

Your Quality Care Services Limited

# Your Quality Care Services Limited (Gradwell)

## 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?	Good ●

# Summary of findings

## Overall summary

### About the service

Your Quality Care Services Limited (Gradwell) is a domiciliary care agency providing personal care to people in their own homes.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection, support was being provided to 24 people, 19 of whom received personal care. The service supports older people and younger adults.

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

People told us they felt safe with staff and the support provided. They felt able to contact the agency if they had any concerns. Staff told us management were approachable and they could report any concerns knowing action would be taken.

People were supported by a regular team of staff, who arrived on time and stayed for the allocated call time. They told us they would always be advised of any changes to the planned rota. There were systems to ensure medicines were managed safely.

Staff were recruited safely and received an induction and opportunities for regular training to ensure they could meet people's needs. Staff received regular supervision, spot checks on their performance and had monthly staff meetings. This support was valued by all the staff.

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.

People and their relatives were involved in their care and support. Care plans provided staff with information about how people preferred to be supported and were regularly updated. People told us staff listened to them and provided care in line with their wishes. People and their relatives described staff as kind and caring.

People received kind and compassionate care. Staff protected and respected people's privacy and dignity. Records were kept up to date to ensure staff had the information they needed, including when people's needs changed. Staff spoke positively about the management of the service and the support they received. A staff member told us, "I couldn't work for a company that wasn't giving it their all."

People, their relatives and staff spoke highly of the registered manager. The agency had systems to carry out regular auditing. Surveys had been carried out to seek people's views on how the agency could improve. People told us they had and would continue to recommend the agency to others who needed support. The

registered manager had developed positive relationships with professionals who worked with them.

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

#### Rating at last inspection

The provider was rated good at their last inspection of the service on 27 February 2020. Since then they have changed their location address and name but continue to operate as before.

#### Why we inspected

This was the first inspection of the service since the provider made changes to their registration.

#### 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 ●

# Your Quality Care Services Limited (Gradwell)

## **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 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.

#### Registered Manager

This service is required to have a registered manager. A registered manager is a person who has registered with the Care Quality Commission to manage the service. 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.

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

#### Notice of inspection

We gave the service 24 hours' notice of the inspection. This was because it is a small service and we needed to be sure that the provider or registered manager would be in the office to support the inspection.

We started monitoring the service on 27 July 2022. We gave notice of the inspection on 3 August and visited the location's office on 4 August 2022.

### What we did before the inspection

We reviewed information we had received about the service. As part of ongoing monitoring before the inspection we sought feedback from the local authority and professionals who work with the service. We spoke with two people and three relatives of people who were supported by the service. We also spoke with four care staff. We used the information the provider sent us in the provider information return (PIR). This is information providers are required to send us annually with key information about their service, what they do well, and improvements they plan to make.

We used all this information to plan our inspection.

### During the inspection

We spoke with the registered manager and with the nominated individual. The nominated individual is responsible for supervising the management of the service on behalf of the provider. We also spoke with the clinical director. We reviewed a range of records. This included two people's care plans and associated risk assessments and medicines records. We looked at three staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including audits, satisfaction surveys and policies and procedures were also reviewed. After the site visit day, we gathered additional evidence in relation to the care delivery people received and how the service was run and looked at another two care plans. We also received feedback from two health and social care professionals.

# Is the service safe?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating for this key question has remained good.

This meant people were safe and protected from avoidable harm.

Systems and processes to safeguard people from the risk of abuse

- People received safe care. We asked people and their relatives if they felt safe. One relative told us, "Oh yes, definitely," and another said, "Absolutely." This relative told us how they had forgotten to pick up medicines and were not going to be able to get back in time, so a carer stepped in and did this for them. They said, "The extra safety net and back up was very much appreciated."
- Staff had been trained in safeguarding and told us they knew what steps to take if they felt people were at risk of harm. They were able to tell us what types of abuse they would watch out for. A staff member told us, "I would go to [manager] if I saw or heard of anything inappropriate and if she did not address it, I would go to [N]." Another staff member told us they would feel confident raising issues, "Absolutely 100%, I have done it before (in another role) and I'm not worried about being a whistle blower."
- The registered manager told us they had not needed to make any safeguarding referrals. However, they and staff were confident in the process they would use if the need arose. There was a detailed whistle blowing policy to make sure all staff were aware of their responsibilities.

