

Article 3 How Do Good Home Care/Domiciliary Companies Monitor Care and Quality?

There are numerous of ways in which a care company can monitor quality assurance (QA); some to monitor general QA and some to address specific areas. QA helps protect and promote the quality of care and its supporting services. It involves monitoring what is done, measuring how well it is done and using that information to understand how and where things can be done better.

Any activity engaged in to monitor quality must be for the benefit of all concerned, with subsequent results not being 'hidden away' in a dusty cabinet. They should be considered an essential item in the registered manager's (RM) 'toolkit' and deployed to give direction and purpose. Everyone involved in domiciliary care will have their own or organisational perspectives; each of which is important in making us understand current levels of quality. After all, achieving care objectives and delivering outcomes is the essence of care and is central to the professional perspective. Care companies should put the client at the very centre of any QA activity.

Current regulations make QA and subsequent activity a mandatory feature, but they are 'light' on the specifics of exactly how it should be done. However, at inspection, the Care Quality Commission (CQC) inspector will measure all aspects of the service against established key lines of enquiry (KLOE) and rating characteristics. Both documents are available on the CQC website. Here, the inspector has guidance on four outcomes: what constitutes 'Outstanding', 'Good', 'Requires Improvement' and 'Inadequate'.

It is worth noting here that the CQC are the industry regulator and assess an organisation's quality control system as part of their inspection regime. Other organisations may have their own quality standards, for example, as part of a contractual service specification or an individual service agreement, but the regulatory standards represent the minimum that must be evidenced.

Care providers should therefore: seek to implement systems and procedures that meet the standards in the KLOE, and potentially those in any given service specification; and reflect the client groups they have, not operating with a 'one size fits all' approach. For example, if the client base includes those with learning difficulties, the methodologies may differ from a client base of those with physical difficulties, or those coming to the end of their life.

QA comprises four stages:

1. Planning and Preparation

This includes identification of all the activities undertaken to be ready to deliver high-quality care, such as staff training, purchasing supplies and planning client care. These activities must be managed carefully in order to bring about the best quality care and support.

2. Delivery

This refers to the direct delivery of care and support to clients. It covers all the activities within the care plan as well as the routine record keeping that must be undertaken as part of a care provider's responsibilities.

3. Monitoring

The quality of care is monitored in many ways. Care providers should: routinely track client visiting and contact times; check and collect information from their own records; ask clients and other stakeholders for feedback about their services; and conduct a variety of client and carer reviews and appraisals, combining several sources of information in order to reach valued and considered conclusions.

4. Learning

It is important to reflect on information gained to help learn lessons and make improvements, learning where changes and alterations can be made in order to continually drive up the quality of services and improve the client's experience.

Monitoring and evidencing quality care in the community has its challenges. A system of quality in domiciliary care must achieve and evidence that the:

- quality of care and office support is high and consistently so;
- care plans and risk assessments are current and valid;
- care professionals are managing the daily care without issue and have several options of how to feed back to the RM;
- client is happy with all aspects of the care; and
- company responds quickly and appropriately to complaints, incidents and commendations.

This is the direct responsibility of the RM.

The CQC has an excellent document titled 'What you can expect from a good home care agency', which is available on their website for you to download. This free document will guide you to understand the minimum standards that a care provider should deliver.

Care professionals provide the RM with direct feedback relating to clients and their care. If they identify any problems or concerns, not just about the direct care but about the clients themselves, they report back to the RM, who will then take the necessary steps to ascertain what the issue is, will discuss resolutions with the client and care professional and will implement change, maintaining the necessary records. Generally, this is achievable either in person with a visit or via a telephone conversation. The essential part here is to quickly respond. Remember that care plans are not 'set in stone' and will generally be likely to need at least some adaptation as time goes by.

Actual reviews take place either on a scheduled or when needed basis. The supervisor will contact the care professional during the first week of the client's new care package in order to check that all is going well. The first formal client review is also done within the first week, then every three or four months after that, but of

course can be done more frequently, for example, following a complaint, where it needs to be ascertained that the agreed changes are having the desired positive effect.

There are different types of review and activity that can be conducted, either on paper or electronically, and that can be targeted for an individual as well as for groups, for example, clients or carers in a geographical area, under a particular supervisor, specific groups such as those with dementia, carers with less than one year's service and night carers. There are many permutations.

