and Barring Service (DBS) check. DBS checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions. If staff had recently arrived in the UK to take up a role with Quality Healthcare Professionals Ltd, the service also obtained a police check from their country of origin.

Using medicines safely

- Staff provided the assistance people required to take their prescribed medicines. People's support needs

in relation to medicines were assessed and were addressed in care plans.

- Staff who supported people with medicines had been trained for this and their competence had been checked.
- The computerised care recording system included medicines administration records. The system flagged up to the registered manager if a medicine had not been administered at the expected time and there was no explanation for this.

Preventing and controlling infection

- The service provided staff with personal protective equipment (PPE), such as disposable masks, aprons and gloves.
- Staff had training in infection prevention and control, including hand hygiene and using PPE. They also had training in basic food hygiene and food safety.
- The registered manager kept abreast of current government guidance in relation to infection prevention and control.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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's care needs were assessed before their care package commenced. This enabled the registered manager to be sure the service would be able to provide the care they needed.
- The registered manager used these assessments to design people's care plans. People's needs were kept under review and care plans were updated accordingly. The manager planned to audit care plans three-monthly to ensure they remained current, but this had not been required thus far as the service had been providing personal care for no more than 2 months.
- The registered manager was a registered nurse with experience of assessing care needs. She kept abreast of current good practice in social care.

Staff support: induction, training, skills and experience

- Staff told us they felt well supported working for Quality Healthcare Professionals, confirming they received the training they needed. A care worker told us the training was "very helpful".
- Staff who were new to care received training and support to attain the Care Certificate. The Care Certificate is an agreed set of standards that define the knowledge, skills and behaviours expected of specific job roles in the health and social care sectors. It is made up of the 15 minimum standards that should form part of a robust induction programme.

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

- Care plans explained people's support needs and preferences as regards eating and drinking or preparing food and drink.
- Care plans also set out people's dietary and nutritional needs and preferences.
- Care records reflected that staff had provided the support required.

Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- Care records contained details of people's known health conditions and listed contact details for people's health and social care professionals.
- The registered manager and staff worked closely with healthcare professionals to ensure people received the support they needed to manage their health. They alerted healthcare professionals to any signs of changes in a person's health. A relative commented on how a member of staff had been proactive in seeking medical advice when someone displayed concerning symptoms, saying that by the end of the shift "peace and calm had been restored".

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 MCA requires that, as far as possible, people make their own decisions and are helped to do so when needed. When they lack mental capacity to take particular decisions, any made on their behalf must be in their best interests and as least restrictive as possible.

People can only be deprived of their liberty to receive care and treatment when this is in their best interests and legally authorised under the MCA. 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.

- The service only provided care and support with people's consent. This was recorded in their care records.
- The registered manager understood the circumstances in which someone would be considered as deprived of their liberty, and that deprivations of liberty would need to be authorised by the court of protection.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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; Supporting people to express their views and be involved in making decisions about their care

- The person and relative we spoke with said they found the registered manager and staff to be kind and caring. This was reflected in the way the registered manager and staff spoke about their work with the service and the people they supported.
- People usually had just one regular member of staff supporting them. They valued the continuity of care this afforded.
- The registered manager recognised that whilst having one member of staff enabled people and staff to get to know each other, people would benefit from having a small number of other staff working with them. It would mean that if their regular care worker was off sick, they could receive care from someone they knew and trusted. A relative said they felt it was beneficial that their family member had recently started receiving care from other care workers.
- The registered manager involved people and, where appropriate, their relatives meaningfully in decisions about their care. A relative described how the registered manager had visited them when their family member was being discharged from hospital to discuss the care needed, "crossing the Ts and dotting the Is."

