

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

St Gregorys Homecare Limited

46 Market Street, Carnforth, LA5 9LB

Tel: 01524720189

Date of Inspection: 10 April 2014

Date of Publication: May 2014

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

Consent to care and treatment	✓	Met this standard
Care and welfare of people who use services	✓	Met this standard
Requirements relating to workers	✗	Enforcement action taken
Assessing and monitoring the quality of service provision	✗	Enforcement action taken
Complaints	✓	Met this standard

Details about this location

Registered Provider	St Gregory's Home Care Limited
Registered Manager	Mrs Deborah Marsden
Overview of the service	St. Gregorys Home Care Limited is a domiciliary care agency based in Carnforth offering a range of services in people's homes, including people with dementia, learning and physical disabilities and people with palliative care needs. Services provided includes, home help, home care, waking and sleep in night services, 24 hour care and respite care.
Type of services	Domiciliary care service Extra Care housing services
Regulated activity	Personal care

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection to check whether St Gregorys Homecare Limited had taken action to meet the following essential standards:

- Consent to care and treatment
- Care and welfare of people who use services
- Requirements relating to workers
- Assessing and monitoring the quality of service provision
- Complaints

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 10 April 2014, talked with staff and talked with commissioners of services. We talked with other authorities.

What people told us and what we found

Our inspection team was made up of two inspectors. Below is a summary of what we found. The summary is based on our observations during the inspection, speaking with the staff and from looking at records.

Following our last inspection in August 2013 we set some compliance actions for the provider to protect the interests of the people using the service. Some of these matters we needed to check did not necessarily relate to people's views and experiences. Therefore at this visit we did not ask people to comment on all of the outcomes we looked at.

Is the service safe?

The recruitment procedures in place did not demonstrate to us that the provider operated a robust and effective recruitment procedure to protect the interests of people using the service.

Is the service effective?

The reviews of care showed that people had been involved at the assessment of their needs and part of the decision making about how their needs would be met by the service. The care plans we viewed had a designated section for signatures of the assessor and for the client. This meant that people understood the care they received and support was consistent with and in accordance to their wishes.

Is the service caring ?

We saw that an assessment of needs was completed before people began using the service. The information gathered in the assessments was used to create an individual support plan for people. We saw that formal reviews of care and support had taken place.

Is the service responsive?

The service had introduced new policies and procedures to deal with complaints received. At this visit we did not see that the new systems were fully embedded however the records of complaints logged since January 2104 complied with the new company procedures.

Is the service well-led?

Systems that were in place had not been effective in monitoring the quality of the service nor did they identify any themes or trends in relation to learning from information gathered through the auditing process.

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

What we have told the provider to do

We have referred our findings to Local Authority: Commissioning. We will check to make sure that action is taken to meet the essential standards.

We have taken enforcement action against St Gregorys Homecare Limited to protect the health, safety and welfare of people using this service.

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

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 or treatment they were asked for their consent and the provider acted in accordance with their wishes.

Reasons for our judgement

At our last visit in August 2103 we found that consent to care and treatment had not always been obtained by the person receiving services or by people who were the appointed legal decision makers for those who may lack the capacity. We found the company's policies were not always reflective of current legislation. Some people we spoke with at the time of the visit in August 2103 told us they had not been formally asked to consent to their care plans. Two relatives, who were the appropriate advocates, we spoke with told us they were not sure if they had seen a plan of care.

After our visit in July 2013 the provider told us what actions they would take to comply with the regulation and how they would achieve it. We were told in the form of an action plan provided by the registered manager that a new role would be created for a dedicated assessment officer working 40 hours per week. This was to ensure that their systems and processes for gaining consent were robust and that these systems would be audited.

At this visit we looked at 12 records of people receiving care from St. Gregory's Homecare. We found that the format of records had been changed since our last visit in August 2013 and improvements were seen in the clarity of the information made available about people. We saw that for each person there was a specific form for obtaining people's consent to care and treatment. This information also identified other people who had been appointed as legal decision makers on behalf of those who may lack capacity to make complex decisions. We spoke with the member of staff who had been appointed specifically to oversee that consent to care and treatment had been appropriately obtained. We were told "Things are a lot better, the systems in place means everyone has had their care plans reviewed and consent to care has been signed for."

We saw that new audit systems had been introduced to check whether people had given valid consent to the care and treatment they received. However we saw that the audit systems were not robust. For one person's records we looked at audited on 12 February 2014 we saw that it was not clear whether consent had or had not been obtained.

The reviews of care showed that people had been involved at the assessment of their needs and part of the decision making about how their needs would be met by the service. The care plans we viewed had a designated section for signatures of the assessor and for the client. This meant that people understood the care they received and support was consistent with and in accordance to their wishes.

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

Our judgement

The provider was meeting this standard.

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

Reasons for our judgement

At our last visit in August 2103 we found that some people with were not aware of their care plan nor did some care plans reflect current situations. The company policies on care plans stated they should be reviewed annually. However none of the care plans we looked at had been reviewed within the annual timeframe. We were also told that when changes occurred in people needs these were not always reviewed or documented in their care plans.

