

Quality Care (SC) Ltd - Care at Home Support Service

Unit 8
New Broompark Business Park
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Type of inspection:
Unannounced

Completed on:
11 June 2021

Service provided by:
Quality Care (SC) Limited

Service provider number:
SP2017013030

Service no:
CS2017362646

About the service

This service registered with the Care Inspectorate on 30 April 2018.

Quality Care (SC) Ltd is a care at home service for adults and older people within Edinburgh and the Lothians.

One team of carers provide care and support to people in their own home.

The office is situated in New Broompark Business Park in Edinburgh

The provider also has a nurse agency.

The services aims and objectives include:

"To provide professional, trustworthy, caring care assistants and support workers to facilitate the highest levels of person centred care."

What people told us

At the time of this inspection the service was providing support to approximately 104 people.

We spoke with nine people (including relatives) to collate their views of the service they received.

Most people were happy with the service provided by Quality Care. One relative was unhappy and we have passed their concerns onto the service manager.

Comments from people included:-

"Carers have been 'the only stability and positive thing that has happened out of the whole scenario. The psychological weight that it has taken off me is amazing'."

"Carers are exceptional"

"Mum is happy and comfortable with Carers"

"Carers treat dad with dignity and respect"

"My relative has regular carers. If a new carer is being introduced they shadow for a couple of visits"

"Time keeping is good and they stay allocated amount of time. If there is time they sit and chat"

"They are very observant - above any expectations I had"

"Concerned that training has had to be online during the pandemic - not sure of the quality that can be obtained this way"

"The company training systems have to be exceptional"

"I don't need to tell them what to do. They know what they are doing"

"Carers have always used PPE during Covid-19"

"I cannot fault the company. They are just at the end of the phone. They have nothing to hide".

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	5 - Very Good
How good is our leadership?	4 - Good
How good is our care and support during the COVID-19 pandemic?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

5 - Very Good

The service was evaluated to be performing at a very good level. There were major strengths in supporting positive outcomes for people.

People experienced compassionate care from a consistent team of carers. Continuity enabled trusting relationship to develop and meant care was provided in a way people felt comfortable with. Carers knew people well and this promoted good health and wellbeing outcomes.

Carers reported concerns about people's health and wellbeing to the office team who made contact with the appropriate agencies and or the supported person or relative to progress further. People were getting appropriate help and support in a timely manner.

Emergency situations were managed very well. This included calling the emergency services when needed and carers staying with the person until help arrived. Where carers were unable to gain entry on a care visit specific procedures were followed in order to ensure peoples safety.

People and their relatives were involved in the development of the care plan at the start of the service and on an ongoing basis. Care reviews were meaningful with good involvement of people to find out if changes were needed to service delivery and care planning.

Care plans were dynamic and continually updated with new information, and with guidance for carers to follow when providing care and support. Plans reflected people's needs and wishes and were up to date.

There was an effective visit scheduling and monitoring system in place. Visits were mostly reliable and provided assurance to people. Undertaking related audits of service delivery will provide further assurance and identify if people need additional or less care and support time to meet their intended outcomes.

The office team were responsive and flexible to people changing a visit time to allow for appointments and events or to make permanent changes to visit times to meet their changing needs. People were involved with the planning of their care visit arrangements to suit their care needs and lifestyle.

How good is our leadership?

4 - Good

The service was evaluated to be performing at a good level. There were some important strengths, with some areas for improvement.

When an incident occurred or dissatisfaction was expressed, management responded quickly and appropriately to ensure people's safety and find resolutions. Auditing of these incidents would enhance identifying any trends and learning gained.

Carer team meetings were currently being undertaken using video technology. Meeting records showed discussions to be largely focused on administrative processes. Meeting discussions should be better recorded. Meetings should provide opportunities for carers to discuss their work, to facilitate best practice discussions to ultimately ensure best outcomes for people using the service. This was an area identified for improvement at the last inspection and has been repeated.

