

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

The Care Company

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2014

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

Staffing ✓ Met this standard

Assessing and monitoring the quality of service provision ✓ Met this standard

Complaints ✓ Met this standard

Details about this location

Registered Provider	Victoria Joan Burke
Registered Manager	Mr. Paul Andrew Burke
Overview of the service	The Care Company provides care and support to adults who want to retain their independence in their own home and who live in the Weald of Kent area.
Type of service	Domiciliary care service
Regulated activity	Personal care

Contents

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'.

	Page
<hr/>	
Summary of this inspection:	
Why we carried out this inspection	4
How we carried out this inspection	4
What people told us and what we found	4
More information about the provider	5
<hr/>	
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Staffing	11
Assessing and monitoring the quality of service provision	13
Complaints	15
<hr/>	
About CQC Inspections	16
<hr/>	
How we define our judgements	17
<hr/>	
Glossary of terms we use in this report	19
<hr/>	
Contact us	21

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 announced 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 26 February 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members and talked with staff.

What people told us and what we found

We visited the office and spoke with the registered manager and five members of staff. We also spoke with five people who used the service and six relatives on the telephone after the inspection, and with three members of staff.

People told us they were able to make decisions and choices about the way their care and support was delivered. People confirmed that they had been involved in decisions about their care and support before they started receiving a service, and that the service made regular checks that their care still met their needs.

People's needs and preferences were set out in their individual care records. The information provided staff with guidance about how to meet people's needs in the ways they preferred. People told us staff followed the guidance. One person told us "they do things the way I like it".

People told us that they liked the staff and that staff were kind, caring and respectful. Their comments included "they need a medal for what they do, the best company out", "they are most helpful, nice ladies" and "(carer) does everything very professionally".

The provider had systems in place to monitor the quality of the service provided. These included systems for gaining the views of the people using it. People and relatives told us they were very satisfied with the service. Their comments included "I don't know what I'd do without them", "we have lovely carers, we were very lucky to find them" and "I think we are having an absolutely first class service and it has been like that for some time".

The service had systems for responding to complaints. People mostly told us they knew who to contact if they were not happy with anything, none had needed to raise a serious complaint and they said any minor concerns were addressed straight away.

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 wee respected.

People's views and experiences were taken into account in the way the service was provided and delivered.

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and support. They said staff respected their decisions and choices and provided their care in the ways they preferred. Records showed that people had been asked about their needs and preferences for how their care and support was to be delivered before it started. Records showed that the service had gathered information about people's emotional, social, leisure, recreational, spiritual and communication needs, as well as about the personal and health care support they needed. People had been asked if they had a preference for their care to be delivered by male or female carers. People could also choose to include information about their earlier lives to help staff understand their past experiences.

People and their relatives told us that staff always respected people's dignity and privacy and staff were kind and caring. A relative told us that "(carer) is an absolute darling" and "I don't know what I'd do without them". A person who used the service told us "they are very helpful and do things as I like it "and another person said "they get my meals and always ask what I would like to have to eat".

People's independence was promoted. Records included information about the things that people could do for themselves such as some personal care tasks, and staff gave us examples of how staff helped people to maintain independence. For example, by respecting if people could partly wash by themselves and promoting decision making. A relative told us "(carer) makes him do things like shaving and cleaning his teeth which is good as he still can do them". A person who used the service told us "(carer) respects that I would like to regain my independence. She stayed by my side while I made my own breakfast and she does not rush me".

Staff discussed how they were given information about people's needs in order to make sure that they knew how to support them. They said the manager and other senior staff

provided them with verbal and written information when they started working with a new person, and that they read care plans to keep up to date with information. Staff gave us examples of the needs of the people they supported and how they met them in the ways they preferred. People told us that staff followed their care plans. One person told us "they help me in the ways I like to be helped, I can still do some things for myself--- I think they are brilliant".

All the people we spoke with were happy with their carers, although they had not all had the opportunity to meet them before their support started. Senior staff told us that on occasions people requested a change of carer, we spoke with a relative who had requested this and said it had been arranged straight away.

Where people did not have the capacity to make an informed choice about a significant aspect of their care or support, staff acted in accordance with the legal requirements of the Mental Capacity Act 2005. A senior member of staff told us that the service had contributed to best interests meetings with other professionals involved in some people's care.

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

Our judgement

The provider was meeting this standard.

Care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

Reasons for our judgement

People's needs had been assessed and care and treatment was planned and delivered in line with their individual care plan. The service supported people who were privately funded, and people whose care was paid for by the health service or their local authority. Where the local authority or health service funded care it undertook a needs assessment before referring a person to the service, and provided the information to the service who then undertook their own assessment. We saw that the assessment information was used to inform and develop people's individual care plans.

