Inspection Report

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

Royal Mencap Society

Enfield Domiciliary Care Service, Unit 16 East Lodge Village, East Lodge Lane, London, EN2 8AS

Date of Inspection: 01 August 2013

Date of Publication: August 2013

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

Care and welfare of people who use services	✓ Met this standard
Cooperating with other providers	✓ Met this standard
Safeguarding people who use services from abuse	✓ Met this standard
Supporting workers	✓ Met this standard
Assessing and monitoring the quality of service provision	✓ Met this standard

Details about this location

Registered Provider	Royal Mencap Society
Registered Manager	Ms. Deborah Margaret Knight
Overview of the service	The Royal Mencap Society Domiciliary Care Agency provides a service for people with learning disabilities who live in Enfield, Barnet and Redbridge.
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
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	4
Our judgements for each standard inspected:	
Care and welfare of people who use services	5
Cooperating with other providers	6
Safeguarding people who use services from abuse	7
Supporting workers	8
Assessing and monitoring the quality of service provision	9
About CQC Inspections	11
How we define our judgements	12
Glossary of terms we use in this report	14
Contact us	16

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 1 August 2013, talked with people who use the service and talked with staff.

What people told us and what we found

We saw staff had found out what was important to people and this was recorded in care plans. One person said, "my care plan is all about me finding a job, working with animals."

We found that the manager had co-operated with other services she liaised with, such as social services and healthcare professionals.This meant that people using the service were assisted to obtain appropriate health and social care support.

The provider had a safeguarding policy in place. All five staff we spoke with were fully aware of the policy, and what signs might suggest someone was being abused or being neglected.

We reviewed staff training records and this confirmed staff were up to-date with mandatory training. People we spoke with rated staff highly. One person said, "they help me every day with all my emotional stuff."

The provider recently issued surveys to people to check on the quality of their service. Responses were all positive about the service. We saw that the service was monitoring the quality of the care regularly.

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

Care and welfare of people who use services ✓ Met this standard

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 and support that met their needs and protected their rights.

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan. We looked at five care plans, all of which recorded people's needs. These were completed in pictorial format and in writing. This enabled people to fully understand their care. We saw staff had found out what was important to people and this was recorded in care plans. One person said, "my care plan is all about me finding a job, working with animals." Care plans and risk assessments were reviewed monthly in 1:1 meetings with people and their key workers. One person told us, "In my care plan you will see we have been talking about going on a holiday." Another said, "I have regular 1:1 sessions with my key worker."

Risk assessments were completed and up-dated after an incident had occurred or at 1:1 sessions. We spoke with five staff members. All were able to explain what we might find in people's care plans and risk assessments. They explained that, when a risk assessment or care plan had been updated, staff communicated this by writing in the communication book, at staff meetings and at hand-over of care. This showed that staff were aware of people's needs and any changes in care were communicated effectively.

Staff explained that if they were delayed getting to someone's home, they would call the person and explain what had happened and how long they might be.The manager would be informed. If she had concerns, she would call the person and remain on the phone until the care worker arrived. People we talked to all said staff arrived on time and they never had any problems. One person said, "the staff always turn up on time, if running late they would call me." The manager explained that when staff arrive and left people's homes they would text the manager. The provider gave each staff member a mobile phone for work use. These arrangements provided for people's safety and wellbeing.

Cooperating with other providers ✓ Met this standard

People should get safe and coordinated care when they move between different services

Our judgement

The provider was meeting this standard.

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. This was because the provider worked in co-operation with others.

Reasons for our judgement

People's health, safety and welfare was protected when more than one provider was involved in their care and treatment, or when they moved between different services. The manager explained how information was gathered during a person's assessment. The manager would receive a referral and they would then do their own assessment, which would include meeting the individual, family and friends. During this time the manager would find out as much as possible about the person's needs. This would allow her to find the best service for the person and the most appropriate staff to meet their needs. The manager liaised with social services and health service professionals thoughout this assessment. After the assessment, if both the person and the manager believed this was the best service for them, care plans and risk assessments would be completed with the person, key worker and their family and friends.

We saw all staff were made aware of new people's needs by the manager, with the use of their communication book and effective hand overs.