(Area for improvement 1).

Information about people's specific health conditions, and how they impact on the person, was being incorporated into care plans. This will give carers some background knowledge and understanding of the condition. Specific training should also be provided to further carers knowledge and understanding. For example palliative care, diabetes, stroke awareness and multiple sclerosis. This was an area identified for improvement at the last inspection and has been repeated.

(Area for improvement 2).

Service management demonstrated a drive for continuous improvement and learning. Areas for improvement identified during the inspection were responded to straight away.

Areas for improvement

1. To ensure best outcomes for people the provider should ensure carer team meetings take place on at least a quarterly basis to:

- a. provide information to staff on best practice and internal procedures;
- b. allow staff to discuss their work and best practice as a group; and
- c. facilitate staff discussions and involvement.

Records of the meeting should reflect discussions held.

This is to ensure care and support is consistent with the Health and Social Care Standard (HSCS): 3.14 which states: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes".

2. To ensure carers have the knowledge and skills to meet people's assessed support needs, the provider should ensure carers undertake effective and appropriate training in:-

- a. dementia - to the level of "enhanced" in the Promoting Excellence training resource;
- b. palliative care - based on best practice guidance;

c. client specific training where appropriate, for example Parkinson's; diabetes; stroke awareness; multiple sclerosis.

This is to ensure care and support is consistent with the Health and Social Care Standard (HSCS): 3.14 which states: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes".

How good is our care and support during the COVID-19 pandemic?

4 - Good

The service was evaluated to be performing at a good level. There were some important strengths, with some areas for improvement.

Induction training for new staff had been adapted to ensure new carers undertook appropriate training for their role under the difficult Covid-19 pandemic circumstances.

The infection prevention and control policy and procedures had been updated to include Covid-19 legislation and best practice. Infection prevention and control training had been provided.

Carers were sent links and posters with up-to-date guidance on Covid-19 related infection prevention and control from Health Protection Scotland, NHS and the Scottish Government. There had been no systems in place to monitor whether carers had viewed and understood the guidelines. This has now been rectified.

The trainer should bring all the separate avenues of information together into cohesive Covid-19 guidance and training specific to the service. This should be delivered to carers to provide assurance everyone knows and understand their roles and responsibilities in safeguarding people. (Area for improvement 1).

Competency based observations of staff had initially ceased at the start of the Covid-19 pandemic but were now being carried out. These checks informed and assured managers that staff were skilled, confident and competent in areas of infection control to keep people safe.

People told us carers wore Protective Personal Equipment (PPE) appropriately and were confident correct procedures were being followed to keep them safe. The service had a good supply of PPE and it was readily available.

Most care plans had been updated to include infection prevention and control reminders in relation to Covid-19.

Carers had received verbal support and reassurance over this Covid-19 pandemic time period from all office based staff.

Management had endeavoured to ensure small teams of care staff visited people as per Covid -19 guidance. This consistency had mainly been achieved well.

Areas for improvement

1. The trainer for the service should bring all the separate avenues of Covid-19 related information and guidance together into cohesive Covid-19 guidance and training specific to the service. This ensures people and the provider can be confident all carers know and understand their roles and responsibilities in safeguarding people.

This is to ensure care and support is consistent with the Health and Social Care Standards (HSCS): 3.14 which states: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes".

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

In meeting this requirement people will have confidence that the service and organisation is well led and managed.

By **01/04/2020** the provider must:

1. provide appropriate incident and accident procedure training to all office staff;
2. provide appropriate training in complaints/concerns handling to all office staff;
3. ensure incidents, accidents and complaints/concerns are progressed through organisational reporting and recording systems and procedures;
4. ensure all incidents, accidents and complaints / concerns are audited on a monthly basis to identify any trends and to gain additional learning to improve care and support delivery.

This is in order to comply with Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

The following Health and Social Care Standard has also been taken account in making this requirement: 4.23 "I use a service and organisation that are well led and managed".