We saw from the records we looked at that people's needs were not always identified or appropriately risk assessed. One person's care plan we looked at did not include all of the identified care needs made by the contracting local authority.

After our visit in August 2013 the provider told us what actions they would take to comply with the regulation and how they would achieve it. We were told in the form of an action plan provided by the registered manager that an assessment officer would be employed who would visit users of the service regularly. This was to ensure that they had an up to date care plan and risk assessment in place. The assessment officer would also complete a Quality Questionnaire on review of services and care provision. They would also ensure that the correct paperwork was in place and the consent to care services were agreed with by the correct person.

At this visit we looked at 12 records of people receiving care from St. Gregory's Homecare. We found that the format of records had been changed since our last visit in August 2013 and improvements were seen in the clarity of the information made available about people.

We saw that an assessment of needs was completed before people began using the service. The information gathered in the assessments was used to create an individual support plan for people. We saw that formal reviews of care and support had taken place. We also saw that people's needs were appropriately identified and risk assessed. This included risks of the environments people lived in and specific risks of individuals. This meant that staff and people who used the service were fully informed about the risks and how to keep people safe.

Requirements relating to workers

✘ Enforcement action taken

People should be cared for by staff who are properly qualified and able to do their job

Our judgement

The provider was not meeting this standard.

Appropriate checks were not undertaken before staff began work.

We have judged that this has a moderate impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

Reasons for our judgement

At our last visit in August 2103 we found that not all staff had been recruited using an effective procedure that included all of the appropriate checks to ensure that the person being employed was of good character. We also found that some staff had not had checks completed with the Criminals Records Bureau (CRB) or with the Disclosure and Barring Service (DBS) by the provider. We also saw there were written policies and procedures in relation to the safe and effective recruitment of suitable staff. However we found that for the recruitment in general these policies and procedures had not been followed.

After the visit in August 2013 an action plan was sent to us dated 15 October 2013. The action plan said all staff would be checked to see if they were on the safeguarding adults barred list and that a Disclosure and Barring Service (DBS) check was done as a matter of routine. This would be done at introduction to the company. The provider told us that all of their customers would be asked their permission should they wish to use a staff member as part of the induction process to 'shadow' with another carer. We were also told that written permission would be obtained from service users and or decision makers would have a choice as to whether a new staff member was 'shadowed in their home'. However at this visit we were told that no new staff had done 'shadowing' before checks with the DBS had been obtained.

In the action plan the provider told us that they would obtain two references one being obtained from the current employer, and should they have worked in a care setting before they would request references from that previous employer as a matter of course. They also told us that this would be audited regularly by their administrative staff and all findings would be escalated to the manager and all shortfalls recognised quickly and managed effectively.

The provider also told us that the recruitment of a Senior Administrator would ensure that their recruitment processes were followed and audited regularly minimising the risk of non-

compliance. In the interim their junior administrator already seconded into post would look at all staff files to ensure that the adults first and DBS checks were in place for all staff. We were told that this process would be looked at immediately to ensure that all staff were fit for purpose and had the relevant checks in place to ensure that risks were minimised.

At this visit we looked at the recruitment records of eight staff some of whom had commenced employment since the previous visit on 22 August 2013. We saw that for six of the people employed some of the information required in respect of people seeking to work in a regulated activity had not been obtained before commencing employment. For all of the staff recruited we did not see that satisfactory information about any physical or mental health conditions, which may be relevant to the person's ability to carry on employment in the regulated activity, had been obtained for any person recruited.

For some people there were no references or suitability checks obtained from previous employers obtained. We saw that some people had references provided by previous work colleagues but not the actual employer. For one person employed the named previous employer when asked claimed they did not know the applicant however no other checks were made with any other previous employers.

Where people had been previously employed working with vulnerable adults or children there had been no attempts made by the provider to check why that employment had ended. For another person we saw that they had commenced employment 'shadowing' without a DBS check being obtained. The recruitment procedures in place did not demonstrate to us that the provider operated a robust and effective recruitment procedure to protect the interests of people using the service.

Assessing and monitoring the quality of service provision

✘ Enforcement action taken

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 provider did not have an effective system to regularly assess and monitor the quality of the service that people receive.

We have judged that this has a moderate impact on people who use the service and have taken enforcement action against this provider. Please see the 'Enforcement action' section within this report.

Reasons for our judgement

At our last visit in August 2103 we found that after the service had analysed responses to questionnaires that had been sent to individuals for them to comment about the service. We did not see that there were any formal processes in place to show that the concerns had been dealt with. No other audits of any aspects of the service had been carried out. We saw that the audit completed in February 2013 identified actions that needed to be completed. However we did not see that there were any timescales for these actions nor did we see that they had been completed. We did not see that there was any evidence that lessons could be learnt from incidents. We found that audits of medications were not completed and where staff had recorded medication this, in most of the records we viewed was not done in line with the company's policies and procedures and no action had been taken to rectify it.

