

SQ Carers Ltd

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Inspection report

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

About the service

SQ Carers is a domiciliary care agency. People had individual packages of care in their own homes. At the time of this inspection SQ Carers supported 23 people with personal care. 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.

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

People and their relatives told us people received care and support that was safe and staff treated people well. People had care plans and risk assessments that reflected their health and welfare needs. Care staff had knowledge of safeguarding and whistle blowing procedures to ensure people's ongoing safety. The provider carried out checks before new staff started to ensure only suitable staff were employed. People received their medicines in line with their prescribed instructions. The provider had a system in place to manage accidents and incidents to maintain people's safety.

People and relatives told us they were treated with dignity and respect and people's choices and preferences were reflected in the care provided. People knew how to make a complaint. Arrangements were in place to support people's end of life care when needed.

There were systems and processes to assess, monitor and improve the quality and safety of the service and these had resulted in improvements to the care and support people received. There was a clear management structure, and staff were aware of the roles of the management team.

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.

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

Rating at last inspection and update

The last rating for this service was requires improvement (published 25 June 2019) and there were multiple breaches of regulation. The provider completed an action plan after the last inspection to show what they would do and by when to improve staffing and recruitment and their governance systems. At this inspection we found improvements had been made and the provider was no longer in breach of regulations.

Why we inspected

This inspection was carried out to follow up on action we told the provider to take at the last inspection.

We carried out an announced comprehensive inspection of this service on 25 June 2019. Breaches of legal requirements were found. The provider completed an action plan after the last inspection to show what

they would do and by when to improve Fit and proper persons employed and good governance.

We undertook this focused inspection to check they had followed their action plan and to confirm they now met legal requirements. This report only covers our findings in relation to the Key Questions Safe, Responsive and Well-led which contain those requirements.

The ratings from the previous comprehensive inspection for those key questions not looked at on this occasion were used in calculating the overall rating at this inspection. The overall rating for the service has changed from requires improvement to good. This is based on the findings at this inspection.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for SQ Carers Limited on our website at www.cqc.org.uk.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

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 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 ●

SQ Carers 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 Care Act 2014.

Inspection team

This inspection was completed by one inspector and one Expert by Experience. The Expert by Experience made telephone calls to people and their relatives to obtain feedback about their experience of the care provided. An Expert by Experience is a person who has personal experience of using or caring for someone who uses this type of care service.

Service and service type

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

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

We gave the service 24 hours' notice of the inspection. This was because the service is small, and people are often out, and we wanted to be sure there would be people at home to speak with us.

Inspection activity started on 24 June 2021 and ended on 1 July 2021. We visited the office location on 24 June 2021.

What we did before the inspection

We reviewed information we had received about the service since the last inspection. We sought feedback from the local authority and professionals who work with the service. We used the information the provider sent us in the provider information return. This is information providers are required to send us with key information about their service, what they do well, and improvements they plan to make. This information

helps support our inspections. We used all of this information to plan our inspection.

During the inspection

We spoke with six members of staff including the provider (who was also the registered manager), deputy manager, field supervisor and care staff, two people who used the service and eleven relatives about their experience of the care provided.

We reviewed a range of records. This included five people's care records and multiple medication records. We looked at five staff files in relation to recruitment and staff supervision. A variety of records relating to the management of the service, including policies and procedures were reviewed.

After the inspection

We continued to seek clarification from the provider to validate evidence found. We had feedback from two professionals who regularly visit the service.

Is the service safe?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant people were safe and protected from avoidable harm.

At our last inspection the provider had failed to ensure safe recruitment policies and processes were followed. Important criminal record checks and references had not been completed which had potential to place people at unnecessary risk. This was a breach of regulation 19 (Fit and proper persons employed) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of regulation 19.

Staffing and recruitment

- Recruitment procedures had the relevant checks to ensure only suitable staff were employed. Staff recruitment records included completed application forms, applicant's full employment history, employment references, Disclosure and Barring Service (DBS) checks and proof of identification. The DBS helps employers make safe recruitment decisions and helps prevent unsuitable staff from working with people who use care services.
- People and relatives told us there were sufficient staff to deliver safe care and support, however, some relatives told us that they felt there was a high turnover of staff. One relative said, " On the whole they (staff) are excellent, but they do have a high turnover of staff which can be off putting." The registered manager acknowledged there had been staff who had left, but they were taking active steps to recruit new staff. One member of care staff said, "It has been a settled staff team for a while now, this can change but at the moment we are all working well together."
- Staff told us that there were enough staff to carry out the care calls safely.

Assessing risk, safety monitoring and management

- People had comprehensive risk assessments. These set out the actions that care staff needed to take to keep people safe when delivering care. Risk assessments were detailed and personalised. One relative told us, "I have absolutely no doubt [person] is safe, we've never had any incident to disprove it."
- Care staff told us that the care plans and risk assessments contained the relevant information for them to provide safe care. Assessments were completed in conjunction with other professionals, for example we found details about a person's epilepsy and what actions needed to be taken to keep them safe. Another risk assessment contained information from a physiotherapist to assist staff in safely moving a person.
- Risk assessments were regularly reviewed. At the time of inspection, the newly recruited deputy manager was reviewing all the care plans and risk assessments and was taking time to speak with people and their relatives to ensure all information was up to date and relevant.

Using medicines safely

- Medicines policies and procedures were up to date and available to staff. Staff supported people to take their prescribed medicines safely. One relative told us, "They (staff) dispense and observe (the person) taking their medication and I feel safe when they are doing this."
- Staff recorded when they provided medicine support. When staff administered medicines, records showed they were given as prescribed. Medicine records were reviewed regularly by management staff, and where errors were found, staff attended a supervision with the deputy manager. This was to identify any shortfalls in knowledge or practice, and learning was put into place to avoid any further issues.
- Staff received training in the safe handling of medicines and medicines training was refreshed every six months, or sooner, if required by individual staff.