This requirement was made on 17 June 2021.

Action taken on previous requirement

Office staff had undertaken appropriate training. Incidents, accidents and complaints/concerns were progressed through organisational reporting and recording systems and procedures. An auditing system was being developed to identify trends and learning to enhance quality assurance.

Met - within timescales

Requirement 2

In meeting this requirement people will have confidence that they are protected from harm because Quality Care staff are alert to and respond to people being at risk of harm and have a clear understanding of their responsibilities.

By **01/04/20** the provider must ensure:

1. At all times City of Edinburgh Health and Social Care Partnerships (CEC HSCP) Adult Support & Protection procedures, and importantly reporting procedures, are adhered to whenever there is an allegation or concern raised about abuse;

2. Allegations of abuse are duly reported to the Care Inspectorate, including detailed information and updates, within the required timescales as detailed within the Care Inspectorate Guidance on Notification Reporting;
3. Allegations of abuse by a staff member are duly reported to the Scottish Social Services Council (SSSC) as per SSSC guidance;
4. The service's own adult support and protection, whistle blowing and disciplinary policies and procedures reflect items 1-3;
5. All office staff have appropriate training in these procedures;
6. All staff undertake ASP and whistleblowing refresher training.

This is in order to comply with Regulation 4 (1) (a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is also to comply with The Public Services Reform (Scotland) Act 2010, Section 53 (6) SCSWIS may at any time require a person providing any social service to supply it with any information relating to the service which it considers necessary or expedient to have for the purposes of its functions under this Part.

The following Health and Social Care Standards have also been taken account in making this requirement:

3.20 "I am protected from harm, neglect, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities"

3.21 "I am protected from harm because people are alert and respond to signs of significant deterioration in my health and wellbeing, that I may be unhappy or may be at risk of harm"

3.22 "I am listened to and taken seriously if I have a concern about the protection and safety of myself or others, with appropriate assessments and referrals made"

Inspection report

This requirement was made on 17 June 2020.

Action taken on previous requirement

Management and staff had undertaken appropriate training. Allegations of abuse were being duly reported to required bodies including the Care Inspectorate, City of Edinburgh Health and Social Care Partnership and Scottish Social Services Council.

Met - within timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To ensure people can be confident they know who will be visiting them on a day to day basis the service should offer people and/or their representatives, the choice of having prior knowledge of who will be

attending each visit through various means. For example, through a weekly rota or a phone call. This offer should be made at the start of the service and, where initially declined, be offered again at each six-month review meeting.

This is to ensure care and support is consistent with the Health and Social Care Standards: 3.11 which states: "I know who provides my care and support on a day to day basis and what they are expected to do. If possible, I can have a say on who provides my care and support".

This area for improvement was made on 17 June 2020.

Action taken since then

There were now several avenues people could take to find out who will be visiting them on a day to day basis. People were now recently being asked if they would like to know who would be visiting each day at the start of the service and double checking at care reviews. This area for improvement has been met.

Previous area for improvement 2

To make sure people experience high quality care that is right for them, the provider should ensure each supported person has an accurate, up to date care and personal plan, which sets out how their individual health, welfare and safety needs are to be met.

This to include (but not restricted to) the following:

1. sufficient detail to enable the care and support to be carried out consistently by each carer in the way the person prefers and needs the care and support to be carried out;
2. information on how the person communicates and how best to communicate with the person;
3. where medication is kept and how the person likes to take their medication;
4. prescribed creams and where they are applied;
5. how mobility support is provided, including what and how equipment is used;
6. how medication support is provided, where medication is stored, how the person likes to take their medication;
7. oral hygiene.

This is to ensure care and support is consistent with the Health and Social Care Standards:

1.15 which states: "My personal plan is right for me because it sets out how my needs will be met, as well as my wishes and choices".

1.19 which states: "My care and support meets my needs and is right for me".

1.23 which states: "My needs, as agreed in my personal plan, are fully met, and my wishes and choices are respected".

