

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

Home Care Preferred Limited

1a Chesnut House, Farm Close, Shenley, WD7
9AD

Date of Inspection: 07 March 2013

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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	✗	Action needed
Safeguarding people who use services from abuse	✗	Action needed
Staffing	✗	Action needed
Assessing and monitoring the quality of service provision	✗	Action needed
Notifications – notice of changes	✗	Action needed

Details about this location

Registered Provider	Home Care Preferred Limited
Overview of the service	Home care Preferred limited provide home care support services to people living in their own homes.
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'.

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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 7 March 2013, observed how people were being cared for and talked with people who use the service. We talked with carers and / or family members and reviewed information we asked the provider to send to us.

What people told us and what we found

The provider had moved to a new location in Winchmore hill but had not notified the Care Quality Commission about the move and therefore the registration certificate did not detail the correct location address from which the regulated activity, personal care, was being provided. We reviewed the care records for people who used the service and found that the assessments did not reflect their needs, preferences and diversity . Likewise the care plans had minimal information to inform care workers how to care for people. We noted that although risk assessments had been undertaken, these were only partially completed.

Staff training records could not be accessed or evidenced during our visit. Staff had either not attended safeguarding training or the records were not available during our visit. Quality monitoring had been partially completed but the information gathered had not been evaluated.

The provider had not notified the Care Quality Commission (CQC) about changes relating to the running of the business and incidents that occurred. Records relating to various aspects of the service could not be located during our visit.

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

What we have told the provider to do

We have asked the provider to send us a report by 09 May 2013, setting out the action they will take to meet the standards. We will check to make sure that this action is taken.

Where providers are not meeting essential standards, we have a range of enforcement powers we can use to protect the health, safety and welfare of people who use this service (and others, where appropriate). When we propose to take enforcement action, our decision is open to challenge by the provider through a variety of internal and external

appeal processes. We will publish a further report on any action we take.

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

✕ Action needed

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

Our judgement

The provider was not meeting this standard.

People did not always receive care and support that met their needs.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We reviewed the care records for four people who used the service. We noted that the information contained in the assessment was minimal and did not contain enough detail to inform care workers how to provide an appropriate standard of care safely. For example one assessment we reviewed had the person's basic details including, name address date of birth and next of kin details. The assessment did not contain any information relating to the person's medical condition or medication, dietary requirements, mobility, communication, continence, religious or cultural preferences and the assessment tool used was unclear as to what tasks the person required assistance with.

The risk assessment for the same person was not completed. There was no information relating to how to gain entry to the person's home and the assessment or care plan was not signed, to confirm the person's involvement or agreement.

We reviewed four other records relating to people who used the service and found these to contain inadequate information or they had only been partially completed. This meant that staff did not have sufficient information to inform them how to care for the people they were attending to. There was no moving and handling information or assessment relating to a person's mobility. The assessments and risk assessments were not dated so it was impossible to know if these were current and if they had been or were due to be reviewed. One record documented 'none recorded' for that person's wishes for both their terminal care plan and religious and social preferences. It did not document if the person had made no decision or had not been asked. Other people's preferences records were blank. This lack of clarity meant that the care staff could be treating people in a way that does not respect people's wishes and meets their cultural and religious needs.

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

Our judgement

The provider was not meeting this standard.

People were not protected against the risk of abuse.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The manager told us that the service had a current safeguarding policy in place, which we were told related to the local authority in which they provide care. We reviewed the policy and found the policy was out of date and related to another local authorities' safeguarding arrangements. The information contained in the policy such as the contact numbers to make a referral all related to people from the neighbouring local authority. We asked the manager when the policy had last been reviewed to establish why they had a policy that was out of date and did not relate to their current location. The manager told us they did have the appropriate safeguarding policy but was unable to locate it during our visit. This meant in the event of there being a safeguarding concern the provider would be unable to make a timely referral to the appropriate local authority and people could be put at risk of abuse.

We asked the manager to tell us about the referral process. However they were unable to describe the correct process, this meant that people were at further risk of abuse.

We were unable to review staff training records to confirm that staff had completed safeguarding training. The manager told us that staff had safeguarding training as part of their induction however the information we were shown did not describe in any detail what the training covered and how staff competency around safeguarding people from abuse was tested. We were unable to see any safeguarding training records for existing staff during our visit. The manager told us that she checked people's competency at the end of the twelve week induction period. However as the manager was not familiar with the safeguarding process we would not be confident that the manager would be effective at assessing staff's competency in relation to safeguarding.

People who used this service were at risk of abuse because the provider did not have adequate safeguarding policies and procedures in place to identify and report abuse in a timely way.

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

Our judgement

The provider was not meeting this standard.

There were inadequate numbers of staff who demonstrated the qualifications and skills and experience required to meet the needs of people who used the service.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

We requested the training records for three people who worked for the service. However none of the records we requested were complete. We were then shown a list of names of people who had attended an induction training programme on a sign in sheet. This was dated 6 January 2013. We asked for detailed records so we could assess what the training consisted of, and how people were able to demonstrate that the training had been effective and the competency assessed.

