

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

Mitchells Domicillary Care Services

Abbey House Business Centres, 25 Clarendon
Road, Redhill, RH1 1QZ

Tel: 01737852177

Date of Inspection: 25 April 2014

Date of Publication: May
2014

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

Respecting and involving people who use services ✓ Met this standard

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

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

Complaints ✓ Met this standard

Details about this location

Registered Provider	Mitchell's Care Homes Limited
Registered Manager	Miss Lindsey Patricia Goodson
Overview of the service	The Mitchells Domiciliary Care Services is a domiciliary care agency providing care and support to a number of people living in group supported living accommodation and some who live in their own homes across Surrey. The service provide personal care, medication support, domestic help(meals and cleaning), and companionship.
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	5
Our judgements for each standard inspected:	
Respecting and involving people who use services	6
Care and welfare of people who use services	8
Safeguarding people who use services from abuse	10
Supporting workers	11
Assessing and monitoring the quality of service provision	12
Complaints	13
About CQC Inspections	14
How we define our judgements	15
Glossary of terms we use in this report	17
Contact us	19

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 25 April 2014, checked how people were cared for at each stage of their treatment and care and talked with people who use the service. We talked with carers and / or family members, talked with staff and reviewed information given to us by the provider.

What people told us and what we found

Our inspection of this domiciliary care service helped answer our five questions; Is the service caring? Is the service responsive? Is the service safe? Is the service effective? Is the service well led?

Below is a summary of what we found. The summary is based on our observations during the inspection, a random telephone survey of people using the service, their relatives, the staff supporting them and from looking at records.

If you want to see the evidence supporting our summary please read the full report.

Is the service safe?

People were treated with respect and dignity by the staff. People told us they felt safe with the staff. One person who was a regular visitor to a person who uses the service told us they visited on several occasions during the day and had never witnessed poor practice from the staff.

Systems were in place to make sure that managers and staff learn from events such as accidents and incidents, complaints, concerns, whistleblowing and investigations. The provider reported safeguarding alerts to the local authority and notified CQC. This reduced the risks to people and helped the service to continually improve.

The registered manager sets the staff rotas, they take people's care needs into account when making decisions about the numbers, qualifications, skills and experience required. This helped to ensure that people's needs were always met.

Is the service effective?

People's health and care needs were assessed with them, and they were involved in writing their plans of care. Relatives that we spoke with confirmed they had been involved in the care planning when their relative were first started to receive care from the service. They also told us that the reviews held by the service reflected their current needs. Relatives that we spoke with confirmed that although they were not always informed formally when the care plans changed staff always spoke to them and would notify them

immediately of any changes.

Is the service caring?

People told us that they were supported by kind and attentive staff.

Comments received from relatives included "Staff are kind and caring and were always willing to go a bit more to help".

"When my family members health deteriorated it was the staff who spent a long time sitting and encouraging them to eat and drink to avoid a hospital admission".

People using the service, their relatives, friends and other professionals involved with the service completed an annual satisfaction survey. Where shortfalls or concerns were raised these were addressed.

People's preferences and interests had been recorded and care and support had been provided in accordance with people's wishes.

Is the service responsive?

People told us they knew how to make a complaint if they were unhappy. We looked at the complaints record and found there had been no complaints made to the provider. We were told that the complaints policy was displayed at the various locations where the service provided care. The complaints policy we looked at had been designed, written and developed to be user friendly in an easy read pictorial format. Relatives confirmed that they had not needed to make a complaint. People could be assured that if a complaint had been received there was a system in place which would ensure investigation and action.

Is the service well-led?

The service worked well with the local authorities that had placed people with the domiciliary care agency. This ensured people received their care in a joined up way. The service had a quality assurance system, records seen by us showed that identified shortfalls were addressed promptly. As a result the quality of the service was continually improving.

Staff told us they were clear about their roles and responsibilities. Staff had a good understanding of the ethos of the service and that quality assurance processes were in place. This helped to ensure that people received a good quality service at all times.

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

More information about the provider

Please see our website www.cqc.org.uk for more information, including our most recent judgements against the essential standards. You can contact us using the telephone number on the back of the report if you have additional questions.

There is a glossary at the back of this report which has definitions for words and phrases we use in the report.

Our judgements for each standard inspected

Respecting and involving people who use services ✓ Met this standard

People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People expressed their views and were involved in making decisions about their care and treatment.