Assessing risk, safety monitoring and management

- People had regular care staff and felt safe with them. Arrangements to enter people's homes were clear to ensure safety. We asked one person if they felt safe and they said, "Oh yes, I always have the same staff and they can come in themselves. On the rare occasion my regular staff can't come, they tell me."
- A staff member told us there was time given either side of calls to allow for hold ups but if they were running late, they could call the manager who would pass on a message to their client.
- Care plans included advice to support people in relation to known risks for example, in relation to support with people's skin integrity, nutrition and management of falls. Staff were also able to tell us about specific risks for people.
- Environmental risk assessments had been carried out to determine if there were any risks in people's homes that could affect people's safety. We asked staff about lone working and everyone told us they felt safe with the procedures in place. When we talked to the nominated individual (NI) about lone working, they referred to procedures that staff had not mentioned. The NI said they would reiterate the procedures to all staff to make sure they were reminded of how to stay safe on lone visits.

Staffing and recruitment

- There were enough staff to meet people's needs safely. People told us they had regular carers who knew them well and they always knew who was coming to support them. Staff told us if for any reason they were late for a call, they always called the office who would inform the person. People confirmed this happened.

In relation to staff competency, one person told us, "Yes the staff have had training to use all my equipment and they have all had moving and handling training and make sure I am comfortable when using the hoist."

- There were clear shift rotas in place. People and relatives told us staff always stayed the full allocated time and regularly completed additional tasks. Everyone said that care was not rushed, and they were given time to safely do the things they wanted/needed to do.
- People received support from staff who had been recruited safely and assessed as competent to meet their needs. Checks had been completed before staff started work at the service including obtaining three references and ensuring there was a full employment history. Disclosure and Barring Service (DBS) checks provide information including details about convictions and cautions held on the Police National Computer. The information helps employers make safer recruitment decisions.

#### Using medicines safely

- There were procedures to ensure medicines were managed safely. If people needed support with medicines this was clearly recorded. A medicine's audit was carried out monthly. Where shortfalls were identified actions were taken to address matters promptly.
- Staff had received online training in the management of medicines. In addition, they had been assessed in terms of competency before they were able to support people with their medicines. Staff were able to describe to us the steps they would take in the event of a medicine error or if medicines were ever refused.
- People told us that staff always checked if they needed pain relief or if medicines given for pain relief had been effective.

#### Preventing and controlling infection

- Infection control was managed safely. Staff told us, and people confirmed that staff wore masks, gloves and aprons when providing personal care. Used PPE was disposed of safely in people's homes or taken away to dispose of safely.
- The registered manager told us they had a plentiful supply of PPE. Staff told us they never ran short of PPE and knew how to use it appropriately.
- Staff had completed training on infection control. There were systems to ensure staff carried out COVID 19 tests in line with government guidance. An audit on infection control was completed monthly and if actions were highlighted, they were addressed.

#### Learning lessons when things go wrong

- The nominated individual told us incidents were tracked across the company to monitor for trends or patterns. This way any learning was shared immediately and if necessary, they would prompt a care plan review, staff training, or a review to a company policy. We were told that a tool we had given the service to use in relation to the use of PRN medicines had immediately been shared throughout the company.



# 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 our last inspection we rated this key question good. At this inspection the rating for this key question has remained 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; Staff working with other agencies to provide consistent, effective, timely care; Supporting people to live healthier lives, access healthcare services and support

- People's needs had been fully assessed before the person, their relatives if appropriate, and the registered manager agreed a package of care. The registered manager told us they ensured staff had the appropriate training and skills to support people's needs.
- Information from the pre-assessment documents was transferred into care plans which were regularly updated and audited. Two copies were held, one in the office and one in each person's home. This enabled the registered manager to update the care plans as needed.
- People told us they appreciated the flexibility offered by the service which met their individual needs. One person told us that staff had provided an extra call once to support them to a hospital appointment. Another told us, "If I was not feeling well, they would stay with me, they would never leave me vulnerable."
- A relative told us when their loved one was unwell, a carer stayed with them until an ambulance arrived, they appreciated the support provided. A professional told us, "When I call to arrange joint visits with them, they are always happy to accommodate this and work with me in achieving the goals that are important to the client."

