

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

Nayland Care Agency Limited - 170 Ranelagh Road

170 Ranelagh Road, Ipswich, IP2 0AB

Tel: 01473231444

Date of Inspection: 05 November 2014

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2015

We inspected the following standards in response to concerns that standards weren't being met. This is what we found:

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| Respecting and involving people who use services | ✓ Met this standard |
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| Care and welfare of people who use services | ✓ Met this standard |
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|--------------------------------|---------------------|
| Management of medicines | ✓ Met this standard |
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| Supporting workers | ✓ Met this standard |
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| Complaints | ✓ Met this standard |
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Details about this location

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|-------------------------|---|
| Registered Provider | Nayland Care Agency Limited |
| Registered Manager | Ms Stevie Ann Hambling |
| Overview of the service | Nayland Care Agency Limited is providing personal care to approximately 150 people in their own homes. The care services they provide to people, aged over 18 years, include supporting people with physical disabilities, dementia, and sensory impairments. |
| Type of service | Domiciliary care service |
| Regulated activity | Personal care |

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Summary of this inspection

Why we carried out this inspection

We carried out this inspection in response to concerns that one or more of the essential standards of quality and safety were not being met.

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 5 November 2014, talked with people who use the service and talked with carers and / or family members. We talked with staff.

We were supported on this inspection by an expert-by-experience. This is a person who has personal experience of using or caring for someone who uses this type of care service.

What people told us and what we found

We considered all the evidence we had gathered under the outcomes we inspected. We used the information to answer the five questions we always ask;

Is the service safe?

Care records contained detailed risk assessments which had been carried out for each element of care planned. Actions to reduce any risk identified were documented. Risk assessments balanced risk with the rights of people to maintain their independence. People told us that staff took care of them and made sure they were safe.

The provider had appropriate systems in place with regard to the administration and recording of medicines. The provider responded appropriately to any complaints or concerns about medication administration. Staff received medication awareness training and training in recording relating to medication.

Is the service effective?

Care records were well written and reflected the needs and wishes of the people who received a service. People told us they were fully involved in developing their care plan. Daily records demonstrated that care staff delivered care in line with the care plan. Care plans contained sufficient information for staff to carry out the care required.

The minutes from staff meetings demonstrated that staff received updates, information and guidance aimed at improving care. There was evidence that incidents, complaints and feedback were discussed. Any appropriate lessons were learned and necessary actions were monitored through supervision.

Is the service caring?

We talked with 19 people and the relatives of people who used the service. All the people we spoke with said the service was good or very good. People we spoke with described the service as: "Very caring ", "Their care to my [relative] is 100% and beyond ", "it works for me so I feel that everything works smoothly – so they must be doing a good job."

Is the service responsive?

All the people we spoke with said that they had been asked for their views about the service they received. Issues raised in surveys and reviews were discussed at staff meetings and supervision. People told us they were confident that any issue raised or complaint made would be thoroughly investigated and acted upon.

Policies and procedures were up to date and reflected national legislation and guidance.

Is the service well-led?

Staff told us they felt well supported by their supervisors and the registered manager. They told us that they were treated fairly and that issues they raised were dealt with appropriately.

Staff had good access to a wide range of training relevant to their role. All staff received a comprehensive induction programme prior to working alone.

There were systems and processes in place to monitor the quality of the service. These included analysis of incidents and complaints, satisfaction surveys and supervision visits to observe care staff delivering care.

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 privacy, dignity and independence were respected.

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

We spoke with 19 people who used the service as part of this inspection. People were consistently positive about the way the service respected them. One person told us, "Yes, I have always been treated with respect." Another person told us, "Very caring yes, the attitude to [my relative], the respectful way they talk, they 'ask' and 'explain' what they are going to do, they have a friendly disposition." This showed us that people were treated with respect.

People told us the service was caring. One person told us, "my parents have used Nayland Care for 12 months, always the same core staff team, these relationships have been really good for my parents."

We spoke with three members of care staff during our inspection. They told us that it was important to maintain people's privacy. Staff were able to describe to us how when assisting someone with personal care they would make sure all connecting doors to other rooms were closed. Staff said they would follow people's instructions and check with them on a regular basis that they were comfortable and care was being provided in line with their wishes. Staff we spoke with told us about the importance of maintaining people's confidentiality. We saw from care records that people's personal preferences were recorded, including the provision of personal care, when they liked to get up, and what clothes they liked to wear. We also saw records of regular observations of care staff by senior staff. The manager described this as one of the processes by which the service ensured all staff were working in accordance with the service's ethos of respecting the dignity and choices of people who used the service. This meant that people were treated with dignity and their privacy respected.

We saw evidence in care planning documents of the regular and recorded involvement of people who used the service and their family members. For example, we saw that

signatures were present in each section of care plans, confirming that the person concerned was aware of the arrangements in place. We also saw evidence of the regular review of care plans, including the recorded involvement of the person who used the service, or their relatives. This showed us that the service involved people who used the service as and when their needs changed or were being reviewed.

We saw from care records that people were frequently asked about the care they received and whether it was meeting their needs. We saw from feedback sheets completed by the service, people were asked for their opinions of the service they received. This told us people were listened to and their opinions were important.

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

We spoke with the manager of the service and the managing director of the service, and we spoke with three members of care staff. People told us they were fully involved in the plans of care the service provided. One person told us, "They don't rush [my relative] I would say 10 out of 10 for caring." Another person told us, "They came and saw me several times to go through what I needed and what my routines were so my current needs were recorded. This showed us that people's needs were assessed and care and treatment was planned and delivered in line with their individual care plan.