We spoke with three members of staff, three people who used the service and two relatives of the people who receive care from Mitchells Domiciliary Care Services. Staff told us that they supported people in a way that respected and promoted their dignity and independence. One staff member told us "I like to make sure people are happy and the care I give people is of a high standard. I always ask people about how they would like to be cared for, if they would like a bath or shower." Another member of staff told us "I make sure people have privacy for personal care." For example, they told us that they knocked on people's doors before they entered people's rooms and closed the curtains before they attended to people's personal care needs. This ensured people's privacy and dignity was maintained during personal care.

People's diversity, values and human rights were respected. For example we spoke to one relative told us that staff would sit and talk with people and their family and friends to talk about things that are important to them. We were told by one relative that all relevant information was documented in the care plan folder in order for staff to support people with more "ease".

We also saw that care plans recorded how to promote independence and people's preferences and choices.

We were told by one member of staff who tried to encourage one person to eat "healthy". The staff member told us that they offered a more "attractive selection of food options which the person ate". The staff member told us that the care plans highlighted alternative foods and meals, so that they "know that is one of the person's favourites was a healthy option but it needed to be presented in the correct way that they were used to".

We were told by one person who used the service that when they were being supported the staff gave them choices throughout the time they were with them and responded to their wishes. Most people who used the service were living with learning disabilities and

some with challenging behaviour so staff had at times to anticipate their needs and to take appropriate actions. For example we were told by one member of staff that when one person became restless and more "agitated" staff provided more care to ensure that they were not left to "fret" which could result in their actions affecting other users. This meant that staff knew the people who used the service and could respond to their needs without verbal communication from them.

We saw minutes which had been recorded following meetings for people who used the service. We saw that people had asked for new options within their care packages and to improve the activities they were offered.

The provider had actioned this request. We saw that surveys were sent annually to people who used the service, relatives, friends and professionals. This year's surveys had only just been sent out. We saw that a large response had been received from the people who used the service which told us people were happy with the service. Comments included "We are happy with the staff" and "the staff are kind". The provider told us that an action plan would be developed if shortfalls were identified. This showed us the provider was responsive to people's needs and choices.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

People's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

People who used the service told us they liked being supported by the staff from Mitchells Domiciliary Care Services. The three people who we spoke with during our random telephone survey all told us that they had or their families had been involved in their care planning. One person who used the service told us that they "asked that their mum could be there when the staff came in to plan their care" which was agreed they also told us that the "girl from the office" always asked the person directly and only referred to the person mother if they felt they needed further clarification.

The service provided safe, appropriate care, through carrying out initial assessments, and planning care based on collating all the required information, and making decisions based on risk assessments.

We were told by the manager of the service that they acquired existing assessments from people's previous care providers and placing authority before they could offer a package of care to the person. Once the manager had undertaken a full assessment of needs and acquired any further relevant information and had sought professionals' input the service would then develop a care package specifically for that individual. The provider told us that people's individual care plans would then be drawn up using all available information and at all times with the person's full input and choices included.

We spoke to three members of care staff who confirmed that the care plans for each person was maintained at their own home and that they were reviewed and updated regularly.

One family member of a person who used the service told us that they had been asked to participate in the care review of their relative. They told us the review was very clear and looked at all aspects of their relatives care needs and the levels of support that the service had been providing. They told us that a copy of the care review had been supplied to their relative and an updated care plan had also been provided as a result of the review.

During our inspection we looked at care plans these demonstrated the involvement of the person who used the service, they were person centred, written from their perspective,

describing how they preferred care to be carried out, and contained relevant information about the person's likes and dislikes and interests and preferences.

The staff we spoke to demonstrated a good knowledge of peoples' needs, communications methods. One member of staff told us that they had been involved with supporting one person with considerable communications difficulties, they told us who they had been given extra time to provide care to ensure that the person was not hurried and that they were being cared for appropriately.

There were arrangements in place to deal with foreseeable emergencies.

We saw that the Mitchells Domiciliary Care Services had written contingency plans and procedures in place for managing situations such as floods and heavy snow. This was so if an emergency situation did occur there would be procedures known to staff to reduce the risks that may arise and facilitate continuation of safe appropriate care.