Staff support: induction, training, skills and experience

- People were supported by staff who had received relevant training to meet people's needs. Training was a mixture of online and classroom-based training in areas such as moving and handling, nutrition, privacy and dignity and equality and diversity. We were told that with a few exceptions, face to face training had been stopped during the pandemic but the agency had started to reintroduce more of this type of training.
- Staff were happy with the training in place. A staff member told us, "Training is useful as a refresher, so we don't get complacent." A second staff member told us the last training they received was record keeping. We asked if they had learned anything new that had a positive impact on the way they worked. They told us, "Nothing really, when you do the job for so long it's second nature so it's more a refresher." We spoke with the clinical director who confirmed they sought feedback from staff about training received to make sure it was beneficial.
- Staff completed an induction including training in key areas and shadowed (worked alongside) more experienced staff until they felt confident and competent. A staff member told us their induction was, "Brilliant, thorough, I've not had it as thorough before. We had a mixture of eLearning and face to face training and had to be signed off as competent."

- There was a three-month programme to ensure that once a month staff attended either a staff meeting, received a spot check or attended a formal supervision meeting. A staff member told us they felt well supported by the manager. They said, "She is a very good manager, to be honest she is up there in my top three, she listens to what you have to say and if she doesn't know the answer she will sort it for you." Another staff member said, "We have regular spot checks and if there were areas for improvement, we would be told."

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

- People's nutrition and hydration needs were met. People's family members or friends generally supported people with their nutritional needs. Staff heated up food for some people or prepared simple meals.
- Staff told us they ensured people had enough to drink before they left, and people confirmed this happened.

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, whether appropriate legal authorisations were in place when needed to deprive a person of their liberty, and whether any conditions relating to those authorisations were being met.

- People's ability to make decisions about their care and support had been assessed.
- Staff had received mental capacity training and understood the importance of gaining consent from people. We asked people if staff asked for consent before providing care. They all told us they did, and one person said, "Oh yes, they always ask first." A staff member told us, "We always get consent, I like to treat how I would like to be treated." Another staff member said, "Everyone is able to give consent. One person likes to do some personal care and we do the rest, but sometimes they refuse us, so we never force it. If they say no, it's no, but we record it and tell [the manager]."
- A professional told us, "I noticed that the carers spoke to the client about each task before they undertook them and got their consent and opinion on how they felt, which I was very impressed with."

# 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 our last inspection we rated this key question good. At this inspection the rating has remained 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

- People were supported by staff who were kind and caring towards them. One person told us, "Staff are adaptable, they always do extras for me like washing up, putting rubbish in the bins and making cups of coffee." They also said, "I love our chats it's brilliant. They always tell me in advance if they can't come. They are all kind, all lovely." Another person told us, "Staff are generally very good, lovely people and good fun to be with. I feel safe with them and I've never had any problems."
- Staff respected people's wishes and how they wanted to be supported. People and their relatives told us staff were very caring. One person's relative told us, "I love to hear them (relative and staff member) singing together, it's charming and I know she is happy."
- Care plans reflected people's wishes and needs. People were asked if they had any specific needs in relation to culture or religion.

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

- People told us they continued to make choices in relation to how they were supported, what they wore and if supported with food, what they ate.
- People were asked what support they required and how they preferred it to be delivered. This was evident in care plans and regularly reviewed to make sure any changes were respected. A staff member confirmed they always asked people how they wanted to be supported.
- A relative told us, "(Manager) had been brilliant in trying to help me with holiday arrangements and support for my mum."

Respecting and promoting people's privacy, dignity and independence

- People told us staff protected their privacy and dignity. One person told us, "Oh yes definitely, they always make sure my privacy and dignity is respected." A staff member told us, "If anyone else is home we ask them to leave the room whilst personal care is being given, we make sure curtains are drawn and only expose an area that is being washed rather than expose a person completely." A professional told us, "I felt that they (staff) treated the client with dignity and respect."
- Care plans described what tasks people could do themselves and what they needed support with. A staff member told us, "For sure we encourage people to be independent. I would give every opportunity if I felt someone was safe and I would call (manager) if I felt someone wanted to do something that was not safe." Another staff member told us how they worked temporarily with someone who had a shoulder operation and they assisted them with showers. Gradually the client became more and more independent and

eventually they did not need any support.

- Care plans were stored in a locked cabinet in the office and only available to those with a right to see them. Staff had completed training on the safe handling of information.
- A staff member told us, "Confidentiality is important." They said records were kept safe and, "We don't talk about anyone to anyone. We are hot on this. If we use our private 'What's App' group, we use people's initials so it wouldn't make sense to anyone who did not know the person."