Different care companies may or may not rely on just one type of review. Having only one type of review has inherent limitations. Some companies have a range of reviews designed to determine quality in specific areas. This is better because it facilitates exposure of areas for improvement, which when dependent on only one type of review may remain undiscovered. It is important to not overwhelm a client with review activity in a short space of time. Supervisors should demonstrate organisational skills in managing this.

General reviews constitute the main review and focus the supervisor's attention to check that:

- any stated objectives or outcomes are being attained and sustained;
- the risk assessment and care plan are still valid;
- the times and duration of the visits are correct; and
- they consult with the client or their representative directly in order to gain their opinion of how the care professionals, supervisors and care company are performing, thereby making sure that the client is happy.

General reviews also record details of any corrective action that may be required along with expected outcomes and timescales for achievement and re-review.

Subject-specific reviews, such as 'medication observations', help ensure compliance and evidence that medication training and supervision has been successful. While much review activity can be considered subjective, these reviews are observation based and are therefore more objective and include scrutiny of the care plan and the medicines administration record (MAR) chart. The supervisor must witness the carer carrying out the administration of medications from washing their hands to completing the daily record on the MAR chart.

While the review is aimed at the care professional, it also constitutes a valid client review because it assesses specific areas of the individual client's care and gives the opportunity to include feedback from the client.

The results of general, medication and moving and handling reviews, etc. should be compared against current regulations and standards and collated periodically to provide a summary and audit of review activity. As well as checking how many of each are carried out, the data is split down in order to identify the numbers of care plans and risk assessments requiring adaptation. It also helps identify any trends that may exist: good trends can be developed and any adverse trends can be identified, and corrective action taken.

Surveys are useful because they provide the client or their representative with a different opportunity to comment on their care. Surveys are generally carried out once a year. Some providers post the results of their surveys and other quality data on their websites for all to see.

Equipment must be reviewed and inspected to ensure that it is still fit for purpose in order to identify any maintenance needs and to establish that it is within any test periods. This applies to all equipment relating to the care, including, for example, hoists used for lifting people. Hoists used for the transfer of people are classified as 'Lifting Equipment' for the purposes of health and safety regulations and so must be formally tested.

Audits are also a valuable tool and contribute to the successful delivery of care by determining what is happening across a service. Medication audits are completed for individual clients at the start of a care package and at any time in the future.

However, some organisations, such as the National Institute for Clinical Excellence (NICE), produce audits like the 'NG21 Guidance' that can be completed by the care company. These are designed not just to look at the care but also at the 'back office' processes to make sure the correct standards are being applied. While NICE audits are not mandatory they are nevertheless a useful part of the quality process and are a preferred method of audit by the CQC.

QA should not be 'hidden away' but should be 'out in the open' as an example of the ethos of a care company. Some care providers hide their results away, but others publish theirs on their websites, in newsletters, in press releases and internally in staff meetings. It is important that everyone involved can see what is happening and how well it is happening. This positive feedback contributes to staff retention and benefits all concerned.

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For further advice and guidance please contact the following organisations:

Care Quality Commission	www.cqc.org.uk	Tel: 03000 616161
National Institute for Clinical Excellence	www.nice.org.uk	Tel: 0300 323 0140

Biography

Andrew Key has more than 25 years' experience in the health and social care sector and is Managing Director of Choice Care, a Blackburn-based domiciliary care provider. An active participant with differing local and national groups, he has managed to

improve local commissioned care through: innovation in the administration of medication in the community; care sector training; the implementation of end-of-life standards culminating in receiving the Six Steps End of Life Accreditation from East Lancashire Hospice; and the development of a Night Care and an Integrated Triage and Response Care Team in Blackburn. In 2018, he was a finalist at the national Great British Care Awards for the category 'Outstanding Contribution to Social Care'.

Choice Care provides a wide range of domiciliary care to people of all ages in their own homes by highly trained and skilled, compassionate home care teams. They are accredited trainers for Parkinson's, Alzheimer's UK, the Stroke Association and others and have excellent working relationships with local care sector organisations. They are an active member of the United Kingdom Home Care Association (UKHCA), are registered with the CQC and are commissioned by Blackburn with Darwen, Lancashire and Bury Councils, the area's Clinical Commissioning Group, insurance companies and private individuals. In August 2016, after nearly two years' work, they blazed a trail in social care to achieve the Six Steps End of Life Accreditation from East Lancashire Hospice. In 2017, one of their care professionals won the category of 'Homecare Carer of the Year' at the national Great British Care Awards.