

We are the regulator: Our job is to check whether hospitals, care homes and care services are meeting essential standards.

Quality Care Services at Home - 47 Thornwood Avenue

Ingleby, Barwick, Stockton-on-Tees, TS17 0RS

Tel: 01642750070

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2013

We inspected the following standards as part of a routine inspection. This is what we found:

Respecting and involving people who use services	✓ Met this standard
Care and welfare of people who use services	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Requirements relating to workers	✓ Met this standard
Complaints	✓ Met this standard

Details about this location

Registered Provider	Ms Beverley Harker
Overview of the service	Quality Care Services At Home is a domiciliary care agency that provides care and support to people in their own homes. The agency operates from the owner/manager's home address.
Type of service	Domiciliary care service
Regulated activity	Personal care

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When you read this report, you may find it useful to read the sections towards the back called 'About CQC inspections' and 'How we define our judgements'.

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Summary of this inspection

Why we carried out this inspection

This was a routine inspection to check that essential standards of quality and safety referred to on the front page were being met. We sometimes describe this as a scheduled inspection.

This was an unannounced inspection.

How we carried out this inspection

We looked at the personal care or treatment records of people who use the service, carried out a visit on 24 January 2013, talked with people who use the service and talked with staff.

What people told us and what we found

People who were supported by Quality Care at Home Services told us that they were respected by staff and had their dignity maintained. They were confident in the staff that supported them, felt that they had enough training and were able to meet their needs safely.

To ensure that the care delivered was appropriate the service carried out assessments of needs and risk assessments prior to delivering care. However although care plans were reviewed and changed as people's needs changed, the regular reviews, discussions with staff and people who used the service were not documented unless changes needed to be made.

People who used the service were supported by staff who had received training about safeguarding vulnerable adults and who knew their responsibilities relating to protecting people from abuse. There were safeguards in place around financial transactions and people who used the service were confident that these protected them from the risk of financial abuse.

Quality Care at Home Services carried out pre employment checks on new staff thus ensuring that people were supported by staff who had the correct skills and were suitable to work with vulnerable adults.

The service had a complaints policy in place and people who used the service were confident that if they had any concerns or complaints, these would be taken seriously, investigated thoroughly and dealt with professionally without concern of repercussions.

You can see our judgements on the front page of this report.

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

People's privacy, dignity and independence were respected. People's views and experiences were taken into account in the way the service was provided and delivered in relation to their care.

Reasons for our judgement

We spoke with three people who were supported by Quality Care at Home Services. All three people told us that they were happy with the staff who delivered their support. One person told us that they were given a choice about the staff who supported them. They told us that they hadn't felt comfortable with the first person allocated to support them, so had spoken with the manager who treated the matter with sensitivity. The manager had then changed the person allocated to support them. They felt that their choices were respected.

We asked people if they felt they were respected by the staff supporting them. All three people told us that the carers were respectful and listened to their wishes and followed them. All three people told us that their dignity was respected. One person told us that staff always asked them what they needed, supported them and encouraged them to be as independent as possible. They told us that staff waited outside the door when they were bathing but were on hand to help if and when it was needed. Another person told us. "I don't like small talk and personal questions, and the carers know that and respect my choice. They know that if I want to talk, I will start up the conversation". People expressed their views and were involved in making decisions about their care and treatment.

We spoke with three members of staff about this outcome. We asked staff to tell us how they made sure that people's dignity was preserved. They were all able to describe the actions they took, such as keeping people covered up as much as possible, asking people what they wanted and how they wanted personal care to take place, keeping doors shut and making sure curtains were closed. Staff ensured that people were treated with respect and had their dignity maintained.

People should get safe and appropriate care that meets their needs and supports their rights

Our judgement

The provider was meeting this standard.

People experienced care, treatment and support that met their needs and protected their rights.

Reasons for our judgement

During the inspection we looked at the care plans of four people. The manager told us that care records held within the office reflected the records held in people's homes.

We found that all care plans had an assessment of needs completed. This ensured that Quality Care Services at home were able to meet the needs of people they were supporting. Within care records we found evidence of contact details, including emergency contacts and next of kin.

There was information present about moving and handling, transferring people, personal care requirements, dietary needs, sensory functions such as whether people needed glasses, a hearing aid or had problems with verbal communication. There was also information about people's mental and physical health, including health conditions and medications. Additionally a Health and Safety risk assessment that considered people's environment and welfare was in place.

There was no written evidence that these had been reviewed regularly. We spoke with the manager about this and they told us that staff informed them if any of the risks had changed, or if people's needs had changed. When we spoke with staff, they told us that they regularly fed back to the manager if they had any concerns about people, or if they felt that people's needs had changed. Staff informed us that when they thought people needed more support, or if their health had deteriorated they requested reviews be undertaken by the manager. When we spoke with people who used the service they confirmed to us that the support they received met their needs.