# Is the service responsive?

## Our findings

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

At our last inspection we rated this key question good. At this inspection the rating has remained 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

- People's care was provided in a person-centred way. Care plans were written in a way that meant new staff could pick up the plan and know how the person liked to be supported with all aspects of their care.
- People told us staff always asked if there was anything else they could do in the time they were there with them. They all told us that staff did little extras as they knew that that was how they liked things.
- The registered manager made changes to the care plans as necessary. They told us that changes to care plans were communicated to staff straight away. One person said, "The carers check the care plan every time they come." A relative told us, "Oh yes my mum has a care plan and they add to it when needed."

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.

- All of the people supported could communicate their needs and wishes themselves or had support from someone who could act on their behalf. Staff knew people well and how they communicated.
- One person's care plan highlighted the person sometimes became frustrated if staff did not understand them. There was clear advice on what to do if this was the case. Staff also worked in pairs when supporting this person to reduce the likelihood of communication difficulties. If a new staff member was introduced to the person, they worked alongside an experienced staff member until they became familiar with communicating with this person.

Improving care quality in response to complaints or concerns

- There were clear procedures for raising concerns or complaints but there had not been any raised. Staff were aware they should report any concerns and record complaints to ensure they were responded to.
- One person's relative told us if they had concerns, they would "Ring (manager), she is very helpful. Another said, "I would complain if I needed, but I can't find fault. I'm outspoken and I also say when things are good." A third told us, "I'd have no qualms in approaching (manager) but I've not had to."
- Staff also told us they would feel comfortable raising concerns as they knew they would be addressed straight away.

End of life care and support

- At the time of inspection there was no one in receipt of end of life care. Some staff had received training in the provision of palliative care and end of life care. The registered manager told us only staff who had received training would provide this support.
- A staff member told us they had worked with the registered manager during the pandemic to support some people with end of life care. They said the registered manager had been very supportive throughout this time. We asked about training in this area, the staff member told us this area was touched on as part of other learning, but they felt it was an area that could possibly be developed for staff.

# 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 our last inspection we rated this key question good. At this inspection the rating has remained 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; Engaging and involving people using the service, the public and staff, fully considering their equality characteristics

- There was an open and positive culture at the service. All staff told us they felt well supported and were clear about the values of the service. One staff member told us, "I do it as I love the job, I couldn't work for a company that wasn't giving it their all."
- All of the people and relatives we spoke with were very happy with the support they received and told us they would recommend the agency to others. One person told us, "I already have." A relative told us, "Yes I would recommend them, and I have numerous times. I can't recommend them highly enough." Another told us, "We were with another agency, they were ok, but rigid with their times, it's now more caring and flexible." A third person's relative told us, "I love the company, I'm over the moon with them, they are like part of my family and deal with things we raise straight away."
- Staff told us they were proud to work for the agency. One staff member told us, "I won carer of the year last year." They received an award and said it was a lovely gesture and they felt really proud that people had taken the time to vote for them and they felt valued by the company. Another staff member told us, "I can approach anyone at management level, and I feel comfortable, and as a friend." Another said, "I am very happy, I feel supported and valued."
- We looked at surveys carried out in 2022. The surveys were still coming into the office so the results were still to be analysed. All of the comments received were very positive.

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 was aware of their legal responsibility to report certain significant events that affect their service, to the CQC. This included responsibilities to report matters raised under duty of candour. The registered manager was transparent and open with us throughout the inspection process.
- The registered manager notified CQC of events or incidents as and when needed.

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

- As the agency was small, the registered manager also carried out some care tasks. They were mindful as the service grew, they would need to take a step back from direct care provision but felt that the current way of working ensured staff were trained to high standards and their competency was checked regularly.

- The registered manager was supported by the nominated individual and the clinical director. They also had support from a part time administrator and a senior support worker who worked a small number of office hours. A range of audits were carried out to monitor the quality of the care and support provided. Where shortfalls were highlighted actions had been taken promptly to address them. All of the staff spoken with were clear about individual roles and responsibilities and knew who to go to for support when needed.
- Staff meetings were held monthly. This gave staff the opportunity to share their views on the running of the service and to be kept up to date with any changes.

Continuous learning and improving care; Working in partnership with others

- The registered manager kept themselves up to date with bulletins circulated by the CQC and Local Authority. They told us they were in regular touch with other managers from within the company and they valued the support that was provided.
- Positive professional relationships had been formed with other professionals. A professional told us the registered manager worked well with them. They told us, "Yes, I have worked with Your Quality Care a few times lately and have found them to be extremely helpful and professional." Another professional described the registered manager as, "Conscientious and thorough" and said, "Communication was very good and there was a good working relationship with (the agency)."