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

We saw that the provider has attempted to minimise risk and potential abuse by making sure all the policies and procedures to promote safeguarding were in place. The service has written policies covering adult protection and whistle blowing. These make clear the vulnerability of people who used the service, and the duty of staff to report any concerns they may have to a responsible authority for investigation. The registered manager told us the service held a copy of the most recent Surrey County Councils Multi-agency safeguarding procedure. This meant that staff had access to up to date guidance and information to assist them should they need to raise a safeguarding concern.

A review of the staff training matrix indicated that they all had undertaken training in safeguarding and protection. We spoke to staff who were aware of safeguarding procedures, and had recent training in this area. Staff were also aware of other connected policies, like their responsibility for reporting abuse and whistle blowing, and deprivation of liberty safeguards when it is in the best interests of the people who used the service.

The manager confirmed that relevant checks are carried out by the agency on all potential staff prior to them commencing work. We undertook a random review of the staff files and they contained all relevant checks had been completed by the provider prior to the people being appointed as care staff at the service.

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 received appropriate professional development.

We spoke with staff working for Mitchells Domiciliary Care Services and they confirmed that they received induction training when they commenced employment. This included an introduction to organisational policies and procedures, safeguarding vulnerable adults, equality and diversity, confidentiality, and information governance. Staff told us that they received updating training annually to ensure that they were able to keep their knowledge updated.

Staff told us that they were able from time to time to obtain further relevant qualifications such as the management of abusive or aggressive behaviour and risk assessment. Staff told us that they were supported by the provider to undertake training and courses to further their career development and support people with specific needs.

The manager told us that staff received regular supervision where staff would be able to raise any issues or concerns.

Staff told us they met with their line manager during their monthly meetings. We were told that during the meetings staff were encouraged to discuss any concerns or evaluate on the care provided to the people who used the service. Staff also said they worked well as a team and felt confident with the management structure in place. This meant people were cared for by staff who were appropriately supervised and supported.

We were told that annual performance appraisals were also completed by the staff. During our inspection we randomly selected five staff files. The files we looked at all contained completed supervision notes and a completed appraisal form that had been completed and signed by the staff member and their supervisor.

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

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

The provider carried out a series of internal audits to check on the quality of the service. We saw audits had been completed on people's care files. These were carried out to ensure the information was complete and up to date. Examples of the areas looked at when the plans were checked included: checking for evidence that the people who used the service had care plans and risk assessments in place. That they had been updated and reviewed and monthly checks had been completed. The audit also took into account actions that may be necessary if shortfalls were identified.

At the time of this inspection the provider had only recently sent out the services annual Quality Assurance Questionnaire (QA) to the people who used the service, family and friends, the staff team and relevant professionals. We however were able to review the limited responses that the service had received. The QA's demonstrated a very high level of satisfaction within the limited responses. The comments made included that the "staff were good" and "kind". One person stated that they liked the "all the staff" who came to support them.

Other audits on quality carried out by the provider included regular spot checks on staff at the homes of the people who used the service to ensure that people were being cared for appropriately and within the guidance provided in the care plans.

We saw that the provider kept a log of accidents, incidents, complaints and compliments. We saw that there had been no complaints recorded for the period since CQC's last inspection.

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.

Comments and complaints people made were responded to appropriately.

Reasons for our judgement

The service had developed a complaints policy that is open and accessible to all the people who used the service. We saw the complaints policy that was in a pictorial format and had been designed to meet the needs of the people who are cared for by Mitchells Domiciliary Care Services.

We were told by one person who used the service that they were given support to make comments about the care they received but that they had "never needed to make a complaint".

A family member told us that they had been given a copy of the same complaints policy that their relative had, and that they felt that they could make a complaint with ease if they ever needed to. They also told us that where people needed assistance they were confident that the staff would assist the people to make their comments or complaints and to make sure that they would be listened to and acted on, without the fear that they would be discriminated against for making a complaint.

People who used the service told us that they had no complaints but would feel listened to if they did raise any concerns.

The complaints procedure included a response time and a form of escalation if not satisfied with the initial outcome.

We saw that although there were no complaints there were systems to record complaints so that they could be monitored for trends.

Although there were no official complaints the staff confirmed that they communicated often with relatives and dealt with any comments or concerns as they arose, and before they developed into a formal complaint.

We saw that people could also raise concerns in review meetings, one to one meetings and on feedback forms.

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@ccq.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.