People and relatives we spoke with confirmed that the service had undertaken its own assessment and had reassessed their needs if they changed. When enquiries were received from private clients the service delivery manager provided them with written information about the service. Then, if people chose to use the service, they and another senior staff member undertook their initial assessment. People who funded their care privately had signed a contract agreeing to their care and support

People had files with copies of their care plans in their homes. People and relatives we spoke with confirmed that they had these and that the carers referred to them and made sure information was up to date during each visit. A relative told us "they always write in it in the morning and afternoon". We looked at five people's care plans which were held on computer and saw that they contained information for staff about how to deliver people's care. Tasks were broken down into stages so that staff knew exactly what to do and how people liked things done. For example, how people communicated or indicated they were in pain, and it was recorded that one person liked to wear perfume when they were dressed. We saw in the person's daily records that staff had applied the perfume for the person. Relatives told us that staff understood how to support people who might have changes in mood, or who had dementia and were patient and understood if people were agitated or anxious. A relative told us "the carer knows how to deal with him if he is in a bad mood".

As the care co-ordinators also supplied direct care themselves to some people at home on a regular basis, covered other calls on occasions, and took telephone calls in the office from people over the whole area the service covered they were able to keep in touch with arrangements for the majority of care packages. Senior staff and a care co-ordinator told

us that as senior staff all worked across the area this helped them to be familiar with people and their needs.

Staff mainly worked within the same geographical area which meant that people benefitted from having continuity of carers and staff understood people's needs well. A relative told us "we have quite a few different ones but we know them all". Another relative told us "there is a large degree of continuity". People said that mostly staff arrived on time and usually the office contacted them if staff were going to be late. They said they understood that lateness was usually due to traffic or a carer having been delayed at an earlier call.

Senior staff checked to make sure that people's care continued to meet their needs. When people started receiving support from the service their care was reviewed after three months and then every six months. Reviews were also held if people's needs changed in between reviews. Where people were supported by the local authority staff were involved in reviews held by the local authority. People confirmed that their care was reviewed and that senior staff kept in touch to see if everything was alright, a relative told us that "they come out regularly and go through it all". Staff gave us examples of where people's needs had changed, for example if they had been in hospital. Staff also sometimes conducted telephone reviews and recorded the information gained from people or relatives. Monthly newsletters for staff reminded them to either let the office know if they recognised the need for a person's records to be updated in any way, as an additional check that records reflected current needs.

Staff were provided with information about people's medical and communication needs and information was made available for staff about people's specific needs, such as diabetes. The service had started developing fact sheets about a range of specific needs to put into place on people's records for staff caring for people who had these needs to refer to. The service had developed links with a number of health and social care agencies and contacted them if they assessed that people needed advice or support from them or there were concerns about their health. Staff gave examples of referring people for assessment for equipment or advice about welfare benefits. The service provided care for people who were at the end of their lives and some staff had undertaken palliative care training.

The arrangements for people's care were flexible, people told us that if they needed the time of a call changing, for example if they needed to attend an appointment, when they called the office this was done "straight away". A senior staff member told us that when care staff supported a person with dementia who did not accept visits from staff in uniform, they did not wear uniforms so they were accepted and able to support the person.

We saw that potential risks to people's safety were assessed, these included risks connected with supporting people to mobilise, use of equipment in people's houses, and environmental risks. Guidance had been put in place so that staff knew how to minimise these risks when supporting people.

People and relatives told us that they were very happy with the standard of care and support provided. Their comments included, "they have made a difference to both of us, they are the best company I could wish for", "they are brilliant" and "they are the best company out".

There were arrangements in place to deal with foreseeable emergencies. Senior staff were always on call out of hours in staff needed to contact them for advice and stand by carers were available to cover if there were unforeseen gaps in the rota. People told us that in the

previous years when there had been snow the service made sure their calls were covered by the staff who lived nearest them, or staff had used suitable transport to reach them.

There should be enough members of staff to keep people safe and meet their health and welfare needs

Our judgement

The provider was meeting this standard.

There were enough qualified, skilled and experienced staff to meet people's needs.

Reasons for our judgement

The provider had assessed the number of people the service supported and staffed it accordingly. The service employed a service delivery manager, care co-ordinator manager, one full time and three part time care co-ordinators, a staff development manager and care and administration staff. The area that the service covered was rural and as far as was possible staff worked in and around their local towns or village. The manager told us the service aimed to have carers based in each town or village it covered. This helped to reduce travelling time and provided continuity of staff for people.

The service recruited new staff at times when there was an increase in referrals to the service. It employed three standby care workers who between them covered the whole week. They were on call to cover calls if staff were unable to work at short notice, for example due to illness. Care co-ordinators and other senior staff also helped with covering calls when necessary. The care co-ordinators were familiar with the needs of people as they were involved in people's initial assessments and their reviews, three of the care co-ordinators also had their own regular calls as they worked part time as carers.