The provider may find it useful to note that reviews of risk assessments and care plans should be clearly documented even when people's needs had not changed, to demonstrate that the support being delivered is appropriate and still meets people's needs.

When we spoke with people who used the service, they told us they were happy with the support they received. All three people felt that staff were able to meet their needs and were competent in doing so. One person told us that staff were always, "Willing to go the extra mile for me and do extra if they have any spare time. They don't just sit around killing time." Another person told us that one particular carer was, "Exceptional and very attentive". People's needs were assessed and care and treatment was planned and

delivered in line with their individual care plan.

People should be protected from abuse and staff should respect their human rights

Our judgement

The provider was meeting this standard.

People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Reasons for our judgement

As part of our inspection we looked at how Quality Care Services made sure that people who used the service were safeguarded from possible abuse. Staff who worked for the service had completed safeguarding vulnerable adults training online and some had attended other training in person.

The safeguarding vulnerable adults policy had been reviewed in January 2013. There was information about action to be taken if allegations of abuse were received about members of staff and also information for staff about action to be taken if they are told about possible abuse by a person who used the service. The rights and responsibilities of staff were clearly outlined.

Additionally we found information for staff about how to deal with financial matters, including their responsibilities and how to report any financial irregularities. We spoke with one person who used the service about this outcome. They told us that where money was concerned, the staff were, "Meticulous and always keep receipts for everything. I have no concerns".

We spoke with three members of staff who were able to explain to us their responsibilities regarding safeguarding. They were also able to discuss the possible signs of abuse and the action they would take if they had any concerns.

Requirements relating to workers

✓ Met this standard

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was meeting this standard.

People were cared for, or supported by, suitably qualified, skilled and experienced staff.

Reasons for our judgement

We looked at the recruitment records of seven members of staff employed by Quality Care Services at home. We found that for each member of staff there was an application form, interview notes and at least two references. We could see that staff had relevant experience for their role and had also undergone additional training to meet the changing needs of their post.

The identity of new staff had been verified to ensure that they were entitled to work within the UK. There was a Criminal Records Bureau (CRB) check present for every member of staff. This ensured that staff were suitable to work with vulnerable people.

Within records we saw that staff had a job description and contract and had undergone an induction. The induction meant that they met the people they were due to support with another member of staff before supporting them alone. This ensured staff were aware of how to support people in a safe way and were able to meet their needs.

People should have their complaints listened to and acted on properly

Our judgement

The provider was meeting this standard.

There was an effective complaints system available. Comments and complaints people made were responded to appropriately.

Reasons for our judgement

During our inspection we looked at whether Quality Care at Home had a complaints policy in place. We found that the policy explained how complaints were dealt with and who was responsible for doing this. Information about how to make a complaint was given to each person when they started using the service. The information was situated within the service user's guide.

There was information about who people could complain to and also who they could contact if there were not happy with the outcome of their complaint. This information included contact details for the Care Quality Commission. The provider may find it useful to note that the Care Quality Commission do not investigate complaints.

We asked the manager how they recorded complaints and comments about the service received over the last 12 months. They showed us records of all comments, compliments and concerns raised. There had been no complaints by people who used the service about the service within the last 12 months. There were a number of compliments and thank you cards from people who used the service and their families. The manager also showed us a recent questionnaire sent to people who had recently joined the service, asking them about their experience of the service. People were happy with the service they received and had no concerns. People were given opportunities to express concerns about the service they received.

We spoke with three people about the complaints process. They were all aware of how to complain if they needed to raise an issue and who this should be raised to. One person told us, "I'm confident that if I had any complaints, they would look in to them properly and deal with them, but I don't have any". Another person told us, "From my experience, I would be confident that they would investigate and come and see me if I did make a complaint". They added, "The agency is quite small, so they provide a more personalised service and I would imagine complaints are taken seriously, because they care about the service they provide".

About CQC inspections

We are the regulator of health and social care in England.

All providers of regulated health and social care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The essential standards are described in the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. We regulate against these standards, which we sometimes describe as "government standards".

We carry out unannounced inspections of all care homes, acute hospitals and domiciliary care services in England at least once a year to judge whether or not the essential standards are being met. We carry out inspections of dentists and other services at least once every two years. All of our inspections are unannounced unless there is a good reason to let the provider know we are coming.

There are 16 essential standards that relate most directly to the quality and safety of care and these are grouped into five key areas. When we inspect we could check all or part of any of the 16 standards at any time depending on the individual circumstances of the service. Because of this we often check different standards at different times but we always inspect at least one standard from each of the five key areas every year. We may check fewer key areas in the case of dentists and some other services.

