

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

HG Care Services Limited

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Cleanliness and infection control	✓	Met this standard
Requirements relating to workers	✓	Met this standard
Complaints	✓	Met this standard

Details about this location

Registered Provider	HG Care Services Limited
Registered Manager	Mr. Rashid Ahmed
Overview of the service	H G Care Services Limited is a domiciliary care agency provides personal care and support to older people, younger adults and their families in their own homes. This may also involve supporting people with activities within the local community. The agency operates all over the Stockport Borough and in some parts of south Manchester from office premises in Heaton Mersey.
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:	
Consent to care and treatment	5
Care and welfare of people who use services	6
Cleanliness and infection control	7
Requirements relating to workers	8
Complaints	9
About CQC Inspections	10
How we define our judgements	11
Glossary of terms we use in this report	13
Contact us	15

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 29 January 2013, talked with people who use the service and talked with carers and / or family members. We talked with staff and talked with commissioners of services.

What people told us and what we found

We checked records for four people and found that they received the care that had been planned and agreed. We spoke with four people who used the service and they told us that staff were polite and caring and supported them well. One person said "Staff are very helpful. They always ask me if they can do anything else before they leave my house." Another person told us "All staff deal very well with relative who has dementia."

We spoke with three members of staff who told us that they liked working for the service and that they felt supported in their roles. Staff told us that they received a lot of appropriate training for their roles and we found that training was recorded at the office. The staff we spoke with did not express any concerns about the agency.

We found that the provider had systems in place to ensure that the risk of spreading infection were minimised. There was also an effective system in place to record, monitor and respond to any complaints.

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

Consent to care and treatment

✓ Met this standard

Before people are given any examination, care, treatment or support, they should be asked if they agree to it

Our judgement

The provider was meeting this standard.

Before people received any care they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

We looked at four sets of care records and found that people or their representative had signed to say that they agreed to the care that had been planned. The records contained relevant information regarding background history of each person to ensure the staff had the information they needed to respect the person's preferred wishes, likes and dislikes. For example, it had been recorded whether the person wanted male or female care staff. People confirmed that their choices were respected.

The people who used the service told us that staff asked for their permission before undertaking care tasks. We also heard that staff were very polite and spoke with them in a respectful manner. One person told us that "The staff who come here know what I need doing and check with me that I am OK to have the care that I need." Most people told us that staff had a good understanding of their needs and how they wanted to be supported. People told us that they were relaxed, comfortable and at ease with the staff.

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

The people who used the service told us that the staff met their needs well and followed their care plans. One person who used the service told us "Staff are very helpful. They always ask me if they can do anything else before they leave my house." Another person told us "All of the carers deal very well with relative who has dementia."

One of the four people we spoke with told us that they did not like it when their care staff were changed as they had to explain their routine again to another staff member. This person told us they would like to be informed when there was a change to their usual care staff.

We looked at four care plans for people who used the agency. These were personalised and provided guidance about how their needs should be met. All of the people we spoke with told us that they had been involved in the development of their plans of care. Risk assessments had been completed and there were plans in place to reduce the risks for each person. This included environmental risk such as the type of flooring in people's homes. The care and support was planned and delivered in a way that was intended to ensure people's safety and welfare.

During our inspection we viewed the daily records that staff completed at each visit. People's needs and support requirements were recorded appropriately and the daily log sheets showed the tasks that had been undertaken at each visit. The care manager told us that these records were in the process of being redesigned to ensure that all essential information was captured at each visit.

We found one set of daily care records where the writing was particularly difficult to read and the English and grammar were poor. We discussed this with the care manager and we were told that this person's first language was not English and that they were going attend sessions to improve the standard of their written English.

We were told that the completed records were returned to the office for checking before they were filed. This is an important check to ensure that the correct care was given and recorded appropriately. However, the provider may like to note that we were not shown any evidence that these checks had been completed.

People should be cared for in a clean environment and protected from the risk of infection

Our judgement

The provider was meeting this standard.

People were protected from the risk of infection because appropriate guidance had been followed.

Reasons for our judgement

Three of the four people we spoke with told us that they saw staff washing their hands at appropriate time. One person said that they were not able to observe staff doing this as they were cared for in another room that was not close to bathroom or kitchen. People confirmed that they saw staff wearing aprons and gloves whilst giving personal care. Staff told us that there was always a good supply of aprons and gloves that they collected from the office and took to people's homes.

We saw that there was an infection control policy in place and that infection control training had been completed by most staff in October 2012. This included a check on hand washing technique for each staff member.

The staff we spoke with correctly described situations where infection prevention and control measures were required. They also told us that they adhered to the policies to protect people who used the service as well as themselves.

We were told that staff did not always complete basic food hygiene training. The provider may wish to note that it is good practice for staff members who handle food during their visits undertake this training.

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 four staff files to check that effective recruitment procedures had been completed. In three of the files we found that there was evidence to show that appropriate recruitment procedures had been followed. The records showed that two references had been obtained; an identity check had been completed; there was proof of the staff member's address and a criminal records disclosure (CRB) had been completed. These checks are important to ensure that people who were not suitable to work with vulnerable people are not employed by the service.

In the fourth file there was no evidence that the staff member's address had been confirmed, there was no evidence to show that a CRB had been completed or that a second reference had been obtained. We discussed this with the provider who stated that this person definitely had a CRB disclosure and he suspected that this information was held by another office staff member. The staff member was not currently at work. We asked the provider to confirm that the CRB and the reference had been received as soon as possible. It is important that this information is always available so that the company can confirm that effective recruitment procedures had been completed.

We saw that certificates to confirm people's qualifications were also held within the staff files. This included qualifications such as NVQs (National Vocational Qualifications) in care at levels two and three.

Complaints

✓ Met this standard

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 people we spoke with said that they had no complaints about the service and they could not think of anything that needed to be changed. People told us that they would telephone the office staff to discuss any concerns or complaints. One person told us that they had a minor complaint and was now satisfied that this had been dealt with effectively. The people we spoke with told us that the office staff were friendly and approachable and that they would feel comfortable in telephoning them with their concerns or complaints.

We were shown a copy of the complaints procedure in place and we saw that any complaints were logged and a record was made of the actions taken until the complaint was resolved. We checked the records of the complaints that had been made in the last 12 months and found that appropriate actions had been taken. There was a good summary of each complaint and the provider's response that demonstrated that complaints were dealt with in line with the policy.

We were also shown a record of compliments that had been received by the provider. In the last 12 months they had received four compliments from people who received the service as well as care professionals such as social workers. We saw that staff members were informed when compliments were received. It is important that services monitor compliments as well as complaints as a part of a quality monitoring process to improve the overall efficiency and effectiveness of the service.

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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