Preventing and controlling infection

- People were protected from the risk of infection. Staff told us there was a plentiful supply of Personal Protective Equipment (PPE) such as disposable gloves, aprons and masks. One relative said, "They (staff) do use full PPE."
- Staff understood the importance of effective hand washing and wearing of appropriate PPE.
- The provider had clear infection prevention and control procedures in place and staff had completed additional training on effective use of PPE during the current COVID-19 pandemic.

Learning lessons when things go wrong

- There were systems and processes to record and review any accidents and incidents involving people.
- Staff knew how to raise concerns, and records showed where concerns had been raised, appropriate action had been taken. One example was in response to concerns from care staff that resulted in a request from the registered manager for an or increase in staff support for a person that had returned from hospital. The registered manager took steps to involve the relevant health and social care professionals to increase the support. Staff we spoke with were positive about the outcomes for this person.

Is the service responsive?

Our findings

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

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant 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;

- People and relatives told us care was personalised to people's needs. One relative said, "They (staff) know where things are and how [person] likes things to be done." Another relative said, "The carers talk to [person] as if it was their own mum and always treat them with dignity and respect."
- Some relatives raised concerns about the rate of staff turnover. One relative told us "We have a pool of about eight carers which will last maybe for up to three months then it all changes." Another relative said, "The carers Monday to Friday are fine, but weekends it can be anyone, we never know who is coming." The registered manager told us that in the event of unexpected absence other staff were available to cover the calls. We asked about people's preferences as we identified people who had said they only wanted female carers. The registered manager assured us that in the event a female carer could not cover they would contact the person straight away. This was confirmed by a relative we spoke with.
- Care calls were arranged to accommodate people's personal preferences. People and relatives told us staff usually arrived on time and if they were going to be late, they would call to let them know. One relative told us, "The carers come at a time suitable to us, they come on time and stay for the full visit." Another relative said, "Timekeeping is pretty good." The registered manager told us that they had made changes to how the rotas and calls were scheduled by having smaller core teams of care staff for specific areas, and this had improved meeting call times specified in people's care plans. A social care professional also told us that they felt call times had improved.
- Care records contained personalised information and essential information for care staff to get to know the people they were caring for. Reviews of people's care were taking place to ensure people's needs continued to be met effectively and care plans remained accurate.

Meeting people's communication needs

Since 2016 onwards, all organisations that provide publicly funded adult social care are legally required to follow the Accessible Information Standard (AIS). The standard was introduced to make sure people are given information in a way they can understand. The standard applies to all people with a disability, impairment or sensory loss and in some circumstances to their carers.

- People's assessments identified people's communication needs so that staff had the relevant information on how best to support them.
- Care staff showed understanding of people's individual communication needs.

Improving care quality in response to complaints or concerns

- People and relatives told us they knew how to make a complaint and would do so if it was needed. Relatives felt the registered manager and care staff were approachable and would listen and respond to

concerns. One relative said, "I haven't had to make a complaint, but I would be happy to do so since the office is ok, but I would talk with the carers first, that works for me."

- The provider had a policy and procedure for complaints, and this was accessible to people and their relatives. People had a copy of the complaints procedure and this included important numbers for them to contact if they had concerns regarding their care or support. Complaints were managed in line with the provider's policy.
- The provider maintained a complaints log which showed when concerns had been raised. The registered manager investigated and responded to complaints in a timely manner.

End of life care and support

- People's care records detailed their end of life wishes. The provider had a policy and procedure to support staff in providing end-of-life care and staff were aware of what to do if people required end-of life care to ensure their needs were met.

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 the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

At our last inspection the provider did not have effective systems in place to assess, monitor and improve the quality and safety of the service. This was a breach of Regulation 17 (Governance) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.

Enough improvement had been made at this inspection and the provider was no longer in breach of Regulation 17.

Planning and promoting person-centred, high-quality care and support with openness; and how the provider understands and acts on their duty of candour responsibility; Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements;

- Improvements had been made to address the concerns from the previous inspection.
- At our last inspection we found quality assurance within the service required improvement. At this inspection new quality monitoring systems had meant that there was improved oversight and governance of the service to improve compliance.
- Competence and performance of every member of care staff was regularly reviewed. Where areas for improvement were identified, additional learning and supervision was offered to staff. Improvements in areas such as record keeping, and time management were demonstrated. Frequent audits and checks of notifications, safeguarding, medicine management and training also took place to ensure these were managed effectively.
- Improvements had been made in recruitment procedures to ensure systems worked effectively for recruiting suitable staff. There was a clear system to ensure that the correct documentation and assurances were in place before new staff were employed.
- The provider understood the importance of being open and transparent with people about any accidents or incidents under their duty of candour responsibilities.

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

- The management team visited people during care calls to gather feedback from people and relatives on their experiences of the service.
- We saw the service had received compliments. People and relatives were complimentary about aspects of the service. One relative said, "The care is excellent." Another relative told us, "They give excellent physical care, but also care for the mental needs, they have a lovely ethos."
- There were staff meetings and communications sent to staff that covered information essential to their

roles including training, updates regarding the service, and information about people's care packages.

Continuous learning and improving care; Working in partnership with others;

- The registered manager had taken steps in line with the action plans submitted to CQC following the last inspection to improve the care and support people received. These changes had improved the way the service was managed including how staff were deployed and the timeliness of calls. This enabled the service to become compliant with the requirements of the last inspection.

- Improvements had been made in communication and working in partnership with others. The registered manager told us they were working more effectively with the Local Authority who commissioned some of the care packages. Improvements had been made in working with nurses and other health professionals to help manage people's care needs.