When we inspect, we always visit and we do things like observe how people are cared for, and we talk to people who use the service, to their carers and to staff. We also review information we have gathered about the provider, check the service's records and check whether the right systems and processes are in place.

We focus on whether or not the provider is meeting the standards and we are guided by whether people are experiencing the outcomes they should be able to expect when the standards are being met. By outcomes we mean the impact care has on the health, safety and welfare of people who use the service, and the experience they have whilst receiving it.

Our inspectors judge if any action is required by the provider of the service to improve the standard of care being provided. Where providers are non-compliant with the regulations, we take enforcement action against them. If we require a service to take action, or if we take enforcement action, we re-inspect it before its next routine inspection was due. This could mean we re-inspect a service several times in one year. We also might decide to re-inspect a service if new concerns emerge about it before the next routine inspection.

In between inspections we continually monitor information we have about providers. The information comes from the public, the provider, other organisations, and from care workers.

You can tell us about your experience of this provider on our website.

How we define our judgements

The following pages show our findings and regulatory judgement for each essential standard or part of the standard that we inspected. Our judgements are based on the ongoing review and analysis of the information gathered by CQC about this provider and the evidence collected during this inspection.

We reach one of the following judgements for each essential standard inspected.

✓ Met this standard This means that the standard was being met in that the provider was compliant with the regulation. If we find that standards were met, we take no regulatory action but we may make comments that may be useful to the provider and to the public about minor improvements that could be made.

✗ Action needed This means that the standard was not being met in that the provider was non-compliant with the regulation. We may have set a compliance action requiring the provider to produce a report setting out how and by when changes will be made to make sure they comply with the standard. We monitor the implementation of action plans in these reports and, if necessary, take further action. We may have identified a breach of a regulation which is more serious, and we will make sure action is taken. We will report on this when it is complete.

✗ Enforcement action taken If the breach of the regulation was more serious, or there have been several or continual breaches, we have a range of actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers include issuing a warning notice; restricting or suspending the services a provider can offer, or the number of people it can care for; issuing fines and formal cautions; in extreme cases, cancelling a provider or managers registration or prosecuting a manager or provider. These enforcement powers are set out in law and mean that we can take swift, targeted action where services are failing people.

How we define our judgements (continued)

Where we find non-compliance with a regulation (or part of a regulation), we state which part of the regulation has been breached. We make a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation) from the breach. This could be a minor, moderate or major impact.

Minor impact – people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

Moderate impact – people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

Major impact – people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly

We decide the most appropriate action to take to ensure that the necessary changes are made. We always follow up to check whether action has been taken to meet the standards.

Glossary of terms we use in this report

Essential standard

The essential standards of quality and safety are described in our *Guidance about compliance: Essential standards of quality and safety*. They consist of a significant number of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009. These regulations describe the essential standards of quality and safety that people who use health and adult social care services have a right to expect. A full list of the standards can be found within the *Guidance about compliance*. The 16 essential standards are:

Respecting and involving people who use services - Outcome 1 (Regulation 17)

Consent to care and treatment - Outcome 2 (Regulation 18)

Care and welfare of people who use services - Outcome 4 (Regulation 9)

Meeting Nutritional Needs - Outcome 5 (Regulation 14)

Cooperating with other providers - Outcome 6 (Regulation 24)

Safeguarding people who use services from abuse - Outcome 7 (Regulation 11)

Cleanliness and infection control - Outcome 8 (Regulation 12)

Management of medicines - Outcome 9 (Regulation 13)

Safety and suitability of premises - Outcome 10 (Regulation 15)

Safety, availability and suitability of equipment - Outcome 11 (Regulation 16)

Requirements relating to workers - Outcome 12 (Regulation 21)

Staffing - Outcome 13 (Regulation 22)

Supporting Staff - Outcome 14 (Regulation 23)

Assessing and monitoring the quality of service provision - Outcome 16 (Regulation 10)

Complaints - Outcome 17 (Regulation 19)

Records - Outcome 21 (Regulation 20)

Regulated activity

These are prescribed activities related to care and treatment that require registration with CQC. These are set out in legislation, and reflect the services provided.

Glossary of terms we use in this report (continued)

(Registered) Provider

There are several legal terms relating to the providers of services. These include registered person, service provider and registered manager. The term 'provider' means anyone with a legal responsibility for ensuring that the requirements of the law are carried out. On our website we often refer to providers as a 'service'.

Regulations

We regulate against the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010 and the Care Quality Commission (Registration) Regulations 2009.

Responsive inspection

This is carried out at any time in relation to identified concerns.

Routine inspection

This is planned and could occur at any time. We sometimes describe this as a scheduled inspection.

Themed inspection

This is targeted to look at specific standards, sectors or types of care.

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