We examined five care plans as part of this inspection. The care plans we reviewed were individualised and covered a wide range of the areas of daily living, including physical, mental and emotional needs. They contained a profile of the person with their past, present and future wishes. The care plans focussed on maintaining people's independence in their own home, as well as supporting people to maintain community activities. However, where people did not have capacity, there were clear records of the process the service had gone through to ensure the best interests of the person were determined, and plans put in place to ensure these interests were respected. We saw that people's individualised needs were identified where appropriate. For example, the service obtained the use of an interpreter for one person who was not fluent in English. Staff we spoke with described how they would assist people to go shopping or to go out for walks. This meant that staff supported people to access activities of their choice and that had meaning to them.

All of the plans we saw contained a range of risk assessments. These identified issues that could present a risk to a person's health or welfare. Each assessment included a risk management plan to ensure that people were provided with care in a way which reduced risks wherever possible. For example, we saw environmental risk assessments which identified potential risks to health and safety, with a series of instructions for staff to follow to ensure hazards were identified and removed. This showed us that care and treatment was planned and delivered in a way that was intended to ensure people's safety and welfare.

People should be given the medicines they need when they need them, and in a safe way

Our judgement

The provider was meeting this standard.

People were protected against the risks associated with medicines because the provider had appropriate arrangements in place to manage medicines.

Reasons for our judgement

We spoke with eight people who used the service, including relatives of those receiving direct care, about the way the service managed the administration and recording of medication. The majority of people did not rely on the agency to administer medication, and those that did were satisfied with the way it was managed. One person told us, "we have a huge medication package and Nayland Care manage this for us – they have done a good job with this." Another person told us, "Nayland Care does manage medication for [my relative] – 99% of the time it's been fine – but there have been several 'slip ups' over the last year where it was missed. I became aware of this gave [my relative] their medication myself, no-one is perfect and I have no bad feeling towards Nayland Care over this. Their care to [my relative] is 100% and beyond, I have no complaints."

We viewed records for three people who required support with their medicines. In each file there was a recorded risk assessment in relation to medication. These assessments identified who was responsible for administering medication and whether there were any risks associated with the processes identified. We saw records of staff training that confirmed all care staff had received training in medication awareness and administration.

The manager told us that the service had learnt from a historical complaint about medication recording and provided all staff with a tailored training course on administering and recording medication. We saw copies of correspondence from the training provider which confirmed this. This showed us that the service responded to concerns about medication in a prompt and efficient way.

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 properly supported to provide care to people. All of the staff that we spoke with told us that they felt well supported to do their job. Care staff who worked in people's homes said that they were required to shadow other more experienced staff on shifts when they started, and then only worked as an additional carer, with someone more experienced, until they were confident to go out on their own.

The manager told us that all new staff were provided with supervision every two weeks during their three month induction period, and every three months thereafter. The manager also told us that team leaders undertook observational assessments of staff every two weeks during the probationary period and at least twice a year after staff had completed their probation. We saw records of observations which confirmed this. We spoke to two members of care staff about the levels of support provided to them by the service. One member of staff told us, "I did shadow shifts for two or three weeks and some support shifts. I have had supervision from the (team leader) and I feel well equipped to do my job. I have the on call number to call if I need any help." We examined the service user guide, which included the on call number and explained to people that it was always manned by a senior member of staff who could respond to emergency situations, when the office was closed. This showed us that care staff were supported and trained to perform the tasks that were expected of them.

Staff received suitable training related to the task required to meet the needs of people who used the service. The records of staff training we saw confirmed that staff training included moving and handling, medication administration, risk assessing, basic first aid, dementia awareness and safeguarding vulnerable adults. We saw records of induction training which showed that induction training covered all the areas identified above, and were linked to national training standards in place at the time. We also saw records of staff inductions which showed that senior staff at the service had signed records to confirm that the inductee had completed the training to a satisfactory level before they commenced unsupervised work with people who used the service.

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

People were made aware of the services complaints system. One person told us, "yes, if I were to have any complaint (which I haven't) I am confident that the managers would speak to me and do something." Another person told us, "Yes, we asked to re-arrange the schedule and increase the care provided, they did a good job and were responsive to our needs." Another person said, "On any gripes they have always satisfied me with their response." We saw records of a complaint where the complainant was unhappy with the response provided. We found that the service had attempted to maintain regular communication with the person concerned, and had offered numerous appointments to review the care of the person concerned. We also saw evidence of regular communication with other professionals, such as social services. This showed us that the service ensured that external agencies involved with the case were kept fully informed of all their actions.

We reviewed the service user's guide. This document included a summary of the complaints procedure and emphasised that the service welcomed complaints and looked upon them as a means to learn, adapt and improve the service. The information provided to people who used the service also contained detailed information about independent external bodies, who people could contact if they were unhappy with the way the service had dealt with a complaint.

People we spoke with were aware of the service's complaints policy and procedure and said they knew they could call the office if they were unhappy or had any concerns.

We spoke with two members of staff about the way the service managed complaints. One member of staff told us, "We are told to report any concerns to senior staff and always to take complaints seriously." Another member of staff told us, "I was told to listen to any complaints made by people and report them to my manager straight away." This showed us that staff were aware of how to respond to complaints about the service.

We examined the complaints records folder and reviewed a summary of recent complaints people had made and the provider's responses. We found that the service had produced thorough investigation reports and people's complaints were fully investigated and resolved, where possible, to their satisfaction. The manager told us they had provided

additional training to staff as a result of a recent complaint about medication record keeping.

The manager informed us that all incidents and accidents were reported to the Care Quality Commission and to the local authority. They informed us there was a close working relationship with all local authority safeguarding teams and contracts and commissioning teams. The service had a whistle blowing policy that all staff had been made aware of and had access to.

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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