

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

Friends Care Limited

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We inspected the following standards to check that action had been taken to meet them. This is what we found:

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	Friends Care Limited
Overview of the service	Friends Care Limited, also known as Sure Care East Kent, is a domiciliary care agency providing personal care to adults and children in their own homes. The agency is able to provide care in the Canterbury, Thanet, Dover, Shepway and Swale areas.
Type of service	Domiciliary care service
Regulated activity	Personal care

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

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether Friends Care Limited had taken action to meet the following essential standards:

- Safeguarding people who use services from abuse
- Supporting workers
- Assessing and monitoring the quality of service provision

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 30 July 2014 and talked with staff.

What people told us and what we found

During our visit of 25 April 2014 we found that there was no staff training programme in place to train staff. Staff did not receive training so that they could identify potential abuse and so help to prevent it reoccurring. There were also not effective systems in place to identify and address any shortfalls in the service. The agency sent us information on 30 May 2014, which set out the plan of action that would take to improve the service.

At our inspection on 30 July 2014 we found that all staff who were employed by the service, had undertaken a range of training, including training in how to safeguard vulnerable adults. There were systems in place to ensure that all new staff received induction training and that staff's training was refreshed on a regular basis.

There were systems in place to ensure that care plans were reviewed regularly, that staff training and supervision was kept up to date and that staff skills were kept under review. The views of people who used the service were regularly sought through telephone questionnaires, home visits and via an external website.

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

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.

During our visit of 25 April 2014 we found that there was not a staff training programme in place to ensure that staff could identify potential abuse and so help to prevent it reoccurring. The provider wrote to us with their plan of action to address this shortfall on 30 May 2014. They told us that all staff employed by the service had completed training in safeguarding and that their competency had been assessed.

At our inspection on 30 July 2014, we found that all staff files contained safeguarding vulnerable adults training certificates. The training was provided by a training company and facilitated by the agency manager. It involved discussion and an evaluation of what each participant had learnt from the training. Staff were also provided with related procedures, information and legislation in this area. Guidance about what constituted abuse and who staff should contact if they suspected that abuse may have taken place, were provided in the staff handbook. It also contained guidance about how to 'blow the whistle'. This was that any staff who reported the poor practice of someone who was employed at the service was protected, if they did so in good faith. The contact details of the relevant outside agencies such as the local authority, police and the Commission, were given to staff on a separate printed card, so that staff could contact them, if needed, in a timely manner.

The agency had a copy of the most up to date 'Multi-agency safeguarding vulnerable adults: Adult protection policy protocols and guidance for Kent and Medway'. This sets out the responsibilities, preventative strategies and good practice for all managers of all agencies caring for vulnerable adults. The agency had obtained copies of this guidance in an easy read format and gave this to people who used the service so that they were aware

of their rights to be protected. We spoke with the agency manager about their understanding of their roles and responsibilities in relation to protecting vulnerable adults. The agency manager demonstrated that she understood how to progress any concerns about an adult that staff reported to them. This meant that records were in place to monitor any safeguarding concerns, to ensure that people were kept safe.

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

Staff were able, from time to time, to obtain further relevant qualifications.

During our visit of 25 April 2014 we found that staff had received no induction or statutory training from the agency, nor had their skills or knowledge been fully assessed before supporting people in the community. The provider wrote to us with their plan of action to address this shortfall on 30 May 2014. They told us that all staff statutory training would be completed for staff by 9 June 2014.

At our inspection on 30 July 2014 we looked at staff files and saw that staff had completed training in moving and handling, first aid, food hygiene, health and safety and protecting vulnerable adults. Training for staff in the Mental Capacity Act 2005, had been booked for August 2014 and would be provided by the agency manager, who was a train the trainer in this area. This is a law which provides a framework to protect people who may not be able to make their own decisions and choices. The agency manager was also a train the trainer for moving and handling and dementia. Moving and handling theory was provided for staff in the agency office. In addition, the agency manager supported staff to learn how to use the individual piece of equipment that a person used, in the person's own home. Staff who supported a person with a specific medical condition had undertaken specialist training in this area. People who used the service responded in telephone questionnaires, undertaken by the agency, that staff were suitably qualified for their role. This meant that staff had been trained and assessed as suitably for supporting people independently in the community.

Records showed that the agency manager had contacted an appropriate organisation so that staff could undertake a Diploma in Health and Social Care, which is part of the Qualifications and Credit Framework. These are nationally recognised qualifications which are used to assess that staff have the necessary skills and competence to carry out their roles.

The agency manager said that she was in regular contact with staff. Records showed that formal supervisions for staff took place on a regular basis. Supervision notes showed that the purpose of these meetings was to discuss staff's ability and any training needs.

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 used the service were asked for their views about their care and treatment and they were acted on.

During our visit of 25 April 2014 we found that the agency did not have an effective system in place to identify and monitor the quality of the service. The provider wrote to us with their plan of action to address this shortfall on 30 May 2014. They told us that questionnaires had been developed to gain feedback from people who used the service, relatives and staff. Aspects of the service, such as care plans and records, were audited on a regular basis.

At our inspection on 30 July 2014, we found that the agency was in contact with people who used the service on a regular basis at the start of their package of care, to ensure that it met their needs. Records showed that people were telephoned two weeks after their care package started, and asked a series of questions to gain their views about the level of care that was provided. This included questions about whether staff carried out all the tasks that they expected, whether staff listened and responded to their needs and whether staff had the right training for their roles. We looked at telephone questionnaires and saw people were satisfied with the overall care that was provided by the agency. One person commented, "Staff always chat and help me with my iPad". People then received a home visit to check their satisfaction with the service two weeks after this initial contact. The agency manager told us that the frequency of this contact decreased as the person continued to use the service, but that a person's care needs were reviewed at a minimum, every six months. The provider may find it useful to note that although the agency's action plan stated that questionnaires had been developed to gain feedback from people relatives and staff, we found no evidence that this had been completed on the day of our visit.

We saw that systems were in place to monitor staff's practice and competency through unannounced spot checks. These checks were carried out by the agency manager and included checking that staff were complying with agency policy, such as wearing their uniform, how staff communicated with people who used the service and the use of

records. This meant that staff were regularly observed to ensure that they were providing a quality level of care.

There were paper and computer systems in place which alerted the agency manager when staff were due for refresher training, when they needed staff supervision, spot checks and when people who used the service required a telephone questionnaire, home visit or review. This meant that the agency had processes in place to make sure that aspects of the agency were kept under regular review.

The agency manager had been employed at the service for just under two months at the time of our inspection. She had started the process of applying to be registered with us, The Commission. This is a formal process to assess if a person is suitable to manage a social care agency.

There were a range of policies and procedures in place to guide managers and staff in care, health and legal issues. Staff had been provided with a staff handbook which set out their roles, responsibilities and guidance in a range of areas, in a way that was easy to understand.

We saw that the service had systems to log compliments and complaints received about the service. The nature of a complaint was recorded, together with the outcome and any action taken by the agency. A summary was kept of all compliments and complaints so that any patterns or trends could be identified. People who used the service were encouraged to make their views known to an external agency who posted their views on their website. Seven people had sent in their views about the agency. Everyone had rated the service overall as "excellent" and said that staff always treated them with dignity and respect. Comments included, "Having used the services of Surecare for quite some time now, I am happy to report that the quality of their services are outstanding"; "Staff are so kind and can never do enough for me"; and, "This company has really helped us throughout a difficult time whilst continuing care for my Dad. They always go the extra mile". This meant that people were very satisfied with the level of service that 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.

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