The manager told us she had built good relationships with the local areas she covers and believed she communicates well with all professionals. We saw that each person had a 'health passport' and 'my profile'. These would go with the person to hospital and would enable professionals who had never met them to understand and discuss their individual needs. We saw that people were supported to attend the doctor, hospital, optician and dental appointments and this was recorded on the health appointment monitoring form.

The manager explained if someone was leaving the service, she would liaise with the new team to ensure they had all the correct information related to the person's care. The current staff would support the person, their family and friends. This would be both in person and in writing, to ensure the person felt safe and was fully aware what was happening and when. This showed the manager had suitable arrangements in place when a person was being assessed or discharged from the service.

Safeguarding people who use services from abuse ✓ Met this standard

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

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. The provider had a safeguarding policy in place. All five staff we spoke with were fully aware of the policy, and what signs might suggest someone was being abused or being neglected such as changes in behaviour. Both the manager and staff were aware of who to contact should they need to report a safeguarding incident to the local authority. Staff records we reviewed showed staff had received safeguarding training.

We spoke with five people who used the service. Those who were able to respond, stated they felt safe in their homes with the service provided. All knew how to contact staff day or night if they had any concerns. One person said "I feel safe with all the staff. When we had trouble with the local kids, the staff were there to help and call the police." Another said, "I know all the staff names, so that makes me feel safe with them."

Supporting workers ✓ Met this standard

Staff should be properly trained and supervised, and have the chance to develop and improve their skills

Our judgement

The provider was meeting this standard.

People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Reasons for our judgement

We spoke with five staff members and the manager. We saw that new staff were given a 12-week induction. During this induction they received mandatory training such as first aid, manual handling, safeguarding, medication, and working with people who have learning disabilities and mental health needs. All staff we spoke with believed the induction had been helpful in allowing them to fully understand the aims and objectives of the organisation and the needs of the people who they would be caring for.

We saw records of staff receiving regular "shape your future" meetings (supervision and appraisals). These meetings took place monthly. Staff we spoke with felt supported by their manager and encouraged to attend training.

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

People who use the service, their representatives and staff were asked for their views about their care and treatment and these were acted on. Every year surveys were issued to people to ask what they thought of the service. The 2013 survey was in progress when we inspected. One person we spoke with said they had completed a survey. In 2012, 16 surveys were issued and 12 were returned. Responses were all positive about the service.100% of the people were happy with the care they received. Feedback we received matched the survey outcomes.

The provider undertook other activities to monitor the quality of the service people received. We saw records of service spot-checks which looked at areas such as staff arrival times, hand overs completed, domiciliary care logs and the general appearance of people who used the service. This was confirmed by staff. The manager said that these checks allowed the service to act quickly if any areas were not meeting the company's expectations.

We saw that the Area Operational Manager completed three-monthly quality of service checks using the compliance checking tool, which had four areas to review. The areas were teams (looking at staff training), systems, support (care plans and risk assessments), environmental and safety. The manager then produced an action plan of findings. This showed who was required to do what and when.

We also saw yearly "what matters to me" validations for people who use the service. Nine standards were reviewed. These included my paper work (care plans), helping me to achieve, feeling safe and taking responsibility (risk assessments). The results from these reviews were used to help people, staff and the service look at what has worked and areas that could be improved.

The manager had recently started drop-in meetings to increase communication with people who used the service and their families and friends. She had observed that people were not attending these meetings. By moving the meeting to a public place, such as the local community centre she had seen an increase in participation from people, their friends and family. The provider had a policy on complaints. All staff we spoke with fully

understood how to make a complaint and how to support someone to make a complaint. One person we spoke with said, "you can complain to the staff or the manager, she is always visiting." The service had no current complaints. The manager was able to explain how a complaint would be logged and reviewed. All complaints are monitored and stored by the provider's quality team. This meant the provider had systems in place to ask people's views about the service they 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.

Contact us

Phone:	03000 616161
Email:	enquiries@cqc.org.uk
Write to us at:	Care Quality Commission Citygate Gallowgate Newcastle upon Tyne NE1 4PA
Website:	www.cqc.org.uk

Copyright Copyright © (2011) Care Quality Commission (CQC). This publication may be reproduced in whole or in part, free of charge, in any format or medium provided that it is not used for commercial gain. This consent is subject to the material being reproduced accurately and on proviso that it is not used in a derogatory manner or misleading context. The material should be acknowledged as CQC copyright, with the title and date of publication of the document specified.