



# Inspection Report on

**Q care and special care limited**

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Sandy Lane  
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**Date Inspection Completed**

22/02/2024

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## About Q care and special care limited

Type of care provided	Domiciliary Support Service
Registered Provider	Q Care & Special Care Ltd
Registered places	0
Language of the service	English
Previous Care Inspectorate Wales inspection	9 February 2021
Does this service promote Welsh language and culture?	This service does not provide an 'Active Offer' of the Welsh language and does not demonstrate a significant effort to promoting the use of the Welsh language and culture.

### Summary

People are happy with the service they receive as it helps to improve their quality of life and achieve their outcomes. Care plans are written with the person receiving the support and they reflect what matters to them and how they want their care to be delivered. Care staff are required to read the care documents before providing support so they can do so effectively and safely.

All care staff are properly vetted prior to employment; they receive training in topics relevant to meet people's needs and feel competent to carry out their role. Spot checks carried out by the management team help ensure staff are always following correct procedures. Care staff feel supported in their work. There is good continuity of care staff, so people receiving care come to know and trust them; they enjoy their company and the friendly social interaction.

Feedback is sought from people using the service, their family, and professionals, so the service has insight about what is working well and where improvements might be made. People using the service, family and professionals praise the service for its knowledgeable and caring staff.

## Well-being

People have control over their day-to-day life; they fully participate in devising their care plans and agreeing their outcomes. They are involved in the reviewing of their care and have a say about any changes they want to see. People say how they want to be supported, what is important to them, what they like and do not like. Questionnaires sent to people from the service seek views on what is working well and where improvements can be made. Staff build good relationships with the people they support; they advocate on their behalf, involving other professionals if required, to help people achieve their outcomes.

People are supported to be healthy and active and are happy doing things they enjoy. People told us care staff “*are kind and genuinely care*” and will initiate calls to health professionals when they required additional advice or guidance. Staff take people out to enhance their emotional wellbeing; they enjoy shops and cafes in their local community and meet other people. Staff proactively seek ways to improve people’s quality of life such as sourcing appropriate equipment that will enhance their comfort. People are very happy with the care they receive and feel the service has had a positive impact on them and their family.

People are safe and protected from abuse. Staff are trained and there are safeguarding policies and procedures they follow. The management team carry out spot checks while staff are working, to ensure they are following policies and procedures correctly and are meeting the expectations of the service. Records show complaints are taken seriously and investigated fully. Staff have regular meetings with a manager where they can voice any concerns they may have. There is a whistleblowing policy and procedure, and staff know how and when they should report any issues. People using the service also have a copy of the safeguarding procedure and complaints procedure in their service user guide, so they know what to do if they are unhappy.

People feel a sense of belonging and enjoy relationships with friends and relatives. Care plans focus on the person’s carer, as well as the person’s needs. Carer’s feel they can take some time for themselves while the person is receiving support from staff they know and trust. The service recognises the value of the family circle and the importance of maintaining strong relationships.

## Care and Support

The provider of the service considers a wide range of views before confirming they can meet a person's needs. Each personal file holds a copy of the local authority commissioner's assessment of need and Q care's own assessment reflects this. People told us someone from the service came to meet with them, their social worker and/or health professional to complete the initial assessment.

People's care plans reflect their needs and that they are kept up to date. People confirm someone from the service meets with them or telephones them to check their care plan is still meeting their needs. Records show most reviews are completed every three months, sooner if needed, and any changes are recorded. They record people's outcomes and review the extent to which these are being met. Care plans change to reflect current needs and changing situations.