Respecting and promoting people's privacy, dignity and independence

- The person and relative we spoke with said staff treated them and their loved one with respect.
- Staff fostered people's independence. Care plans were clear about what people preferred to do for themselves. They also explained how particular care tasks, such as supporting someone to get to the toilet if they could do so safely, could help people maintain their independence.
- Assessments considered people's preferences regarding their care, including whether they wished for staff of a particular gender to work with them.
- Individualised care plans reflected people's preferences and what was important to them.
- Confidential information was stored securely. Staff involved in a person's care had password-controlled access to the computerised care records.

Is the service responsive?

Our findings

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

This is the first inspection for this newly registered service. This key question has been rated good. This meant people's needs were met through good organisation and delivery.

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

- A person and a relative of someone receiving care from the service confirmed staff who had a good understanding of their needs provided the care they required. One of them commented on how the member of staff working with them anticipated what needed doing and did it, saying, "[Member of staff] does all sorts of extra jobs I don't ask them to do."
- Care plans were available to staff on the computerised recording system, which they accessed through a password-protected app. Staff confirmed care plans contained the information they needed to provide personalised care.
- Staff confirmed they had all the information they required to provide care, such as detailed moving and handling instructions from occupational therapists. However, this information was not all uploaded to the computerised recording system. The registered manager confirmed they would review what needed including on the computerised records and update them accordingly.
- The registered manager kept care plans under review to ensure they reflected people's current needs.

Meeting people's communication needs

Since 2016 all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard. The Accessible Information Standard tells organisations what they have to do to help ensure people with a disability or sensory loss, and in some circumstances, their carers, get information in a way they can understand it. It also says that people should get the support they need in relation to communication.

- Assessments covered any support people needed with communication. The support they needed was included in their care plans. It was also flagged in 'about me' summaries for sharing with the hospital in the event they needed a hospital admission.

Improving care quality in response to complaints or concerns

- People and their relatives told us they would feel able to approach the registered manager in event of any concerns about their care and the service they received.
- The service had a complaints policy and procedure, although at the time of the inspection it had never had to follow this.
- The service provided people and their relatives with written information about how to raise concerns and complaints.

End of life care and support

- The registered manager and staff were attuned to people's health conditions and signs of deteriorating health, liaising with health professionals as needed.
- At the time of the inspection, no-one had been in their final days of life. However, any preferences they had for end-of-life care were documented.

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.

This is the first inspection for this newly registered service. This key question has been rated good. 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, relatives and staff voiced confidence in the service and the way it was run. A relative said they had "nothing but praise" for the service and told us, "I wish them so well. They obviously have their act together." A member of staff described the service as a good service and said, "Everything's going right."
- Staff found the registered manager contactable, approachable and supportive.
- The registered manager and staff focused on providing personalised care and support that respected people's preferences. This was reflected in people's experiences of their care. A member of staff described their sense of vocation to care work.

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 not needed to exercise the duty of candour. However, she recognised the need for honesty and transparency if something went wrong.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements; Continuous learning and improving care

- The registered manager and staff understood their roles and responsibilities. Staff providing people's care had supervision meetings with the registered manager. At these, they discussed what was going well with their work, any concerns they had about it and any support or training needs.
- The registered manager had a close overview of the service. She sometimes covered care calls herself, and undertook staff observations to ensure staff worked safely, effectively and respectfully.
- The registered manager had linked up with local support networks for registered managers and providers, for support and to help her stay up to date with current good social care practice.
- At the time of the inspection, there had been no significant incidents or events for the registered manager to report to CQC.

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics; Working in partnership with others

- The service had not been operating long enough to issue a quality assurance survey. However, the small size of the service enabled the registered manager to communicate freely with people, relatives and staff, receiving their feedback and keeping them up to date with developments.
- The registered manager checked in with people using the service and their relatives to see how they felt

about the service they were receiving, particularly if there had been any changes to care. She also met people when she covered care shifts if staff were not available. The registered manager also had regular contact with staff, from time to time working with them to provide care.

- The registered manager maintained positive working relationships with health and social care professionals and with commissioners.