Staff were allocated calls for each week on a timesheet that they were posted or e mailed or collected in person each week. Staff told us that if they were scheduled to support a new person, or to cover a call at short notice for another carer, they received written information about the person's needs in an e mail, or if time was very short by telephone. Staff told us they received sufficient information about people and were never pressured to fit in calls that they did not have time to cover. This meant that they did not have to rush people or become late for other calls. Staff told us that they had sufficient time for their calls and if not it was because something unexpected had happened, for example a person may have been unwell and they had needed to stay longer. Some people and relatives told us staff had stayed extra time when necessary. People did not think staff were rushed. One person told us "she has stayed longer than I think her time is, and is always at great pains to make sure everything is all right before leaving".

The service supported some people who had complex needs and who required two carers to make sure they were supported safely, for example when using a hoist to move a person. A person that received this level of support said that the service made sure two staff were always available and the arrangement worked well.

People and their relatives were very complimentary about the care and office staff. Their comments included " all the carers are very good – I am very happy with what I have", " They are very good, I need to take my time to do things and they don't rush me", " they are most helpful, nice ladies" and " they have made a difference to both of us, they are the best company I could wish for".

Staff told us that they received the essential training that they needed in order to be able to support people safely and effectively and that they received other training appropriate to their role, for example, dementia, palliative care, diabetes awareness and mental health training. Training was tracked and recorded on computer, information from the data base showed when people had been booked on training they needed to update and staff told us the office reminded them of when essential training was due.

Staff confirmed that senior staff regularly supervised them at work and that they received annual appraisals. We saw that there was a plan in place for when staff were due their supervisions and appraisals.

All the staff we spoke with told us they felt well supported and liked working at the service. Their comments included "they care for staff as well as clients", "they do not put pressure on to do extra calls "and "I have done care work for about twenty years and they are the best employer I have worked for".

Assessing and monitoring the quality of service provision

✓ Met this standard

The service should have quality checking systems to manage risks and assure the health, welfare and safety of people who receive care

Our judgement

The provider was meeting this standard.

The provider had an effective system to regularly assess and monitor the quality of service that people receive.

Reasons for our judgement

There were systems in place to assess and monitor the quality of the service. These included internal audits and checks to see if people were satisfied with the service.

There were systems in place to make sure that staff delivered care and support to the standard expected. Senior staff undertook regular announced observations of staff at work, and some unannounced "spot checks" in order to make sure that staff were following correct procedures and delivering care safely. We saw that these were recorded. Senior staff who undertook these visits told us they rarely noted anything of serious concern on the visits.

When people or their relatives had been contacted to check if they were satisfied with their care and support their responses were recorded by the service. We saw that a relative was recorded as stating "my father has built up a good rapport and friendship with (carer) and we are most satisfied with the way his care is managed. We also saw other responses that were very positive.

People were sent questionnaires so that they could comment on the quality of the service. We looked at some samples of the survey that took place in 2012 and the collated results, which showed that overall people were very satisfied with the service. Some people had added comments to their responses such as "(carer) has done much to improve the life of my Mum" and "The Care Company is doing an excellent job". The manager told us they were shortly due to collate the responses from questionnaires sent out in December 2013.

Records that staff completed in people's homes were returned to the office for filing and checking by senior staff at intervals. These included medication recording sheets, daily record sheets, and where staff did shopping for people, financial record sheets. We saw examples of each of these records that had been placed on people's files kept in the office. Senior staff and the manager told us that when these records were returned to the office they were checked for accuracy and to make sure that the information in them was of a satisfactory standard. Senior staff who provided direct care to people said they also checked the records whilst they were in people's homes. However, the provider may wish to note that these were only visual checks and no written or other record had been made

that the checks had taken place.

Systems were in place to track incidents or accidents so that any trends could be identified and action taken to prevent further occurrences, for example falls.

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.

Reasons for our judgement

The service had a complaints policy and procedure that had been reviewed in February 2014 and included timescales for when people could expect to have complaints responded to.

There was a complaints folder, we saw that two complaints had been received in the past year. Both had been responded to in line with the policy and procedure, fully investigated by the service and necessary action taken.

All the people we spoke with told us they had never needed to complain to the service and people knew they could contact the office if they had any concerns. They said that staff were always helpful if they did need to call the office. All of the people and relatives we spoke with were complimentary about the service. A relative told us "they bend over backwards, I cannot praise them highly enough".

There was also a folder containing e mails, cards and letters complimenting the service and some specific staff that people had sent to the service. We looked at some examples from people and relatives which thanked the service for care that had been provided to people. The service produced a monthly newsletter for staff which included information about any compliments recently received.

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 other services less often. 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.

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. Only where there is non compliance with one or more of Regulations 9-24 of the Regulated Activity Regulations, will our report include a judgement about the level of impact on people who use the service (and others, if appropriate to the regulation). 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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