Care plans are person centred; people are fully involved in their care plan, defining their outcomes and how they want these to be met. A 'pen picture' of the person provides staff with knowledge of what makes people happy and what interests them, so they can provide effective support. People told us they do things they enjoy for their mental wellbeing. Social needs are met through staff support to day centres, shops, and cafes. Families also benefit from the support; the partner of one person now has time doing what they want to do, knowing the person is supported by staff they can trust. Family told us the care has '*been a life saver*', '*these staff are excellent*' and '*they are very caring – never in a hurry. They've got time to listen and genuinely care*'. One person told us how their relative's speech has vastly improved since the increased social interaction with staff calling daily. One professional said; '*Q Care have been a consistently excellent care provider for many years and have the capacity and experience to support citizens with specialist and complex needs*'.

The service supports people to access healthcare needed to maintain their health and wellbeing. Records provide examples of staff requesting visits from district nurses for one person and occupational therapist for another. We saw staff made their own suggestion to help someone enjoy an improved quality of life.

The occupational therapist agreed with the suggested equipment and now the person enjoys more time sitting up out of bed. Risks associated with activities are managed through risk assessments and risk management plans. People are kept safe, their wellbeing protected.

## Leadership and Management

There are governance arrangements in place to help ensure the operation is running smoothly. A range of policies and procedures help ensure safe, consistent practices and compliance with regulations. The RI (responsible individual for the service) is present in the office most days so is very aware of how the service is running. They complete formal reports of checks they have undertaken every three months such as reviewing any complaints, compliments, supervision of staff including spot checks of their work. Check lists are used to ensure all the required information is in place. Records evidence where there have been incidents, these have been investigated and actions taken to resolve and avoid reoccurrence.

Ongoing quality assurance processes help provide the RI with a good oversight of how the service is operating. They check people are happy with the care they are receiving, and with the service generally. We saw positive responses from people and their family and professionals. Where people make suggestions for improvements, the service takes action, for example, people wanted to know in advance which staff would be visiting them and they now have this information every Friday.

People are supported by staff who are suitably fit and have the knowledge and skills to provide the right care to help people achieve their outcomes. Records show robust recruitment procedures including thorough vetting of staff, induction and training. There is a good range of relevant training considered as mandatory, which all staff are paid to complete. There is also additional specialist training such as dysphagia, alcohol dependence, and palliative care where such knowledge is essential to the support delivery. Staff are trained by health professionals to carry out some specific tasks necessary to keep people safe, for example, in relation to epilepsy and risk of choking.

The service aims to operate a culture of openness, honesty, and candour; they have an 'open door' policy so staff can attend the office at any time they wish to talk about any issues. Staff told us the management team will always welcome them at the office and enquire about their wellbeing, encouraging them to stop and chat. Where there is conflict with any care arrangements, support staff and people using the service are encouraged to discuss this. Measures will be taken such as additional training, and if matters cannot be resolved, alternative staff will be provided. Staff appreciate the weekly memo thanking them for their work. They confirm they also receive feedback on their performance in one-to-one supervision sessions. Staff enjoy their work and are happy with the support they receive to do their job.

### Summary of Non-Compliance

Status	What each means
<b>New</b>	This non-compliance was identified at this inspection.
<b>Reviewed</b>	Compliance was reviewed at this inspection and was not achieved. The target date for compliance is in the future and will be tested at next inspection.
<b>Not Achieved</b>	Compliance was tested at this inspection and was not achieved.
<b>Achieved</b>	Compliance was tested at this inspection and was achieved.

We respond to non-compliance with regulations where poor outcomes for people, and / or risk to people’s well-being are identified by issuing Priority Action Notice (s).

The provider must take immediate steps to address this and make improvements. Where providers fail to take priority action by the target date we may escalate the matter to an Improvement and Enforcement Panel.

### Priority Action Notice(s)

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A

Where we find non-compliance with regulations but no immediate or significant risk for people using the service is identified we highlight these as Areas for Improvement.

We expect the provider to take action to rectify this and we will follow this up at the next inspection. Where the provider has failed to make the necessary improvements we will escalate the matter by issuing a Priority Action Notice.

### Area(s) for Improvement

Regulation	Summary	Status
N/A	No non-compliance of this type was identified at this inspection	N/A



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