After the visit in August 2013 the provider told us what actions would be taken to comply with the regulation and how they would achieve it. An action plan was sent to us dated 15 October 2013. The action plan said that the current office structure was not keeping pace with the growth of business and that the service would relocate increasing office size and staffing structure. The provider also said that this new space would allow the collation and storage of data to be more effective and productive leading to a more effective audit process. We were also told that the provider had identified that their medication procedures were not robust enough. We were told that the care coordinators would audit the medicine management sheets that staff used to record medicine administrations to ensure that they were being completed in accordance with company policy. We were told in the action plan that the service would be compliant with the regulation by January 2014.

At this visit we saw that audits for medication records had commenced in February 2014 this was after the identified date in the action plan provided to us. We saw that the audit completed in February 2014 found a number of errors with medications records these were similar to errors found at our last visit in August 2013. We saw that there was an

action identified to resolve these errors and that all staff would attend medications training in April 2014. However the actions identified to remedy the errors in medication records did not explain how the individual service users would be protected or how.

We saw audits of recruitment records were completed on 26 March 2014 and these records were noted to be compliant by the staff member completing the audits. However three of those audited records were found on the day of our visit not to be compliant with regulation. This showed that the audit process implemented after the date the provider told us they would be compliant by was not effective in assuring quality monitoring.

Since our last visit in August 2013 a number of people who used the service had been asked for their views and experiences of the care service. We saw that where concerns had been identified by people using the service on poor communication about visit times and where no travelling time was allowed for staff to travel in between visits this was impacting on the visit times. We did not see that any formal plan or actions were put in place to address the concerns. Nor did we see that a response had been provided to the individuals to show how the management of the service would deal with this.

We looked at the records made when people called into the service. We found that from 21 January 2014 there were 13 calls made to the service by service users and/or relatives about late visits some being recorded as over an hour late. There were 12 calls made to the service in relation to poor communications between the office and staff and clients. It was recorded that rota changes had been made but staff had not been made aware of those changes.

Since 21 January 2014 there were four calls made to the service by people complaining they had visit times moved without telling people who used the service or staff being informed. Some of those also complained about not knowing which staff would be visiting their homes. There were also calls recorded to the service from staff saying they were not made aware of changes and that travelling time between clients was an issue. The on call records we looked at also identified that two errors in medications had occurred since 21 January 2014. We did not see any records to show how these incidents had been dealt with. There was no evidence to show how they were investigated, risk managed or whether there was any learning identified.

We did not see that there were any records to show how these complaints, concerns and incidents were acted upon as a theme or trend in monitoring the quality of the service provision.

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

At our last visit in August 2103 we found that not all complaints had been dealt with in line with timescales identified in the company's policy and procedures. Where other professionals should have been informed they had not been. When we looked at the records from calls taken by staff when managing on call situations we found that a number of concerns or complaints were not formally recorded and therefore we could not see if or how they were investigated.

After the visit in August 2013 the provider told us what actions would be taken to comply with the regulation and how they would achieve it. We were told that the registered person would work in accordance with the company policy and reply to all complaints as per the policy. We were also told that with the increase in administration hours this would ensure the sustainability and robust audit checks would be put in place.

At this visit we saw that a new policy and procedure had been implemented in January 2014 on the management of complaints. The policy stated that a full response would be provided to the complainant within seven days. The provider might wish to note that this timescale would also need to include the time taken to investigate matters. We noted that a complaint that had been received which was being dealt with by the manager was not at the time of the visit recorded in the complaints records log.

We saw that where complaints had been logged as received they had then been responded to in accordance with new policy implemented in January 2104. We saw that where an investigation had taken place an appropriate response had been provided to the complainant explaining how the fault in the service had occurred and provided an apology.

For another complaint we saw that a response had been provided to explain that following investigation the complaint had been upheld. However we did not see that a written response was provided to explain what action had been taken to rectify the matter. The provider might wish to note this. We saw that a selection of the complaints logged had been audited to ensure they had complied with the company's new policy and procedures.

This section is primarily information for the provider

✘ Enforcement action we have taken to protect the health, safety and welfare of people using this service

Enforcement actions we have taken

The table below shows enforcement action we have taken because the provider was not meeting the essential standards of quality and safety (or parts of the standards) as shown below.

We have served a warning notice to be met by 18 June 2014	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Personal care	Regulation 21 HSCA 2008 (Regulated Activities) Regulations 2010
	Requirements relating to workers
	How the regulation was not being met:
	The registered person did not operate an effective recruitment procedure to ensure that no person was employed for the purpose of carrying on a regulated activity unless the person is of good character or was physically and mentally fit for that work. Regulation 21(a)(i)(iii)
We have served a warning notice to be met by 18 June 2014	
This action has been taken in relation to:	
Regulated activity	Regulation or section of the Act
Personal care	Regulation 10 HSCA 2008 (Regulated Activities) Regulations 2010
	Assessing and monitoring the quality of service provision
	How the regulation was not being met:
	The registered person did not protect service users, and others who may be at risk, against the risks of unsafe care by means of the effective operation of systems designed to enable the

This section is primarily information for the provider

	registered person to regularly assess and monitor the quality of the services provided. Nor did they have regard to the complaints and comments made, and views expressed by services users. Regulation 10(1)(a) (2)(i)
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For more information about the enforcement action we can take, please see our *Enforcement policy* on our website.

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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