This area for improvement was made on 17 June 2020.

Action taken since then

New electronic care plans had been developed which provided more information and better guidance for carers to follow when providing care and support. This area for improvement is considered met and has been further detailed in the body of this report under key question 1.3 – people's health and wellbeing benefits from their care and support.

Previous area for improvement 3

To ensure carers have the knowledge and skills to meet people's assessed support needs, the service should ensure carers undertake effective and appropriate training in:-

- a. dementia - to the level of the Promoting Excellence training resource;
- b. palliative care - based on best practice guidance;

c. client specific training where appropriate , for example Parkinson's; diabetes; stroke awareness; multiple sclerosis.

This is to ensure care and support is consistent with the Health and Social Care Standards: 3.14 which states: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes".

This area for improvement was made on 17 June 2020.

Action taken since then

We have repeated this area of improvement as it still needs to be progressed. This has been further detailed in the body of this report under key question 2.2 - Quality assurance and improvement is led well.

Previous area for improvement 4

To ensure all care staff have the opportunity to meet together the provider should ensure team meetings take place regularly to:

- a. provide information to staff on best practice and internal procedures;
- b. allow them to discuss their work as a group; and
- c. facilitate staff discussions and involvement.

This is to ensure care and support is consistent with the Health and Social Care Standards: 3.14 which states: "I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes".

This area for improvement was made on 17 June 2020.

Action taken since then

Following the challenges of organising team meetings during the initial phases of the Covid-19 pandemic team meetings had taken place via video technology in December 2020 and May 2021. Records of the meetings did not demonstrate sufficient discussions to consider this area for improvement to be met. We have repeated this area of improvement. This has been further detailed in the body of this report under key question 2.2 - Quality Assurance and improvement is led well.

Previous area for improvement 5

To support a culture of continuous improvement the service should develop appropriate auditing systems for internal processes relevant to the service.

This to include (but not restricted to) auditing:

1. Visit arrival and departure times and length of visits;
2. Missed visits;
3. Consistency of care;
4. Completed financial transaction records
5. Care reviews;
6. Care and support plans;
7. Risk assessments;
8. Recruitment and induction process;
9. Staff appraisal, one to one supervision, support phone calls
10. Staff competency observations and spot checks;
11. Training undertaken;
12. Accidents and incidents;
13. Complaints and expressions of dissatisfaction.

Develop a system to track the return of communication logs, financial transaction records and medication record sheets.

This is to ensure care and support is consistent with the Health and Social Care Standards: 4.19 which states: "I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes".

This area for improvement was made on 17 June 2020.

Action taken since then

The manager had started undertaking audits on MAR charts and care plans. Other audits were in the final stages of being developed and implemented. Additional auditing is referred to in the body of this report. This area for improvement is considered met and progress will be checked at the next inspection.

Previous area for improvement 6

This Area for Improvement was made following a complaint which was finalised 28 April 2021.

The manager should ensure that requests for information on the service are considered and responded to promptly.

This is to ensure care and support is consistent with Health and Social Care Standard 4.23: I use a service and organisation that are well led and managed.

This area for improvement was made on 17 June 2020.

Action taken since then

This area for improvement following a complaint has been met.

Complaints

Please see Care Inspectorate website (www.careinspectorate.com) for details of complaints about the service which have been upheld.

Detailed evaluations

How well do we support people's wellbeing?	5 - Very Good
1.1 People experience compassion, dignity and respect	5 - Very Good
1.2 People get the most out of life	5 - Very Good
1.3 People's health and wellbeing benefits from their care and support	5 - Very Good

How good is our leadership?	4 - Good
2.2 Quality assurance and improvement is led well	4 - Good

How good is our care and support during the COVID-19 pandemic?	4 - Good
7.2 Infection prevention and control practices are safe for people experiencing care and staff	4 - Good
7.3 Leadership and staffing arrangements are responsive to the changing needs of people experiencing care	4 - Good

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