The manager told us that this is done at the end of the induction period when people hand their work books in. We asked if the induction training is reviewed during the twelve week period to assess people's progress and understanding but the manager told us it was not assessed until the end.

We asked for other evidence relating to the training for current staff who were already working at the service for a period of time so that we could assess compliance with this outcome but the provider was unable to provide other evidence of training for staff.

We were told that by the provider that training had been provided but there had been gaps and the recording had not been completed.

We reviewed supervision records to assess people's skills, experience and what training they had undertaken but this was not recorded. We looked at personnel files for three of the current staff but these contained information relating to the employment process and pre employment checks but did not have records of training that people had completed during their current employment.

The provider was unable to demonstrate that there were sufficient numbers of staff with the right competencies, knowledge, skills and experience to meet the needs of people who used this service at all times.

Assessing and monitoring the quality of service provision

✕ Action needed

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 not meeting this standard.

The quality monitoring process did not enable feedback from people who used the service to be evaluated as a means to improving the quality of care provided.

We have judged that this has a minor impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

The provider had sent survey's to people who used the service for them to complete. We were shown a sample of these, and those we viewed indicated positive responses. Some said things like, 'so far so good', or, 'only had the service for a short time so unable to comment'.

This meant that people who use the service and or their representatives and staff were asked for their views about their care and treatment. However, the survey results had not been evaluated and the information was not used as a means of improving the quality of care people received or as a way of maintaining standards.

The manager told us they undertake spot check in people's homes but we did not see evidence of this. We asked about audits relating to incident, events, accidents but these were not recorded. There was no evidence in assessment records or care plans that people had been involved in the process of care planning or that their preferences were taken into account

The quality of information relating to the service provision that was recorded was minimal and we had difficulty locating many documents. The manager told us that records had not been uploaded or downloaded.

We did not see evidence that the provider had systems in place for gathering, recording or evaluating accurate information about the quality and safety of care, treatment and support the service provides and its outcomes.

The provider was not meeting this standard because there were no systems in place for gathering information to make sure that people are not harmed as a result of unsafe care treatment or support.

If the provider or manager of the service changes we must be told

Our judgement

The provider was not meeting this standard.

The provider failed to notify the care quality commission of a change of address from where the regulated activity was provided.

We have judged that this has a moderate impact on people who use the service, and have told the provider to take action. Please see the 'Action' section within this report.

Reasons for our judgement

On the 19 January 2012 the provider had moved to a new location in Winchmore Hill but had not notified the Care Quality Commission about the move as required by regulations. In November 2012 we spoke to the provider about this and advised that this change needed to be made without delay. At the time of our inspection we had still not been notified of the change of address

In August 2012 the registered manager applied to the Care Quality Commission (CQC) to cancel her registration. We were not notified that there was no registered manager during this period or what the management cover arrangements were during the absence exceeding 28 days.

We noted that the provider had registered the new company address at companies' house. The provider confirmed during our visit that the service was never provided from the registered address and that the registered address had been used to set the business up.

This section is primarily information for the provider

✕ Action we have told the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **were not being met**. The provider must send CQC a report that says what action they are going to take to meet these essential standards.

Regulated activity	Regulation
Personal care	Regulation 9 HSCA 2008 (Regulated Activities) Regulations 2010
	Care and welfare of people who use services
	How the regulation was not being met: The provider did not complete proper detailed assessments to enable care workers to provide the service. The care plans did not have adequate information and risk assessments were only partially complete. People were at risk of receiving unsafe or inappropriate care.
Regulated activity	Regulation
Personal care	Regulation 11 HSCA 2008 (Regulated Activities) Regulations 2010
	Safeguarding people who use services from abuse
	How the regulation was not being met: The provider did not have the relevant local authority safeguarding policy and could not locate it. The policy they had was an out of date policy relating to another local authority. Staff had not completed safeguarding training, and the manager was unaware of the safeguarding referral procedure.
Regulated activity	Regulation
Personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations

This section is primarily information for the provider

	<p>2010</p> <p>Staffing</p> <p>How the regulation was not being met:</p> <p>The provider was unable to confirm that all staff had completed induction training and on going refresher training or regular training updates to enable them to have the appropriate skills to care for people who used the service. There was limited evidence that competency levels were monitored.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010</p> <p>Assessing and monitoring the quality of service provision</p> <p>How the regulation was not being met:</p> <p>The provider had completed quality monitoring surveys for people who used the service. However these had not been evaluated as a means to learning from feedback and improving the service or maintaining standards. The provider did not provide evidence of quality monitoring visits (spot checks) or audits of accidents, incidents or events that impact on the quality of the service.</p>
Regulated activity	Regulation
Personal care	<p>Regulation 15 CQC (Registration) Regulations 2009</p> <p>Notifications – notice of changes</p> <p>How the regulation was not being met:</p> <p>The provider moved to a new location on 19 January 2012 and failed to notify the care quality commission. The registration certificate issued by CQC relates to the previous address which was where the business was set up from.</p>

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

This section is primarily information for the provider

The provider's report should be sent to us by 09 May 2013.

CQC should be informed when compliance actions are complete.

We will check to make sure that action has been taken to meet the standards and will report on our judgements.

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.

Contact us

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